The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Children, Families, and Elder Affairs

BILL:	CS/SB 1340
INTRODUCER:	Children, Families, and Elder Affairs and Senator Harrell
SUBJECT:	Coordinated Systems of Care for Children
DATE:	January 29, 2024
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rao	Tuszynski	CF	**Fav/CS**
2.			AED	
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1340 requires managing entities to provide care coordinators for each school district and implement a coordinated system of care for children that have complex behavioral health needs. The bill requires the school districts to address the recommendations of the care coordinator and report annually to the Department of Education on the performance outcomes of the child's treatment.

The bill has an indeterminate, but likely insignificant, negative fiscal impact on school districts. *See* Section V. Fiscal Impact Statement.

The bill is effective July 1, 2024.

II. Present Situation:

Florida Department of Children and Families

The Department of Children and Families (DCF) administers a statewide system of safety-net services for substance abuse and mental health prevention, treatment, and recovery for children and adults who are otherwise unable to obtain these services. These services are provided based

upon state and federally established priority populations.[1] The DCF provides treatment for Mental Health and SUD through a community-based provider system.[2]

In 2001, the Legislature authorized the DCF to implement behavioral health managing entities (ME) as the management structure for the delivery of local mental health and substance abuse services.[3] The implementation of the ME system initially began on a pilot basis, and, in 2008, the Legislature authorized the DCF to implement MEs statewide.[4] Full implementation of the statewide managing entity system occurred in 2013 and all geographic regions are now served by a ME.[5]

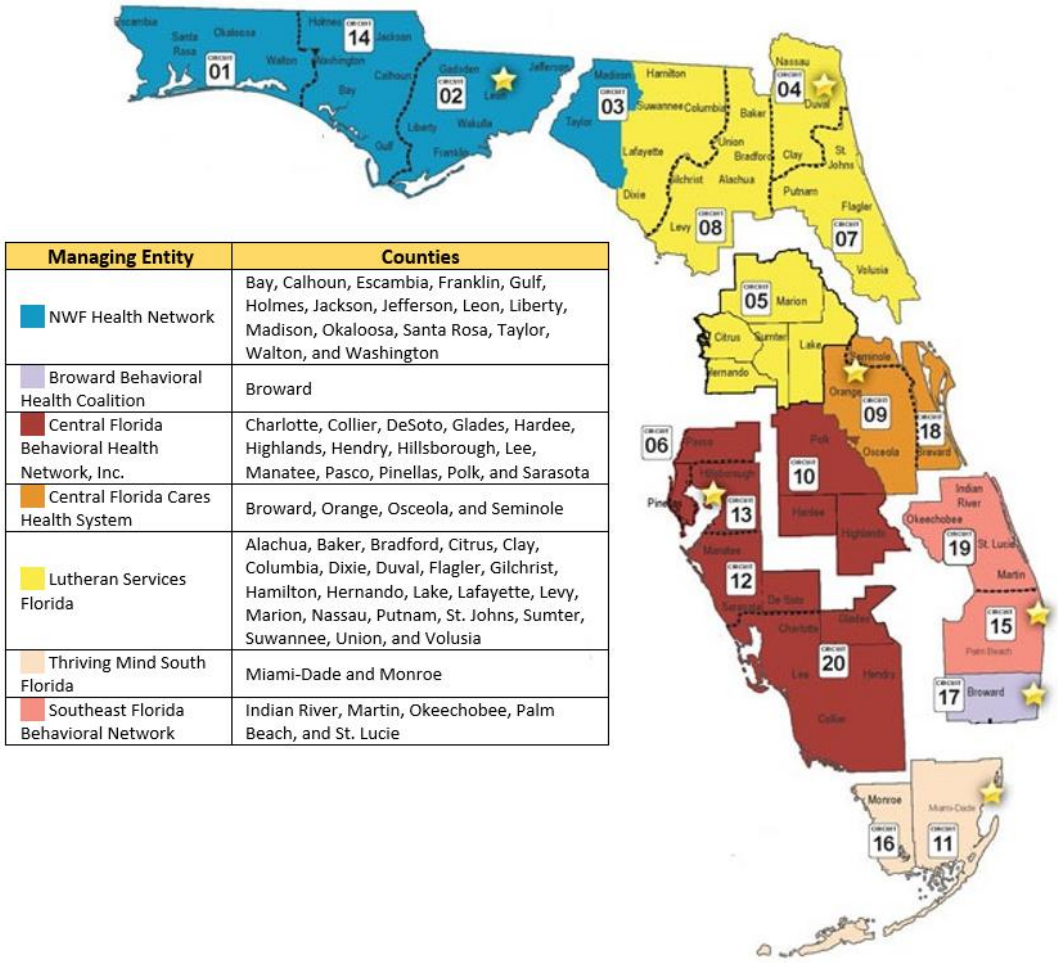
Contracted MEs

The MEs are required to comply with various statutory duties, including, in part, to[6]:

- Maintain a governing board;
- Promote and support care coordination;
- Develop a comprehensive list of qualified providers;
- Monitor network providers' performances;
- Manage and allocate funds for services in accordance with federal and state laws, rules, regulations, and grant requirements; and
- Operate in a transparent manner, providing access to information, notice of meetings, and opportunities for public participation in ME decision making.

The DCF contracts with seven MEs as shown in the map below and summarized as follows:[7]

[1] *See* chs. 394 and 397, F.S.
[2] The DCF, *Managing Entities*, available at: https://www.myflfamilies.com/services/samh/providers/managing-entities (last visited 1/24/24).
[3] Chapter 2001-191, Laws of Florida; codified in s. 394.9082, F.S.
[4] Chapter 2008-243, Laws of Florida
[5] The DCF, *Managing Entities*, available at: https://www.myflfamilies.com/services/samh/providers/managing-entities (last visited 1/24/24).
[6] Section 394.9082(5), F.S.
[7] The DCF, *Managing Entities*, available at: https://www.myflfamilies.com/services/samh/providers/managing-entities (last visited 1/24/24).



Managing Entity	Counties
NWF Health Network	Bay, Calhoun, Escambia, Franklin, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Walton, and Washington
Broward Behavioral Health Coalition	Broward
Central Florida Behavioral Health Network, Inc.	Charlotte, Collier, DeSoto, Glades, Hardee, Highlands, Hendry, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk, and Sarasota
Central Florida Cares Health System	Broward, Orange, Osceola, and Seminole
Lutheran Services Florida	Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lake, Lafayette, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwannee, Union, and Volusia
Thriving Mind South Florida	Miami-Dade and Monroe
Southeast Florida Behavioral Network	Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie

The MEs in turn contract with local service providers for the delivery of mental health and substance abuse services.[8]

Coordinated System of Care

Managing entities are required to promote the development and implementation of a coordinated system of care. A coordinated system of care means a full array of behavioral and related services in a region or community offered by all service providers, participating either under contract with a managing entity or by another method of community partnership or mutual agreement.[9] A community or region provides a coordinated system of care for those suffering from mental illness or substance abuse disorder through a "no-wrong-door" model,[10] to the extent allowed by available resources.[11]

There are several essential elements which make up a coordinated system of care, including:

[8] Managing entities create and manage provider networks by contracting with service providers for the delivery of substance abuse and mental health services.
[9] Section 394.4573(1)(c), F.S.
[10] Section 394.4573(1)(d), F.S.; This means a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system.
[11] Section 394.4573(2)(b)2., F.S.

- Community interventions;
- Case management;
- Care coordination;
- Outpatient services;
- Residential services;
- Transportation to receiving facilities;
- Crisis services;
- Hospital inpatient care;
- Aftercare and post-discharge services;
- Medication-assisted treatment and medication management;
- Recovery support.[12]

Case Management and Care Coordination

Under Ch. 394, Florida's Mental Health Act, "case management" is defined as those direct services provided to a client in order to assess his or her needs, plan or arrange services, coordinate service providers, link the service system to a client, monitor service delivery, and evaluate patient outcomes to ensure the client is receiving the appropriate services.[13]

Florida's Mental Health Act also defines "care coordination" as the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage. The purpose of care coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations.[14] Current law does not define "care coordinator," only "care coordination."

Florida's Children's Substance Abuse Services

Part IX of Chapter 397, F.S., Children's Substance Abuse Services, details a system with the intent of achieving the following for children who are in need of substance abuse services:

- Identification of the presenting problems and conditions of substance abuse through the use of valid assessment.
- Improvement in the child's ability to function in the family with minimum supports.
- Improvement in the child's ability to function in school with minimum supports.
- Improvement in the child's ability to function in the community with minimum supports.
- Improvement in the child's ability to live drug-free.
- Reduction of behaviors and conditions that may be linked to substance abuse, such as unintended pregnancy, delinquency, sexually transmitted diseases, and smoking, and other negative behaviors.

[12] Section 394.4573(2), F.S.
[13] Section 394.4573(1)(b), F.S.
[14] Section 294.4573(1)(a), F.S.

- Increased return of children in state custody, drug-free, to their homes, or the placement of such children, drug-free, in an appropriate setting.[15]

Current law requires the DCF to determine if a child receiving substance abuse services is complex enough to require a case manager.[16] A child's case manager is responsible for periodically reviewing the utilization of services to determine if the child's SUD treatment is in compliance with the case plan.[17] A case manager's activities are to be aimed at:

- Implementing a treatment plan;
- Advocacy;
- Linking services providers to a child and family;
- Monitoring services delivery; and
- Collecting information to determine the effect of services and treatment.[18]

Mental Health Services for Students

The Department of Education, through the Office of Safe Schools, promotes support, policies, and practices that focus on prevention and early intervention to improve student mental health and school safety.[19] Florida law requires instructional personnel to teach comprehensive health education that addresses concepts of mental and emotional health, as well as substance use and abuse.[20]

Mental Health Assistance Program

In 2018, the Marjory Stoneman Douglas High School Public Safety Act created the Mental Health Assistance Allocation within the Florida Education Finance Program.[21] The allocation is intended to provide funding to assist school districts in establishing or expanding school-based mental health care, train educators and other school staff in detecting and responding to mental health issues, and connect children, youth, and families who may experience behavioral health issues with appropriate services.[22]

For the 2023-2024 school year $160,000,000 was appropriated for the allocation.[23] Each school district receives a minimum of $100,000, and the remaining balance is allocated based on each district's proportionate share of the state's total unweighted full-time equivalent student enrollment.[24]

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[15] Section 397.92, F.S.
[16] Section 397.96(2), F.S.
[17] Section 397.96(4), F.S.
[18] Section 397.96(3), F.S.
[19] Section 1001.212, F.S.
[20] Section 1003.42(2)(n), F.S.
[21] Chapter 2018-3, Laws of Fla.; codified as s. 1006.041, F.S.
[22] *Id*.
[23] Specific Appropriations 5 and 80, s. 2, ch. 2023-239, Laws of Fla.
[24] Section 1011.62(13), F.S.; *See also* Florida Department of Education, Florida Education Finance Program 2023-24 *Second Calculation*, p. 28, available at https://www.fldoe.org/core/fileparse.php/7507/urlt/2324FEFP2ndCalc.pdf (last visited January 27, 2024).

To receive allocation funds, a school district must develop and submit a detailed plan outlining its local plan and expenditures to the district school board for approval.[25] The plan must focus on a multitier system of supports to deliver evidence-based mental health care assessments, diagnoses, interventions, treatment, and recovery services to students with one or more mental health or co-occurring substance abuse diagnoses and to students at high risk of such diagnoses.

The provision of these services must be coordinated with a student's primary mental health care provider and with other mental health providers involved in the student's care.[26] These plans must include components such as:[27]

- Direct employment of school-based mental health service providers to expand and enhance school-based student services and reduce the ratio of students to staff to align with nationally recommended ratio models.
- Contracts or interagency agreements with one or more local community behavioral health providers or providers of Community Action Team services to provide behavioral health staff presence and services at district schools.
- Policies and procedures which ensure:
  - Students who are referred to a school-based or community-based mental health service provider for mental health screening are assessed within 15 days of referral;
  - School-based mental health services are initiated within 15 days after identification and assessment and community-based mental health services are initiated within 30 days after school or district referral;
  - Parents and of a student receiving services are provided information about other behavioral services available through the student's school or local community-based behavioral health service providers; and
  - Individuals living in a household with a student receiving services are provided information about behavioral health services available through other delivery systems or payors for which the individuals may qualify, if such services appear to be needed or enhancement in such individual's behavioral health would contribute to the improve wellbeing of the student.
- Strategies or programs to reduce the likelihood of at-risk students developing social, emotional, or behavioral health problems; depression; anxiety disorders; suicidal tendencies; or substance use disorders.
- Strategies to improve the early identification of social, emotional, or behavioral problems or substance use disorders; to improve the provision of early intervention services; and to assist students in dealing with trauma and violence.
- Procedures to assist a mental health services provider or a behavioral health provider, or a school resource officer or school safety officer who has completed mental health crisis intervention training with attempting to verbally de-escalate a student's crisis situation before initiating an involuntary examination.
- Policies requiring that school or law enforcement personnel, prior to initiating an involuntary examination, make a reasonable attempt to contact a mental health professional authorized to initiate an involuntary examination, unless the student in crisis poses an imminent danger to him- or herself or others.

[25] Section 1006.041(1), F.S.
[26] Section 1006.041(2), F.S.
[27] *Id*.

School districts are also required to report program outcomes and expenditures for the previous fiscal year by September 30 each year.[28] The report must, at a minimum, provide the number of each of the following:[29]

- Students who receive screenings or assessments.
- Students who are referred to either school-based or community-based providers for services.
- Students who receive either school-based or community-based interventions, or assistance.
- School-based and community-based mental health providers, including licensure type, that were paid out of the mental health assistance allocation.
- Contract-based or interagency agreement-based collaborative efforts or partnerships with community mental health programs, agencies, or providers.

III. Effect of Proposed Changes:

Section 1 of the bill creates s. 1006.05, F.S., to initiate a coordinated system of care for students that are diagnosed with one or more mental health or any co-occurring substance use disorders, and students at high risk of such diagnoses.

The bill defines "care coordinator" as a person who is responsible for participating in the development and implementation of a services plan, linking service providers to a child or adolescent and his or her family, monitoring the delivery of services, providing advocacy, collecting information to determine the effect of services and treatment, and performing care coordination as defined in s. 394.4573(1), F.S.[30]

The bill requires managing entities to provide a care coordinator for each school district. The care coordinator's purpose is to implement a coordinated system of care for complex cases involving children receiving substance abuse services. The bill requires the care coordinator to ensure students receive necessary services and that appropriate funds such as Medicaid, governmental or private health care, or insurance are used before accessing school-based mental health treatment and support system funding to purchase community-based services.

The bill requires school districts that provides mental health assessments, diagnoses, interventions, treatments, and recovery services to students diagnosed or at high risk of diagnoses of mental health or co-occurring substance use disorders to:

- Adhere to the guiding principles of mental health treatment and support system as provided under s. 394.491.
- Contract with managing entities to provide care coordination for students with complex behavioral health needs who experience adverse outcomes due to unmet needs or an inability to engage.

[28] Section 1006.041(4), F.S.
[29] *Id.*
[30] Section 394.4573(1), F.S. defines "care coordination" as the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage. Examples of care coordination activities include development of referral agreements, shared protocols, and information exchange procedures. The purpose of care coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations

- Address recommendations from the care coordinator upon a student's return to the school setting after experiencing an involuntary admission to an acute psychiatric care facility.
- Meet the general performance outcomes for the child and adolescent mental health treatment and support system.
- Report annually to the Department of Education on the general performance outcomes for the child and adolescent mental health treatment and support system, and how the funding for the support system is allocated.

Section 2 of the bill provides an effective date of July 1, 2024.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None identified.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

There is an indeterminate negative fiscal impact on school districts, as the bill requires a contract with MEs to provide care coordinators for students with complex behavioral health needs. It is unknown how much of the current appropriation for mental health support in schools may be re-allocated for this purpose.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates s. 1006.05 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Children, Families, and Elder Affairs on January 30, 2024:
The CS removes changes to ch. 397, F.S. that pertain to case management for complex cases involving children who need substance abuse services within the Marchman Act, to create a coordinated system of care for students in ch. 1006, F.S., and defines "care coordinator" for use in s. 1006.05, F.S.

B. Amendments:

None.