

1 A bill to be entitled
2 An act relating to children's mental health; amending
3 s. 394.493, F.S.; requiring the Department of Children
4 and Families and the Agency for Health Care
5 Administration to identify certain children and
6 adolescents who use crisis stabilization services
7 during specified fiscal years; requiring the
8 department and agency to collaboratively meet the
9 behavioral health needs of such children and
10 adolescents and submit a quarterly report to the
11 Legislature; amending s. 394.495, F.S.; including
12 crisis response services provided through mobile
13 response teams in the array of services available to
14 children and adolescents; requiring the department to
15 contract with managing entities for mobile response
16 teams to provide certain services to certain children,
17 adolescents, and young adults; providing requirements
18 for such mobile response teams; providing requirements
19 for managing entities when procuring mobile response
20 teams; creating s. 394.4955, F.S.; requiring managing
21 entities to lead the development of a plan promoting
22 the development of a coordinated system of care for
23 certain services; providing requirements for the
24 planning process; requiring state agencies to provide
25 reasonable staff support for such planning process if

26 requested by the managing entity; requiring each
27 managing entity to submit such plan by a specified
28 date; requiring the entities involved in the planning
29 process to implement such plan by a specified date;
30 requiring that such plan be reviewed and updated
31 periodically; amending s. 394.9082, F.S.; revising the
32 duties of the department relating to priority
33 populations that will benefit from care coordination;
34 requiring that a managing entity's behavioral health
35 care needs assessment include certain information
36 regarding gaps in certain services; requiring a
37 managing entity to promote the use of available crisis
38 intervention services; amending s. 409.175, F.S.;
39 revising requirements relating to preservice training
40 for foster parents; amending s. 409.967, F.S.;
41 requiring the Agency for Health Care Administration to
42 conduct, or contract for, the testing of provider
43 network databases maintained by Medicaid managed care
44 plans for specified purposes; amending s. 409.988,
45 F.S.; revising the duties of a lead agency relating to
46 individuals providing care for dependent children;
47 amending s. 985.601, F.S.; requiring the Department of
48 Juvenile Justice to participate in the planning
49 process for promoting a coordinated system of care for
50 children and adolescents; amending s. 1003.02, F.S.;

51 requiring each district school board to participate in
52 the planning process for promoting a coordinated
53 system of care; amending s. 1004.44, F.S.; requiring
54 the Louis de la Parte Florida Mental Health Institute
55 to develop, in consultation with other entities, a
56 model response protocol for schools; amending s.
57 1006.04, F.S.; requiring the educational multiagency
58 network to participate in the planning process for
59 promoting a coordinated system of care; amending s.
60 1011.62, F.S.; revising the elements of a plan
61 required for school district funding under the mental
62 health assistance allocation; amending ss. 1002.20 and
63 1002.33, F.S.; requiring verification that certain
64 strategies have been utilized and certain outreach has
65 been initiated before a student is removed from
66 school, school transportation, or a school-sponsored
67 activity under specified circumstances; providing an
68 exception; requiring the Department of Children and
69 Families and Agency for Health Care Administration to
70 assess the quality of care provided in crisis
71 stabilization units to certain children and
72 adolescents; requiring the department and agency to
73 review current standards of care for certain settings
74 and make recommendations; requiring the department and
75 agency to jointly submit a report to the Governor and

76 Legislature by a specified date; providing an
 77 effective date.

78
 79 Be It Enacted by the Legislature of the State of Florida:
 80

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

83 394.493 Target populations for child and adolescent mental
 84 health services funded through the department.—

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

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

98 394.495 Child and adolescent mental health system of care;
 99 programs and services.—

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

101 to:

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

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

- 109 1. Have an emotional disturbance;
110 2. Are experiencing an acute mental or emotional crisis;
111 3. Are experiencing escalating emotional or behavioral
112 reactions and symptoms that impact their ability to function
113 typically within the family, living situation, or community
114 environment; or
115 4. Are served by the child welfare system and are
116 experiencing or are at high risk of placement instability.

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

- 118 1. Triage new requests to determine the level of severity
119 and prioritize new requests that meet the clinical threshold for
120 an in-person response. To the extent permitted by available
121 resources, mobile response teams must provide in-person
122 responses to such calls meeting such clinical level of response
123 within 60 minutes after prioritization.
124 2. Respond to a crisis in the location where the crisis is
125 occurring.

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

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

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

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

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

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

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

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

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

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

153 3. Require the provider to establish response protocols
154 with local law enforcement agencies, local community-based care
155 lead agencies as defined in s. 409.986(3), the child welfare
156 system, and the Department of Juvenile Justice. The response
157 protocol with a school district shall be consistent with the
158 model response protocol developed under s. 1004.44.

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

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

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

169 394.4955 Coordinated system of care; child and adolescent
170 mental health treatment and support.—

171 (1) Pursuant to s. 394.9082(5)(d), each managing entity
172 shall lead the development of a plan that promotes the
173 development and effective implementation of a coordinated system
174 of care which integrates services provided through providers
175 funded by the state's child-serving systems and facilitates

176 access by children and adolescents, as resources permit, to
177 needed mental health treatment and services at any point of
178 entry regardless of the time of year, intensity, or complexity
179 of the need, and other systems with which such children and
180 adolescents are involved, as well as treatment and services
181 available through other systems for which they would qualify.

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

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

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

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

206 (3) By January 1, 2022, the managing entity shall complete
207 the plans developed under this section and submit them to the
208 department. By January 1, 2023, the entities involved in the
209 planning process shall implement the coordinated system of care
210 specified in each plan. The managing entity and collaborating
211 organizations shall review and update the plans, as necessary,
212 at least every 3 years thereafter.

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

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

223 (6) The managing entity shall identify gaps in the arrays
224 of services for children and adolescents listed in s. 394.495

225 available under each plan and include relevant information in
226 its annual needs assessment required by s. 394.9082.

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

231 394.9082 Behavioral health managing entities.—

232 (3) DEPARTMENT DUTIES.—The department shall:

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

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

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

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

244 4. The degree of utilization of behavioral health
245 services.

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

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

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

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

264 (d) Promote the development and effective implementation
265 of a coordinated system of care pursuant to ss. 394.4573 and
266 394.495 ~~s. 394.4573~~.

267 (t) Promote the use of available crisis intervention
268 services by requiring contracted providers to provide contact
269 information for mobile response teams established under s.
270 394.495 to parents and caregivers of children, adolescents, and
271 young adults between ages 18 and 25, inclusive, who receive
272 safety-net behavioral health services.

273 Section 5. Paragraph (b) of subsection (14) of section
274 409.175, Florida Statutes, is amended to read:

275 409.175 Licensure of family foster homes, residential
276 child-caring agencies, and child-placing agencies; public
277 records exemption.—

278 (14)

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

- 283 1. Orientation regarding agency purpose, objectives,
284 resources, policies, and services;
- 285 2. Role of the foster parent as a treatment team member;
- 286 3. Transition of a child into and out of foster care,
287 including issues of separation, loss, and attachment;
- 288 4. Management of difficult child behavior that can be
289 intensified by placement, by prior abuse or neglect, and by
290 prior placement disruptions;
- 291 5. Prevention of placement disruptions;
- 292 6. Care of children at various developmental levels,
293 including appropriate discipline; ~~and~~
- 294 7. Effects of foster parenting on the family of the foster
295 parent; and

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

299 Section 6. Paragraph (c) of subsection (2) of section
300 409.967, Florida Statutes, is amended to read:

301 409.967 Managed care plan accountability.—

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

306 (c) Access.—

307 1. The agency shall establish specific standards for the
308 number, type, and regional distribution of providers in managed
309 care plan networks to ensure access to care for both adults and
310 children. Each plan must maintain a regionwide network of
311 providers in sufficient numbers to meet the access standards for
312 specific medical services for all recipients enrolled in the
313 plan. The exclusive use of mail-order pharmacies may not be
314 sufficient to meet network access standards. Consistent with the
315 standards established by the agency, provider networks may
316 include providers located outside the region. A plan may
317 contract with a new hospital facility before the date the
318 hospital becomes operational if the hospital has commenced
319 construction, will be licensed and operational by January 1,
320 2013, and a final order has issued in any civil or

321 administrative challenge. Each plan shall establish and maintain
322 an accurate and complete electronic database of contracted
323 providers, including information about licensure or
324 registration, locations and hours of operation, specialty
325 credentials and other certifications, specific performance
326 indicators, and such other information as the agency deems
327 necessary. The database must be available online to both the
328 agency and the public and have the capability to compare the
329 availability of providers to network adequacy standards and to
330 accept and display feedback from each provider's patients. Each
331 plan shall submit quarterly reports to the agency identifying
332 the number of enrollees assigned to each primary care provider.
333 The agency shall conduct, or contract for, systematic and
334 continuous testing of the provider network databases maintained
335 by each plan to confirm accuracy, confirm that behavioral health
336 providers are accepting enrollees, and confirm that enrollees
337 have access to behavioral health services.

338 2. Each managed care plan must publish any prescribed drug
339 formulary or preferred drug list on the plan's website in a
340 manner that is accessible to and searchable by enrollees and
341 providers. The plan must update the list within 24 hours after
342 making a change. Each plan must ensure that the prior
343 authorization process for prescribed drugs is readily accessible
344 to health care providers, including posting appropriate contact
345 information on its website and providing timely responses to

346 providers. For Medicaid recipients diagnosed with hemophilia who
347 have been prescribed anti-hemophilic-factor replacement
348 products, the agency shall provide for those products and
349 hemophilia overlay services through the agency's hemophilia
350 disease management program.

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

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

370 result of early and periodic screening, diagnosis, and
371 treatment.

372 Section 7. Paragraph (f) of subsection (1) of section
373 409.988, Florida Statutes, is amended to read:

374 409.988 Lead agency duties; general provisions.—

375 (1) DUTIES.—A lead agency:

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

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

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

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

384 985.601 Administering the juvenile justice continuum.—

385 (4) The department shall maintain continuing cooperation
386 with the Department of Education, the Department of Children and
387 Families, the Department of Economic Opportunity, and the
388 Department of Corrections for the purpose of participating in
389 agreements with respect to dropout prevention and the reduction
390 of suspensions, expulsions, and truancy; increased access to and
391 participation in high school equivalency diploma, vocational,
392 and alternative education programs; and employment training and
393 placement assistance. The cooperative agreements between the
394 departments shall include an interdepartmental plan to cooperate

395 | in accomplishing the reduction of inappropriate transfers of
396 | children into the adult criminal justice and correctional
397 | systems. As part of its continuing cooperation, the department
398 | shall participate in the planning process for promoting a
399 | coordinated system of care for children and adolescents pursuant
400 | to s. 394.4955.

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

403 | 1003.02 District school board operation and control of
404 | public K-12 education within the school district.—As provided in
405 | part II of chapter 1001, district school boards are
406 | constitutionally and statutorily charged with the operation and
407 | control of public K-12 education within their school district.
408 | The district school boards must establish, organize, and operate
409 | their public K-12 schools and educational programs, employees,
410 | and facilities. Their responsibilities include staff
411 | development, public K-12 school student education including
412 | education for exceptional students and students in juvenile
413 | justice programs, special programs, adult education programs,
414 | and career education programs. Additionally, district school
415 | boards must:

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

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

422 1004.44 Louis de la Parte Florida Mental Health
423 Institute.—There is established the Louis de la Parte Florida
424 Mental Health Institute within the University of South Florida.

425 (4) By August 1, 2020, the institute shall develop a model
426 response protocol for schools to use mobile response teams
427 established under s. 394.495. In developing the protocol, the
428 institute shall, at a minimum, consult with school districts
429 that effectively use such teams, school districts that use such
430 teams less often, local law enforcement agencies, the Department
431 of Children and Families, managing entities as defined in s.
432 394.9082(2), and mobile response team providers.

433 Section 11. Paragraph (c) of subsection (1) of section
434 1006.04, Florida Statutes, is amended to read:

435 1006.04 Educational multiagency services for students with
436 severe emotional disturbance.—

437 (1)

438 (c) The multiagency network shall:

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

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

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

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

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

462 Section 12. Paragraph (b) of subsection (16) of section
463 1011.62, Florida Statutes, is amended to read:

464 1011.62 Funds for operation of schools.—If the annual
465 allocation from the Florida Education Finance Program to each
466 district for operation of schools is not determined in the
467 annual appropriations act or the substantive bill implementing

468 the annual appropriations act, it shall be determined as
469 follows:

470 (16) MENTAL HEALTH ASSISTANCE ALLOCATION.—The mental
471 health assistance allocation is created to provide funding to
472 assist school districts in establishing or expanding school-
473 based mental health care; train educators and other school staff
474 in detecting and responding to mental health issues; and connect
475 children, youth, and families who may experience behavioral
476 health issues with appropriate services. These funds shall be
477 allocated annually in the General Appropriations Act or other
478 law to each eligible school district. Each school district shall
479 receive a minimum of \$100,000, with the remaining balance
480 allocated based on each school district's proportionate share of
481 the state's total unweighted full-time equivalent student
482 enrollment. Charter schools that submit a plan separate from the
483 school district are entitled to a proportionate share of
484 district funding. The allocated funds may not supplant funds
485 that are provided for this purpose from other operating funds
486 and may not be used to increase salaries or provide bonuses.
487 School districts are encouraged to maximize third-party health
488 insurance benefits and Medicaid claiming for services, where
489 appropriate.

490 (b) The plans required under paragraph (a) must be focused
491 on a multitiered system of supports to deliver evidence-based
492 mental health care assessment, diagnosis, intervention,

493 treatment, and recovery services to students with one or more
494 mental health or co-occurring substance abuse diagnoses and to
495 students at high risk of such diagnoses. The provision of these
496 services must be coordinated with a student's primary mental
497 health care provider and with other mental health providers
498 involved in the student's care. At a minimum, the plans must
499 include the following elements:

500 1. Direct employment of school-based mental health
501 services providers to expand and enhance school-based student
502 services and to reduce the ratio of students to staff in order
503 to better align with nationally recommended ratio models. These
504 providers include, but are not limited to, certified school
505 counselors, school psychologists, school social workers, and
506 other licensed mental health professionals. The plan also must
507 identify strategies to increase the amount of time that school-
508 based student services personnel spend providing direct services
509 to students, which may include the review and revision of
510 district staffing resource allocations based on school or
511 student mental health assistance needs.

512 2. Contracts or interagency agreements with one or more
513 local community behavioral health providers or providers of
514 Community Action Team services to provide a behavioral health
515 staff presence and services at district schools. Services may
516 include, but are not limited to, mental health screenings and
517 assessments, individual counseling, family counseling, group

518 counseling, psychiatric or psychological services, trauma-
519 informed care, mobile crisis services, and behavior
520 modification. These behavioral health services may be provided
521 on or off the school campus and may be supplemented by
522 telehealth.

523 3. Policies and procedures, including contracts with
524 service providers, which will ensure that:

525 a. Parents of students are provided information about
526 behavioral health services available through the students'
527 school or local community-based behavioral health services
528 providers, including, but not limited to, the mobile response
529 team as established in s. 394.495 serving their area. A school
530 may meet this requirement by providing information about and
531 internet addresses for web-based directories or guides of local
532 behavioral health services as long as such directories or guides
533 are easily navigated and understood by individuals unfamiliar
534 with behavioral health delivery systems or services and include
535 specific contact information for local behavioral health
536 providers.

537 b. School districts use the services of the mobile
538 response teams to the extent that such services are available.
539 Each school district shall establish policies and procedures to
540 carry out the model response protocol developed under s.
541 1004.44.

542 c. Students who are referred to a school-based or
543 community-based mental health service provider for mental health
544 screening for the identification of mental health concerns and
545 ensure that the assessment of students at risk for mental health
546 disorders occurs within 15 days of referral. School-based mental
547 health services must be initiated within 15 days after
548 identification and assessment, and support by community-based
549 mental health service providers for students who are referred
550 for community-based mental health services must be initiated
551 within 30 days after the school or district makes a referral.

552 d. Referrals to behavioral health services available
553 through other delivery systems or payors for which a student or
554 individuals living in the household of a student receiving
555 services under this subsection may qualify, if such services
556 appear to be needed or enhancements in those individuals'
557 behavioral health would contribute to the improved well-being of
558 the student.

559 4. Strategies or programs to reduce the likelihood of at-
560 risk students developing social, emotional, or behavioral health
561 problems, depression, anxiety disorders, suicidal tendencies, or
562 substance use disorders.

563 5. Strategies to improve the early identification of
564 social, emotional, or behavioral problems or substance use
565 disorders, to improve the provision of early intervention

566 services, and to assist students in dealing with trauma and
567 violence.

568 Section 13. Paragraph (1) of subsection (3) of section
569 1002.20, Florida Statutes, is amended to read:

570 1002.20 K-12 student and parent rights.—Parents of public
571 school students must receive accurate and timely information
572 regarding their child's academic progress and must be informed
573 of ways they can help their child to succeed in school. K-12
574 students and their parents are afforded numerous statutory
575 rights including, but not limited to, the following:

576 (3) HEALTH ISSUES.—

577 (1) Notification of involuntary examinations.—The public
578 school principal or the principal's designee shall immediately
579 notify the parent of a student who is removed from school,
580 school transportation, or a school-sponsored activity and taken
581 to a receiving facility for an involuntary examination pursuant
582 to s. 394.463. The principal or the principal's designee may
583 delay notification for no more than 24 hours after the student
584 is removed if the principal or the principal's designee deems
585 the delay to be in the student's best interest and if a report
586 has been submitted to the central abuse hotline, pursuant to s.
587 39.201, based upon knowledge or suspicion of abuse, abandonment,
588 or neglect. Before a student is removed from school, school
589 transportation, or a school-sponsored activity, the principal or
590 the principal's designee must verify that de-escalation

591 strategies have been utilized and outreach to a mobile response
592 team has been initiated under policies and procedures
593 established under s. 1011.62(16), unless the principal or the
594 principal's designee reasonably believes that any delay in
595 removing the student will increase the likelihood of harm to the
596 student or others. Each district school board shall develop a
597 policy and procedures for notification under this paragraph.

598 Section 14. Paragraph (q) of subsection (9) of section
599 1002.33, Florida Statutes, is amended to read:

600 1002.33 Charter schools.—

601 (9) CHARTER SCHOOL REQUIREMENTS.—

602 (q) The charter school principal or the principal's
603 designee shall immediately notify the parent of a student who is
604 removed from school, school transportation, or a school-
605 sponsored activity and taken to a receiving facility for an
606 involuntary examination pursuant to s. 394.463. The principal or
607 the principal's designee may delay notification for no more than
608 24 hours after the student is removed if the principal or the
609 principal's designee deems the delay to be in the student's best
610 interest and if a report has been submitted to the central abuse
611 hotline, pursuant to s. 39.201, based upon knowledge or
612 suspicion of abuse, abandonment, or neglect. Before a student is
613 removed from school, school transportation, or a school-
614 sponsored activity, the principal or the principal's designee
615 must verify that de-escalation strategies have been utilized and

616 outreach to a mobile response team has been initiated under
617 policies and procedures established under s. 1011.62(16), unless
618 the principal or the principal's designee reasonably believes
619 that any delay in removing the student will increase the
620 likelihood of harm to the student or others. Each charter school
621 governing board shall develop a policy and procedures for
622 notification under this paragraph.

623 Section 15. The Department of Children and Families and
624 the Agency for Health Care Administration shall assess the
625 quality of care provided in crisis stabilization units to
626 children and adolescents who are high utilizers of crisis
627 stabilization services. The department and agency shall review
628 current standards of care for such settings applicable to
629 licensure under chapters 394 and 408, Florida Statutes, and
630 designation under s. 394.461, Florida Statutes; compare the
631 standards to other states' standards and relevant national
632 standards; and make recommendations for improvements to such
633 standards. The assessment and recommendations shall address, at
634 a minimum, efforts by each facility to gather and assess
635 information regarding each child or adolescent, to coordinate
636 with other providers treating the child or adolescent, and to
637 create discharge plans that comprehensively and effectively
638 address the needs of the child or adolescent to avoid or reduce
639 his or her future use of crisis stabilization services. The
640 department and agency shall jointly submit a report of their

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641 | findings and recommendations to the Governor, the President of
642 | the Senate, and the Speaker of the House of Representatives by
643 | November 15, 2020.

644 | Section 16. This act shall take effect July 1, 2020.