Commission on Mental Health and Substance Abuse
System of Care Sub-Committee

Meeting Materials

May 25, 2023
1:00 p.m. to 3:00 p.m.

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Commission on Mental Health and Substance Abuse
System of Care Sub-Committee

Commission on Mental Health and Substance Abuse Members

Jay Reeve, PhD
Chair

Representative Christine Hunschofsky Co-Chair
Speaker of the House Appointee

Senator Darryl Rouson
President of the Senate Appointee

Clara Reynolds
Governor Appointee

Ann Berner
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Doug Leonardo
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Sheriff William Prummell
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Larry Rein
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Chief Judge Mark Mahon
Governor Appointee

Melissa Larkin-Skinner
Speaker of the House Appointee

Ray Gadd
President of the Senate Appointee

Shawn Salamida
Speaker of the House Appointee

Secretary Shevaun Harris
Florida Department of Children and Families

Secretary Jason Weida
Florida Agency for Health Care Administration

Dr. Uma Suryadevara
Speaker of the House Appointee

Chief Judge Ronald Ficarrotta
Governor Appointee

Wes Evans
President of the Senate Appointee

Agenda

May 25, 2023
1:00 p.m. to 3:00 p.m.

1:00 P.M. – Call to Order and Welcome
Commissioner Secretary Shevaun Harris, Subcommittee Chair

Roll Call

1. **Introduction of Commissioners and Resources**
   Secretary Shevaun Harris, Subcommittee Chair

2. **Review of Statutory Duties for Subcommittee**
   Secretary Shevaun Harris, Subcommittee Chair

3. **Interim Report Contributions – Timeline for Submittals**
   Dr. Jay Reeve, Commission Chair

4. **Future Meeting Schedule**
   Secretary Shevaun Harris, Subcommittee Chair

5. **Public Comment**

6. **Closing Remarks**
   Secretary Shevaun Harris, Subcommittee Chair

SYSTEM OF CARE SUB-COMMITTEE DUTIES:

1. Conducting a review and evaluation of the management and functioning of the existing publicly supported mental health and substance use disorder abuse systems and services in the department, the Agency for Health Care Administration, and all other departments which administer mental health and substance use disorder abuse services. Such review shall include, at a minimum, a review of current goals and objectives, current planning, services strategies, coordination management, purchasing, contracting, financing, local government funding responsibility, and accountability mechanisms. Considering the unique needs of persons who are dually diagnosed.

2. Reviewing the implementation of chapter 2020-107, Laws of Florida. Identifying any gaps in the provision of mental health and substance use disorder services. Providing recommendations on how behavioral health managing entities may fulfill their purpose of promoting service continuity and work with community stakeholders throughout this state in furtherance of supporting the NSPL system and other crisis response services.

3. Analyzing the current capacity of crisis response services available throughout this state, including services provided by mobile response teams and centralized receiving facilities. The analysis must include information on the geographic area and the total population served by each mobile response team along with the average response time to each call made to a mobile response team; the number of calls that a mobile response team was unable to respond to due to staff limitations, travel distance, or other factors; and the veteran status and age groups of individuals served by mobile response teams.

4. Making recommendations regarding the mission and objectives of state-supported mental health and substance use disorder abuse services and the planning, management, staffing, financing, contracting, coordination, and accountability, mechanisms which will best foster the recommended mission.

5. Evaluating and making recommendations regarding the establishment of a permanent, agency-level entity to manage mental health, substance use disorder abuse, and related services statewide. At a minimum, the evaluation must consider and describe the:
    a. Specific duties and organizational structure proposed for the entity;
    b. Resource needs of the entity and possible sources of funding;
    c. Estimated impact on access to and quality of services;
    d. Impact on individuals with behavioral health needs and their families, both those currently served through the affected systems providing behavioral health services and those in need of services; and
    e. Relation to, integration with, and impact on providers, managing entities, communities, state agencies, and systems which provide mental health and substance use disorder abuse services in this state. Such recommendations must ensure that the ability of such other agencies and systems to carry out their missions and responsibilities is not impaired.

6. Evaluating and making recommendations regarding skills-based training that teaches participants about mental health and substance use issues, including, but not limited to, mental health first aid models.

Comparative Chart of Available Behavioral Health Services Across Florida State Agencies and Third-Party Insurers

Behavioral Health Services	DCF	Medicaid	DJJ	Schools Districts[2]	CHIP[4]	FDC for Offenders on Community Supervision	APD	Medicare	Commercial Group Health Plans	Tricare
Assessment/Treatment Plan Development and Modifications										
Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Treatment Plan Development	✓	✓	✓	✓	✓		✓	✓	✓	✓
Treatment Plan Review	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Therapy Services										
Group Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Individual Therapy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Family Therapy	✓	✓	✓	✓	✓		✓	✓	✓	✓
Psychosocial Rehabilitation										
Day Treatment	✓	✓	✓							
Psychosocial Rehabilitation Services		✓								
Supportive Housing	✓	✓[1]								
Supportive Employment	✓									
Recovery Support (Individual/Group)	✓	✓	✓		✓					
Mental Health Clubhouse Services	✓	✓			✓					
Drop-In Center	✓	✓[3]								
Peer Support Services	✓	✓			✓					✓
Medical Services										
Medical Services	✓	✓	✓		✓	✓	✓	✓	✓	✓
Medication-assisted treatment services	✓	✓			✓	✓		✓	✓	✓
Residential Services										
Residential Treatment for Substance Use	✓	✓[3]			✓	✓			✓	✓
Substance Abuse Short- term Residential Treatment Services		✓[3]			✓					

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Behavioral Health Services	DCF	Medicaid	DJJ	Schools Districts[2]	CHIP[4]	FDC for Offenders on Community Supervision	APD	Medicare	Commercial Group Health Plans	Tricare
Room and Board with Supervision	✓									
Statewide Inpatient Psychiatric Program Services	✓	✓			✓					
Specialized Therapeutic Services	✓	✓			✓					
Therapeutic Group Care Services	✓	✓			✓					
Residential Commitment Programs			✓							
State Mental Health Treatment Facilities	✓	✓[5]								
Case Management Services										
Case Management	✓	✓	✓		✓	✓	✓			
Intensive Team Case Management	✓	✓								
Crisis Management										
Crisis Stabilization	✓	✓			✓			✓	✓	✓
Crisis Support/Mobile Response Team	✓	✓[3]			✓					
Substance Abuse Inpatient Detoxification	✓	✓			✓			✓	✓	✓
Inpatient Hospital Services	✓	✓			✓			✓	✓	✓
Addictions Receiving Facility Services	✓	✓[3]	✓		✓			✓	✓	

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Behavioral Health Services	DCF	Medicaid	DJJ	Schools Districts[2]	CHIP[4]	FDC for Offenders on Community Supervision	APD	Medicare	Commercial Group Health Plans	Tricare
Other Support Services										
Outpatient/Ambulatory Detoxification	✓	✓			✓					
Day Care Services	✓									
Therapeutic Behavioral On- Site Services / In-Home and On-Site	✓	✓			✓					
Drop-in Center/Self Help	✓	✓[3]								
Respite	✓									
Intervention (Individual/ Group)	✓	✓								
Treatment Alternative for Safer Communities (TASC)	✓									
Incidental Expenses	✓									
Aftercare/Follow-up	✓					✓				
Outreach	✓		✓							
Florida Assertive Community Treatment (FACT)	✓	✓								
Prevention	✓	✓[6]	✓	✓						
Comprehensive Community Service Team	✓									
Community Action Treatment (CAT)	✓									
Family Intensive Treatment (FIT)	✓									
HIV Early Intervention/Counseling Services	✓	✓								
Other Support Services										
Care Coordination	✓	✓	✓		✓			✓	✓	✓

Comparative Chart of Available Behavioral Health Services Across Florida State Agencies and Third-Party Insurers

Behavioral Health Services	DCF	Medicaid	DJJ	Schools Districts[2]	CHIP[4]	FDC for Offenders on Community Supervision	APD	Medicare	Commercial Group Health Plans	Tricare
Individual Educational Plan or Family Support Plan (IEP or FSP) consultation and coordination				✓						
Community- Based Wrap-Around Services	✓	✓	✓		✓					
Partial Hospitalization Services		✓[3]			✓			✓	✓	✓
Multi-Systemic Therapy Services		✓[3]	✓		✓					
Substance Abuse Intensive Outpatient Program Services	✓	✓[3]			✓			✓		✓
Substance Abuse Partial Hospitalization Program Services		✓[3]			✓			✓	✓	✓
Behavioral Health Overlay Services	✓	✓			✓					
Family Training and Counseling for Child Development		✓			✓					
Information and Referral	✓									
Early Childhood Mental Health Consultation	✓	✓								

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Behavioral Health Services	DCF	Medicaid	DJJ	Schools Districts[2]	CHIP[4]	FDC for Offenders on Community Supervision	APD	Medicare	Commercial Group Health Plans	Tricare

1 The Agency obtained approval for a pilot program to provide housing support services under the Medicaid MMA program.

2 School district services funded through Medicaid Certified School Match and MSD Mental Health Assistance Allocation.

3 Florida Medicaid's health plans have the flexibility to offer this service as an in lieu of service when medically appropriate.

4 The Children's Health Insurance Program - Children's Medical Services' Health Plan Behavioral Health Services Benefits.

5 Florida Medicaid pays for recipients over 65 who are receiving treatment in a state mental health facility.

6 "Prevention" for Florida Medicaid is not a specific service but rather an intervention approach/strategy designed to mitigate the onset or exacerbation of disease, problematic behavior, etc.

Note: Medicare, Tricare, and Commercial Health Plan benefits derived from research, not direct confirmation from subject matter experts

CHAPTER 2020-107

Committee Substitute for
Committee Substitute for House Bill No. 945

An act relating to children's mental health; amending s. 394.493, F.S.; requiring the Department of Children and Families and the Agency for Health Care Administration to identify certain children and adolescents who use crisis stabilization services during specified fiscal years; requiring the department and agency to collaboratively meet the behavioral health needs of such children and adolescents and submit a quarterly report to the Legislature; amending s. 394.495, F.S.; including crisis response services provided through mobile response teams in the array of services available to children and adolescents; requiring the department to contract with managing entities for mobile response teams to provide certain services to certain children, adolescents, and young adults; providing requirements for such mobile response teams; providing requirements for managing entities when procuring mobile response teams; creating s. 394.4955, F.S.; requiring managing entities to lead the development of a plan promoting the development of a coordinated system of care for certain services; providing requirements for the planning process; requiring state agencies to provide reasonable staff support for such planning process if requested by the managing entity; requiring each managing entity to submit such plan by a specified date; requiring the entities involved in the planning process to implement such plan by a specified date; requiring that such plan be reviewed and updated periodically; amending s. 394.9082, F.S.; revising the duties of the department relating to priority populations that will benefit from care coordination; requiring that a managing entity's behavioral health care needs assessment include certain information regarding gaps in certain services; requiring a managing entity to promote the use of available crisis intervention services; amending s. 409.175, F.S.; revising requirements relating to preservice training for foster parents; amending s. 409.967, F.S.; requiring the Agency for Health Care Administration to conduct, or contract for, the testing of provider network databases maintained by Medicaid managed care plans for specified purposes; amending s. 409.988, F.S.; revising the duties of a lead agency relating to individuals providing care for dependent children; amending s. 985.601, F.S.; requiring the Department of Juvenile Justice to participate in the planning process for promoting a coordinated system of care for children and adolescents; amending s. 1003.02, F.S.; requiring each district school board to participate in the planning process for promoting a coordinated system of care; amending s. 1004.44, F.S.; requiring the Louis de la Parte Florida Mental Health Institute to develop, in consultation with other entities, a model response protocol for schools; amending s. 1006.04, F.S.; requiring the educational multiagency network to participate in the planning process for promoting a coordinated system of care; amending ss. 1002.20 and 1002.33, F.S.; requiring verification that certain strategies

have been utilized and certain outreach has been initiated before law enforcement is contacted by a school principal or his or her designee under specified circumstances; providing an exception; requiring the Department of Children and Families and Agency for Health Care Administration to assess the quality of care provided in crisis stabilization units to certain children and adolescents; requiring the department and agency to review current standards of care for certain settings and make recommendations; requiring the department and agency to jointly submit a report to the Governor and Legislature by a specified date; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (4) is added to section 394.493, Florida Statutes, to read:

394.493 Target populations for child and adolescent mental health services funded through the department.—

(4) Beginning with fiscal year 2020-2021 through fiscal year 2021-2022, the department and the Agency for Health Care Administration shall identify children and adolescents who are the highest utilizers of crisis stabilization services. The department and agency shall collaboratively take appropriate action within available resources to meet the behavioral health needs of such children and adolescents more effectively, and shall jointly submit to the Legislature a quarterly report listing the actions taken by both agencies to better serve such children and adolescents.

Section 2. Paragraph (q) is added to subsection (4) of section 394.495, Florida Statutes, and subsection (7) is added to that section, to read:

394.495 Child and adolescent mental health system of care; programs and services.—

(4) The array of services may include, but is not limited to:

(q) Crisis response services provided through mobile response teams.

(7)(a) The department shall contract with managing entities for mobile response teams throughout the state to provide immediate, onsite behavioral health crisis services to children, adolescents, and young adults ages 18 to 25, inclusive, who:

1. Have an emotional disturbance;

2. Are experiencing an acute mental or emotional crisis;

3. Are experiencing escalating emotional or behavioral reactions and symptoms that impact their ability to function typically within the family, living situation, or community environment; or

4. Are served by the child welfare system and are experiencing or are at high risk of placement instability.

(b) A mobile response team shall, at a minimum:

1. Triage new requests to determine the level of severity and prioritize new requests that meet the clinical threshold for an in-person response. To the extent permitted by available resources, mobile response teams must provide in-person responses to such calls meeting such clinical level of response within 60 minutes after prioritization.

2. Respond to a crisis in the location where the crisis is occurring.

3. Provide behavioral health crisis-oriented services that are responsive to the needs of the child, adolescent, or young adult and his or her family.

4. Provide evidence-based practices to children, adolescents, young adults, and families to enable them to deescalate and respond to behavioral challenges that they are facing and to reduce the potential for future crises.

5. Provide screening, standardized assessments, early identification, and referrals to community services.

6. Provide care coordination by facilitating the transition to ongoing services.

7. Ensure there is a process in place for informed consent and confidentiality compliance measures.

8. Promote information sharing and the use of innovative technology.

9. Coordinate with the applicable managing entity to establish informal partnerships with key entities providing behavioral health services and supports to children, adolescents, or young adults and their families to facilitate continuity of care.

(c) When procuring mobile response teams, the managing entity must, at a minimum:

1. Collaborate with local sheriff's offices and public schools in the planning, development, evaluation, and selection processes.

2. Require that services be made available 24 hours per day, 7 days per week.

3. Require the provider to establish response protocols with local law enforcement agencies, local community-based care lead agencies as defined in s. 409.986(3), the child welfare system, and the Department of Juvenile Justice.

4. Require access to a board-certified or board-eligible psychiatrist or psychiatric nurse practitioner.

5. Require mobile response teams to refer children, adolescents, or young adults and their families to an array of crisis response services that address individual and family needs, including screening, standardized assessments, early identification, and community services as necessary to address the immediate crisis event.

Section 3. Section 394.4955, Florida Statutes, is created to read:

394.4955 Coordinated system of care; child and adolescent mental health treatment and support.—

(1) Pursuant to s. 394.9082(5)(d), each managing entity shall lead the development of a plan that promotes the development and effective implementation of a coordinated system of care which integrates services provided through providers funded by the state's child-serving systems and facilitates access by children and adolescents, as resources permit, to needed mental health treatment and services at any point of entry regardless of the time of year, intensity, or complexity of the need, and other systems with which such children and adolescents are involved, as well as treatment and services available through other systems for which they would qualify.

(2)(a) The planning process shall include, but is not limited to, children and adolescents with behavioral health needs and their families; behavioral health service providers; law enforcement agencies; school districts or superintendents; the multiagency network for students with emotional or behavioral disabilities; the department; and representatives of the child welfare and juvenile justice systems, early learning coalitions, the Agency for Health Care Administration, Medicaid managed medical assistance plans, the Agency for Persons with Disabilities, the Department of Juvenile Justice, and other community partners. An organization receiving state funding must participate in the planning process if requested by the managing entity. State agencies shall provide reasonable staff support to the planning process if requested by the managing entity.

(b) The planning process shall take into consideration the geographical distribution of the population, needs, and resources, and create separate plans on an individual county or multi-county basis, as needed, to maximize collaboration and communication at the local level.

(c) To the extent permitted by available resources, the coordinated system of care shall include the array of services listed in s. 394.495.

(d) Each plan shall integrate with the local plan developed under s. 394.4573.

(3) By January 1, 2022, the managing entity shall complete the plans developed under this section and submit them to the department. By January 1, 2023, the entities involved in the planning process shall implement the coordinated system of care specified in each plan. The

managing entity and collaborating organizations shall review and update the plans, as necessary, at least every 3 years thereafter.

(4) The managing entity and collaborating organizations shall create integrated service delivery approaches within current resources that facilitate parents and caregivers obtaining services and support by making referrals to specialized treatment providers, if necessary, with follow up to ensure services are received.

(5) The managing entity and collaborating organizations shall document each coordinated system of care for children and adolescents through written memoranda of understanding or other binding arrangements.

(6) The managing entity shall identify gaps in the arrays of services for children and adolescents listed in s. 394.495 available under each plan and include relevant information in its annual needs assessment required by s. 394.9082.

Section 4. Paragraph (c) of subsection (3) and paragraphs (b) and (d) of subsection (5) of section 394.9082, Florida Statutes, are amended, and paragraph (t) is added to subsection (5) of that section, to read:

394.9082 Behavioral health managing entities.—

(3) DEPARTMENT DUTIES.—The department shall:

(c) Define the priority populations that will benefit from receiving care coordination. In defining such populations, the department shall take into account the availability of resources and consider:

1. The number and duration of involuntary admissions within a specified time.

2. The degree of involvement with the criminal justice system and the risk to public safety posed by the individual.

3. Whether the individual has recently resided in or is currently awaiting admission to or discharge from a treatment facility as defined in s. 394.455.

4. The degree of utilization of behavioral health services.

5. Whether the individual is a parent or caregiver who is involved with the child welfare system.

6. Whether the individual is an adolescent, as defined in s. 394.492, who requires assistance in transitioning to services provided in the adult system of care.

(5) MANAGING ENTITY DUTIES.—A managing entity shall:

(b) Conduct a community behavioral health care needs assessment every 3 years in the geographic area served by the managing entity which identifies needs by subregion. The process for conducting the needs assessment shall include an opportunity for public participation. The assessment shall include, at a minimum, the information the department needs for its annual report to the Governor and Legislature pursuant to s. 394.4573. The assessment shall also include a list and descriptions of any gaps in the arrays of services for children or adolescents identified pursuant to s. 394.4955 and recommendations for addressing such gaps. The managing entity shall provide the needs assessment to the department.

(d) Promote the development and effective implementation of a coordinated system of care pursuant to ss. 394.4573 and 394.495 ~~s. 394.4573~~.

(t) Promote the use of available crisis intervention services by requiring contracted providers to provide contact information for mobile response teams established under s. 394.495 to parents and caregivers of children, adolescents, and young adults between ages 18 and 25, inclusive, who receive safety-net behavioral health services.

Section 5. Paragraph (b) of subsection (14) of section 409.175, Florida Statutes, is amended to read:

409.175 Licensure of family foster homes, residential child-caring agencies, and child-placing agencies; public records exemption.—

(14)

(b) As a condition of licensure, foster parents shall successfully complete preservice training. The preservice training shall be uniform statewide and shall include, but not be limited to, such areas as:

1. Orientation regarding agency purpose, objectives, resources, policies, and services;

2. Role of the foster parent as a treatment team member;

3. Transition of a child into and out of foster care, including issues of separation, loss, and attachment;

4. Management of difficult child behavior that can be intensified by placement, by prior abuse or neglect, and by prior placement disruptions;

5. Prevention of placement disruptions;

6. Care of children at various developmental levels, including appropriate discipline; ~~and~~

7. Effects of foster parenting on the family of the foster parent; and

8. Information about and contact information for the local mobile response team as a means for addressing a behavioral health crisis or preventing placement disruption.

Section 6. Paragraph (c) of subsection (2) of section 409.967, Florida Statutes, is amended to read:

409.967 Managed care plan accountability.—

(2) The agency shall establish such contract requirements as are necessary for the operation of the statewide managed care program. In addition to any other provisions the agency may deem necessary, the contract must require:

(c) *Access*.—

1. The agency shall establish specific standards for the number, type, and regional distribution of providers in managed care plan networks to ensure access to care for both adults and children. Each plan must maintain a regionwide network of providers in sufficient numbers to meet the access standards for specific medical services for all recipients enrolled in the plan. The exclusive use of mail-order pharmacies may not be sufficient to meet network access standards. Consistent with the standards established by the agency, provider networks may include providers located outside the region. A plan may contract with a new hospital facility before the date the hospital becomes operational if the hospital has commenced construction, will be licensed and operational by January 1, 2013, and a final order has issued in any civil or administrative challenge. Each plan shall establish and maintain an accurate and complete electronic database of contracted providers, including information about licensure or registration, locations and hours of operation, specialty credentials and other certifications, specific performance indicators, and such other information as the agency deems necessary. The database must be available online to both the agency and the public and have the capability to compare the availability of providers to network adequacy standards and to accept and display feedback from each provider's patients. Each plan shall submit quarterly reports to the agency identifying the number of enrollees assigned to each primary care provider. The agency shall conduct, or contract for, systematic and continuous testing of the provider network databases maintained by each plan to confirm accuracy, confirm that behavioral health providers are accepting enrollees, and confirm that enrollees have access to behavioral health services.

2. Each managed care plan must publish any prescribed drug formulary or preferred drug list on the plan's website in a manner that is accessible to and searchable by enrollees and providers. The plan must update the list within 24 hours after making a change. Each plan must ensure that the prior authorization process for prescribed drugs is readily accessible to health care providers, including posting appropriate contact information on its website and providing timely responses to providers. For Medicaid recipients diagnosed with hemophilia who have been prescribed anti-hemophilic-factor

replacement products, the agency shall provide for those products and hemophilia overlay services through the agency's hemophilia disease management program.

3. Managed care plans, and their fiscal agents or intermediaries, must accept prior authorization requests for any service electronically.

4. Managed care plans serving children in the care and custody of the Department of Children and Families must maintain complete medical, dental, and behavioral health encounter information and participate in making such information available to the department or the applicable contracted community-based care lead agency for use in providing comprehensive and coordinated case management. The agency and the department shall establish an interagency agreement to provide guidance for the format, confidentiality, recipient, scope, and method of information to be made available and the deadlines for submission of the data. The scope of information available to the department shall be the data that managed care plans are required to submit to the agency. The agency shall determine the plan's compliance with standards for access to medical, dental, and behavioral health services; the use of medications; and followup on all medically necessary services recommended as a result of early and periodic screening, diagnosis, and treatment.

Section 7. Paragraph (f) of subsection (1) of section 409.988, Florida Statutes, is amended to read:

409.988 Lead agency duties; general provisions.—

(1) DUTIES.—A lead agency:

(f) Shall ensure that all individuals providing care for dependent children receive:

1. Appropriate training and meet the minimum employment standards established by the department.

2. Contact information for the local mobile response team established under s. 394.495.

Section 8. Subsection (4) of section 985.601, Florida Statutes, is amended to read:

985.601 Administering the juvenile justice continuum.—

(4) The department shall maintain continuing cooperation with the Department of Education, the Department of Children and Families, the Department of Economic Opportunity, and the Department of Corrections for the purpose of participating in agreements with respect to dropout prevention and the reduction of suspensions, expulsions, and truancy; increased access to and participation in high school equivalency diploma, vocational, and alternative education programs; and employment training

and placement assistance. The cooperative agreements between the departments shall include an interdepartmental plan to cooperate in accomplishing the reduction of inappropriate transfers of children into the adult criminal justice and correctional systems. As part of its continuing cooperation, the department shall participate in the planning process for promoting a coordinated system of care for children and adolescents pursuant to s. 394.4955.

Section 9. Subsection (5) is added to section 1003.02, Florida Statutes, to read:

1003.02 District school board operation and control of public K-12 education within the school district.—As provided in part II of chapter 1001, district school boards are constitutionally and statutorily charged with the operation and control of public K-12 education within their school district. The district school boards must establish, organize, and operate their public K-12 schools and educational programs, employees, and facilities. Their responsibilities include staff development, public K-12 school student education including education for exceptional students and students in juvenile justice programs, special programs, adult education programs, and career education programs. Additionally, district school boards must:

(5) Participate in the planning process for promoting a coordinated system of care for children and adolescents pursuant to s. 394.4955.

Section 10. Subsection (4) of section 1004.44, Florida Statutes, is renumbered as subsection (5), and a new subsection (4) is added to that section, to read:

1004.44 Louis de la Parte Florida Mental Health Institute.—There is established the Louis de la Parte Florida Mental Health Institute within the University of South Florida.

(4) By August 1, 2020, the institute shall develop a model response protocol for schools to use mobile response teams established under s. 394.495. In developing the protocol, the institute shall, at a minimum, consult with school districts that effectively use such teams, school districts that use such teams less often, local law enforcement agencies, the Department of Children and Families, managing entities as defined in s. 394.9082(2), and mobile response team providers.

Section 11. Paragraph (c) of subsection (1) of section 1006.04, Florida Statutes, is amended to read:

1006.04 Educational multiagency services for students with severe emotional disturbance.—

(1)

(c) The multiagency network shall:

1. Support and represent the needs of students in each school district in joint planning with fiscal agents of children's mental health funds, including the expansion of school-based mental health services, transition services, and integrated education and treatment programs.

2. Improve coordination of services for children with or at risk of emotional or behavioral disabilities and their families by assisting multi-agency collaborative initiatives to identify critical issues and barriers of mutual concern and develop local response systems that increase home and school connections and family engagement.

3. Increase parent and youth involvement and development with local systems of care.

4. Facilitate student and family access to effective services and programs for students with and at risk of emotional or behavioral disabilities that include necessary educational, residential, and mental health treatment services, enabling these students to learn appropriate behaviors, reduce dependency, and fully participate in all aspects of school and community living.

5. Participate in the planning process for promoting a coordinated system of care for children and adolescents pursuant to s. 394.4955.

Section 12. Paragraph (l) of subsection (3) of section 1002.20, Florida Statutes, is amended to read:

1002.20 K-12 student and parent rights.—Parents of public school students must receive accurate and timely information regarding their child's academic progress and must be informed of ways they can help their child to succeed in school. K-12 students and their parents are afforded numerous statutory rights including, but not limited to, the following:

(3) HEALTH ISSUES.—

(l) Notification of involuntary examinations.—The public school principal or the principal's designee shall immediately notify the parent of a student who is removed from school, school transportation, or a school-sponsored activity and taken to a receiving facility for an involuntary examination pursuant to s. 394.463. The principal or the principal's designee may delay notification for no more than 24 hours after the student is removed if the principal or the principal's designee deems the delay to be in the student's best interest and if a report has been submitted to the central abuse hotline, pursuant to s. 39.201, based upon knowledge or suspicion of abuse, abandonment, or neglect. Before a principal or his or her designee contacts a law enforcement officer, he or she must verify that de-escalation strategies have been utilized and outreach to a mobile response team has been initiated unless the principal or the principal's designee reasonably believes that any delay in removing the student will increase the likelihood of harm to the student or others. This requirement does not supersede the

authority of a law enforcement officer to act under s. 394.463. Each district school board shall develop a policy and procedures for notification under this paragraph.

Section 13. Paragraph (q) of subsection (9) of section 1002.33, Florida Statutes, is amended to read:

1002.33 Charter schools.—

(9) CHARTER SCHOOL REQUIREMENTS.—

(q) The charter school principal or the principal's designee shall immediately notify the parent of a student who is removed from school, school transportation, or a school-sponsored activity and taken to a receiving facility for an involuntary examination pursuant to s. 394.463. The principal or the principal's designee may delay notification for no more than 24 hours after the student is removed if the principal or the principal's designee deems the delay to be in the student's best interest and if a report has been submitted to the central abuse hotline, pursuant to s. 39.201, based upon knowledge or suspicion of abuse, abandonment, or neglect. Before a principal or his or her designee contacts a law enforcement officer, he or she must verify that de-escalation strategies have been utilized and outreach to a mobile response team has been initiated unless the principal or the principal's designee reasonably believes that any delay in removing the student will increase the likelihood of harm to the student or others. This requirement does not supersede the authority of a law enforcement officer to act under s. 394.463. Each charter school governing board shall develop a policy and procedures for notification under this paragraph.

Section 14. The Department of Children and Families and the Agency for Health Care Administration shall assess the quality of care provided in crisis stabilization units to children and adolescents who are high utilizers of crisis stabilization services. The department and agency shall review current standards of care for such settings applicable to licensure under chapters 394 and 408, Florida Statutes, and designation under s. 394.461, Florida Statutes; compare the standards to other states' standards and relevant national standards; and make recommendations for improvements to such standards. The assessment and recommendations shall address, at a minimum, efforts by each facility to gather and assess information regarding each child or adolescent, to coordinate with other providers treating the child or adolescent, and to create discharge plans that comprehensively and effectively address the needs of the child or adolescent to avoid or reduce his or her future use of crisis stabilization services. The department and agency shall jointly submit a report of their findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 15, 2020.

Section 15. This act shall take effect July 1, 2020.

Approved by the Governor June 27, 2020.

Filed in Office Secretary of State June 27, 2020.