

1 A bill to be entitled
2 An act relating to first-episode psychosis programs;
3 amending ss. 394.455 and 394.67, F.S.; defining the
4 term "first-episode psychosis program"; amending s.
5 394.658, F.S.; revising the application criteria for
6 the Criminal Justice, Mental Health, and Substance
7 Abuse Reinvestment Grant Program to include support
8 for first-episode psychosis programs; amending s.
9 394.4573, F.S.; requiring the Department of Children
10 and Families to include specified information
11 regarding first-episode psychosis programs in its
12 annual assessment of behavioral health services;
13 providing a definition; providing that a coordinated
14 system of care includes first-episode psychosis
15 programs; amending ss. 394.495, 394.496, 394.674,
16 394.9085, 409.972, 464.012, and 744.2007, F.S.;
17 conforming cross-references; providing an effective
18 date.

19
20 Be It Enacted by the Legislature of the State of Florida:

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22 Section 1. Subsections (17) through (48) of section
23 394.455, Florida Statutes, are renumbered as subsections (18)
24 through (49), respectively, and a new subsection (17) is added
25 to that section to read:

26 394.455 Definitions.—As used in this part, the term:

27 (17) "First-episode psychosis program" means an evidence-
28 based program for individuals from 15 through 30 years of age
29 who are experiencing the early indications of serious mental
30 illness, especially symptoms of a first psychotic episode, and
31 which includes, but is not limited to, intensive case
32 management, individual or group therapy, supported employment,
33 family education and supports, and the provision of appropriate
34 psychotropic medication as needed.

35 Section 2. Subsections (10) through (24) of section
36 394.67, Florida Statutes, are renumbered as subsections (11)
37 through (25), respectively, subsection (3) is amended, and a new
38 subsection (10) is added to that section, to read:

39 394.67 Definitions.—As used in this part, the term:

40 (3) "Crisis services" means short-term evaluation,
41 stabilization, and brief intervention services provided to a
42 person who is experiencing an acute mental or emotional crisis,
43 as defined in subsection (18) ~~(17)~~, or an acute substance abuse
44 crisis, as defined in subsection (19) ~~(18)~~, to prevent further
45 deterioration of the person's mental health. Crisis services are
46 provided in settings such as a crisis stabilization unit, an
47 inpatient unit, a short-term residential treatment program, a
48 detoxification facility, or an addictions receiving facility; at
49 the site of the crisis by a mobile crisis response team; or at a
50 hospital on an outpatient basis.

51 (10) "First-episode psychosis program" means an evidence-
52 based program for individuals from 15 through 30 years of age
53 who are experiencing the early indications of serious mental
54 illness, especially symptoms of a first psychotic episode, and
55 which includes, but is not limited to, intensive case
56 management, individual or group therapy, supported employment,
57 family education and supports, and the provision of appropriate
58 psychotropic medication as needed.

59 Section 3. Paragraph (b) of subsection (1) of section
60 394.658, Florida Statutes, is amended to read:

61 394.658 Criminal Justice, Mental Health, and Substance
62 Abuse Reinvestment Grant Program requirements.—

63 (1) The Criminal Justice, Mental Health, and Substance
64 Abuse Statewide Grant Review Committee, in collaboration with
65 the Department of Children and Families, the Department of
66 Corrections, the Department of Juvenile Justice, the Department
67 of Elderly Affairs, and the Office of the State Courts
68 Administrator, shall establish criteria to be used to review
69 submitted applications and to select the county that will be
70 awarded a 1-year planning grant or a 3-year implementation or
71 expansion grant. A planning, implementation, or expansion grant
72 may not be awarded unless the application of the county meets
73 the established criteria.

74 (b) The application criteria for a 3-year implementation
75 or expansion grant shall require information from a county that

76 demonstrates its completion of a well-established collaboration
 77 plan that includes public-private partnership models and the
 78 application of evidence-based practices. The implementation or
 79 expansion grants may support programs and diversion initiatives
 80 that include, but need not be limited to:

- 81 1. Mental health courts;
- 82 2. Diversion programs;
- 83 3. Alternative prosecution and sentencing programs;
- 84 4. Crisis intervention teams;
- 85 5. Treatment accountability services;
- 86 6. Specialized training for criminal justice, juvenile
 87 justice, and treatment services professionals;
- 88 7. Service delivery of collateral services such as
 89 housing, transitional housing, and supported employment; ~~and~~
- 90 8. Reentry services to create or expand mental health and
 91 substance abuse services and supports for affected persons; and
- 92 9. First-episode psychosis programs.

93 Section 4. Section 394.4573, Florida Statutes, is amended
 94 to read:

95 394.4573 Coordinated system of care; annual assessment;
 96 essential elements; measures of performance; system improvement
 97 grants; reports.—On or before December 1 of each year, the
 98 department shall submit to the Governor, the President of the
 99 Senate, and the Speaker of the House of Representatives an
 100 assessment of the behavioral health services in this state. The

101 assessment shall consider, at a minimum, the extent to which
102 designated receiving systems function as no-wrong-door models,
103 the availability of treatment and recovery services that use
104 recovery-oriented and peer-involved approaches, the availability
105 of less-restrictive services, and the use of evidence-informed
106 practices. The assessment shall also consider the availability
107 of and access to first-episode psychosis programs and identify
108 any gaps in the availability of and access to such programs in
109 the state. The department's assessment shall consider, at a
110 minimum, the needs assessments conducted by the managing
111 entities pursuant to s. 394.9082(5). Beginning in 2017, the
112 department shall compile and include in the report all plans
113 submitted by managing entities pursuant to s. 394.9082(8) and
114 the department's evaluation of each plan.

115 (1) As used in this section:

116 (a) "Care coordination" means the implementation of
117 deliberate and planned organizational relationships and service
118 procedures that improve the effectiveness and efficiency of the
119 behavioral health system by engaging in purposeful interactions
120 with individuals who are not yet effectively connected with
121 services to ensure service linkage. Examples of care
122 coordination activities include development of referral
123 agreements, shared protocols, and information exchange
124 procedures. The purpose of care coordination is to enhance the
125 delivery of treatment services and recovery supports and to

126 improve outcomes among priority populations.

127 (b) "Case management" means those direct services provided
128 to a client in order to assess his or her needs, plan or arrange
129 services, coordinate service providers, link the service system
130 to a client, monitor service delivery, and evaluate patient
131 outcomes to ensure the client is receiving the appropriate
132 services.

133 (c) "Coordinated system of care" means the full array of
134 behavioral and related services in a region or community offered
135 by all service providers, whether participating under contract
136 with the managing entity or by another method of community
137 partnership or mutual agreement.

138 (d) "First-episode psychosis program" means an evidence-
139 based program for individuals from 15 through 30 years of age
140 who are experiencing the early indications of serious mental
141 illness, especially symptoms of a first psychotic episode, and
142 which includes, but is not limited to, intensive case
143 management, individual or group therapy, supported employment,
144 family education and supports, and the provision of appropriate
145 psychotropic medication as needed.

146 (e)-(d) "No-wrong-door model" means a model for the
147 delivery of acute care services to persons who have mental
148 health or substance use disorders, or both, which optimizes
149 access to care, regardless of the entry point to the behavioral
150 health care system.

151 (2) The essential elements of a coordinated system of care
152 include:

153 (a) Community interventions, such as prevention, primary
154 care for behavioral health needs, therapeutic and supportive
155 services, crisis response services, and diversion programs.

156 (b) A designated receiving system that consists of one or
157 more facilities serving a defined geographic area and
158 responsible for assessment and evaluation, both voluntary and
159 involuntary, and treatment or triage of patients who have a
160 mental health or substance use disorder, or co-occurring
161 disorders.

162 1. A county or several counties shall plan the designated
163 receiving system using a process that includes the managing
164 entity and is open to participation by individuals with
165 behavioral health needs and their families, service providers,
166 law enforcement agencies, and other parties. The county or
167 counties, in collaboration with the managing entity, shall
168 document the designated receiving system through written
169 memoranda of agreement or other binding arrangements. The county
170 or counties and the managing entity shall complete the plan and
171 implement the designated receiving system by July 1, 2017, and
172 the county or counties and the managing entity shall review and
173 update, as necessary, the designated receiving system at least
174 once every 3 years.

175 2. To the extent permitted by available resources, the

176 designated receiving system shall function as a no-wrong-door
177 model. The designated receiving system may be organized in any
178 manner which functions as a no-wrong-door model that responds to
179 individual needs and integrates services among various
180 providers. Such models include, but are not limited to:

181 a. A central receiving system that consists of a
182 designated central receiving facility that serves as a single
183 entry point for persons with mental health or substance use
184 disorders, or co-occurring disorders. The central receiving
185 facility shall be capable of assessment, evaluation, and triage
186 or treatment or stabilization of persons with mental health or
187 substance use disorders, or co-occurring disorders.

188 b. A coordinated receiving system that consists of
189 multiple entry points that are linked by shared data systems,
190 formal referral agreements, and cooperative arrangements for
191 care coordination and case management. Each entry point shall be
192 a designated receiving facility and shall, within existing
193 resources, provide or arrange for necessary services following
194 an initial assessment and evaluation.

195 c. A tiered receiving system that consists of multiple
196 entry points, some of which offer only specialized or limited
197 services. Each service provider shall be classified according to
198 its capabilities as either a designated receiving facility or
199 another type of service provider, such as a triage center, a
200 licensed detoxification facility, or an access center. All

201 participating service providers shall, within existing
202 resources, be linked by methods to share data, formal referral
203 agreements, and cooperative arrangements for care coordination
204 and case management.

205

206 An accurate inventory of the participating service providers
207 which specifies the capabilities and limitations of each
208 provider and its ability to accept patients under the designated
209 receiving system agreements and the transportation plan
210 developed pursuant to this section shall be maintained and made
211 available at all times to all first responders in the service
212 area.

213 (c) Transportation in accordance with a plan developed
214 under s. 394.462.

215 (d) Crisis services, including mobile response teams,
216 crisis stabilization units, addiction receiving facilities, and
217 detoxification facilities.

218 (e) Case management. Each case manager or person directly
219 supervising a case manager who provides Medicaid-funded targeted
220 case management services shall hold a valid certification from a
221 department-approved credentialing entity as defined in s.
222 397.311(10) by July 1, 2017, and, thereafter, within 6 months
223 after hire.

224 (f) Care coordination that involves coordination with
225 other local systems and entities, public and private, which are

226 involved with the individual, such as primary care, child
 227 welfare, behavioral health care, and criminal and juvenile
 228 justice organizations.

229 (g) Outpatient services.

230 (h) Residential services.

231 (i) Hospital inpatient care.

232 (j) Aftercare and other postdischarge services.

233 (k) Medication-assisted treatment and medication
 234 management.

235 (l) Recovery support, including, but not limited to,
 236 support for competitive employment, educational attainment,
 237 independent living skills development, family support and
 238 education, wellness management and self-care, and assistance in
 239 obtaining housing that meets the individual's needs. Such
 240 housing may include mental health residential treatment
 241 facilities, limited mental health assisted living facilities,
 242 adult family care homes, and supportive housing. Housing
 243 provided using state funds must provide a safe and decent
 244 environment free from abuse and neglect.

245 (m) Care plans shall assign specific responsibility for
 246 initial and ongoing evaluation of the supervision and support
 247 needs of the individual and the identification of housing that
 248 meets such needs. For purposes of this paragraph, the term
 249 "supervision" means oversight of and assistance with compliance
 250 with the clinical aspects of an individual's care plan.

251 (n) First-episode psychosis programs.

252 (3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific
253 appropriation by the Legislature, the department may award
254 system improvement grants to managing entities based on a
255 detailed plan to enhance services in accordance with the no-
256 wrong-door model as defined in subsection (1) and to address
257 specific needs identified in the assessment prepared by the
258 department pursuant to this section. Such a grant must be
259 awarded through a performance-based contract that links payments
260 to the documented and measurable achievement of system
261 improvements.

262 Section 5. Subsection (3) of section 394.495, Florida
263 Statutes, is amended to read:

264 394.495 Child and adolescent mental health system of care;
265 programs and services.—

266 (3) Assessments must be performed by:

267 (a) A professional as defined in s. 394.455(5), (7), (33),
268 ~~(32), (35), or (36)~~, or (37);

269 (b) A professional licensed under chapter 491; or

270 (c) A person who is under the direct supervision of a
271 qualified professional as defined in s. 394.455(5), (7), (33),
272 ~~(32), (35), or (36)~~, or (37) or a professional licensed under
273 chapter 491.

274 Section 6. Subsection (5) of section 394.496, Florida
275 Statutes, is amended to read:

276 | 394.496 Service planning.—

277 | (5) A professional as defined in s. 394.455(5), (7), (33),
278 | ~~(32), (35), or~~ (36), or (37) or a professional licensed under
279 | chapter 491 must be included among those persons developing the
280 | services plan.

281 | Section 7. Paragraph (a) of subsection (1) of section
282 | 394.674, Florida Statutes, is amended to read:

283 | 394.674 Eligibility for publicly funded substance abuse
284 | and mental health services; fee collection requirements.—

285 | (1) To be eligible to receive substance abuse and mental
286 | health services funded by the department, an individual must be
287 | a member of at least one of the department's priority
288 | populations approved by the Legislature. The priority
289 | populations include:

290 | (a) For adult mental health services:

291 | 1. Adults who have severe and persistent mental illness,
292 | as designated by the department using criteria that include
293 | severity of diagnosis, duration of the mental illness, ability
294 | to independently perform activities of daily living, and receipt
295 | of disability income for a psychiatric condition. Included
296 | within this group are:

297 | a. Older adults in crisis.

298 | b. Older adults who are at risk of being placed in a more
299 | restrictive environment because of their mental illness.

300 | c. Persons deemed incompetent to proceed or not guilty by

301 reason of insanity under chapter 916.

302 d. Other persons involved in the criminal justice system.

303 e. Persons diagnosed as having co-occurring mental illness
304 and substance abuse disorders.

305 2. Persons who are experiencing an acute mental or
306 emotional crisis as defined in s. 394.67(18) ~~s. 394.67(17)~~.

307 Section 8. Subsection (6) of section 394.9085, Florida
308 Statutes, is amended to read:

309 394.9085 Behavioral provider liability.—

310 (6) For purposes of this section, the terms
311 "detoxification services," "addictions receiving facility," and
312 "receiving facility" have the same meanings as those provided in
313 ss. 397.311(26)(a)4., 397.311(26)(a)1., and 394.455(40)
314 ~~394.455(39)~~, respectively.

315 Section 9. Paragraph (b) of subsection (1) of section
316 409.972, Florida Statutes, is amended to read:

317 409.972 Mandatory and voluntary enrollment.—

318 (1) The following Medicaid-eligible persons are exempt
319 from mandatory managed care enrollment required by s. 409.965,
320 and may voluntarily choose to participate in the managed medical
321 assistance program:

322 (b) Medicaid recipients residing in residential commitment
323 facilities operated through the Department of Juvenile Justice
324 or a treatment facility as defined in s. 394.455(48) ~~s.~~
325 ~~394.455(47)~~.

326 Section 10. Paragraph (e) of subsection (4) of section
 327 464.012, Florida Statutes, is amended to read:

328 464.012 Licensure of advanced practice registered nurses;
 329 fees; controlled substance prescribing.—

330 (4) In addition to the general functions specified in
 331 subsection (3), an advanced practice registered nurse may
 332 perform the following acts within his or her specialty:

333 (e) A psychiatric nurse, who meets the requirements in s.
 334 394.455(36) ~~s. 394.455(35)~~, within the framework of an
 335 established protocol with a psychiatrist, may prescribe
 336 psychotropic controlled substances for the treatment of mental
 337 disorders.

338 Section 11. Subsection (7) of section 744.2007, Florida
 339 Statutes, is amended to read:

340 744.2007 Powers and duties.—

341 (7) A public guardian may not commit a ward to a treatment
 342 facility, as defined in s. 394.455(48) ~~s. 394.455(47)~~, without
 343 an involuntary placement proceeding as provided by law.

344 Section 12. This act shall take effect July 1, 2020.