

1 A bill to be entitled
2 An act relating to coordinated specialty care
3 programs; amending ss. 394.455 and 394.67, F.S.;
4 defining the term "coordinated specialty care
5 program"; amending s. 394.658, F.S.; revising the
6 application criteria for the Criminal Justice, Mental
7 Health, and Substance Abuse Reinvestment Grant Program
8 to include support for coordinated specialty care
9 programs; amending s. 394.4573, F.S.; requiring the
10 Department of Children and Families to include
11 specified information regarding coordinated specialty
12 care programs in its annual assessment of behavioral
13 health services; providing that a coordinated system
14 of care includes coordinated specialty care programs;
15 requiring coordinated specialty care programs to
16 submit certain data to the department; amending ss.
17 39.407, 394.495, 394.496, 394.674, 394.74, 394.9085,
18 409.972, 464.012, and 744.2007, F.S.; conforming
19 cross-references; providing an effective date.

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

22
23 Section 1. Subsections (10) through (48) of section
24 394.455, Florida Statutes, are renumbered as subsections (11)
25 through (49), respectively, and a new subsection (10) is added

26 | to that section to read:

27 | 394.455 Definitions.—As used in this part, the term:

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

36 | Section 2. Subsections (3) through (24) of section 394.67,
 37 | Florida Statutes, are renumbered as subsections (4) through
 38 | (25), respectively, present subsection (3) is amended, and a new
 39 | subsection (3) is added to that section, to read:

40 | 394.67 Definitions.—As used in this part, the term:

41 | (3) "Coordinated specialty care program" means an
 42 | evidence-based program for individuals who are experiencing the
 43 | early indications of serious mental illness, especially symptoms
 44 | of a first psychotic episode, and which includes, but is not
 45 | limited to, intensive case management, individual or group
 46 | therapy, supported employment, family education and supports,
 47 | and the provision of appropriate psychotropic medication as
 48 | needed.

49 | (4)~~(3)~~ "Crisis services" means short-term evaluation,
 50 | stabilization, and brief intervention services provided to a

51 person who is experiencing an acute mental or emotional crisis,
52 as defined in subsection (18) ~~(17)~~, or an acute substance abuse
53 crisis, as defined in subsection (19) ~~(18)~~, to prevent further
54 deterioration of the person's mental health. Crisis services are
55 provided in settings such as a crisis stabilization unit, an
56 inpatient unit, a short-term residential treatment program, a
57 detoxification facility, or an addictions receiving facility; at
58 the site of the crisis by a mobile crisis response team; or at a
59 hospital on an outpatient basis.

60 Section 3. Paragraph (b) of subsection (1) of section
61 394.658, Florida Statutes, is amended to read:

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

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

75 (b) The application criteria for a 3-year implementation

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

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

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

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

101 assessment of the behavioral health services in this state. The
102 assessment shall consider, at a minimum, the extent to which
103 designated receiving systems function as no-wrong-door models,
104 the availability of treatment and recovery services that use
105 recovery-oriented and peer-involved approaches, the availability
106 of less-restrictive services, and the use of evidence-informed
107 practices. The assessment shall also consider the availability
108 of and access to coordinated specialty care programs and
109 identify any gaps in the availability of and access to such
110 programs in the state, and shall include the data submitted to
111 the department under paragraph (2)(n). The department's
112 assessment shall consider, at a minimum, the needs assessments
113 conducted by the managing entities pursuant to s. 394.9082(5).
114 Beginning in 2017, the department shall compile and include in
115 the report all plans submitted by managing entities pursuant to
116 s. 394.9082(8) and the department's evaluation of each plan.

117 (1) As used in this section:

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

126 | procedures. The purpose of care coordination is to enhance the
 127 | delivery of treatment services and recovery supports and to
 128 | improve outcomes among priority populations.

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

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

140 | (d) "No-wrong-door model" means a model for the delivery
 141 | of acute care services to persons who have mental health or
 142 | substance use disorders, or both, which optimizes access to
 143 | care, regardless of the entry point to the behavioral health
 144 | care system.

145 | (2) The essential elements of a coordinated system of care
 146 | include:

147 | (a) Community interventions, such as prevention, primary
 148 | care for behavioral health needs, therapeutic and supportive
 149 | services, crisis response services, and diversion programs.

150 | (b) A designated receiving system that consists of one or

151 more facilities serving a defined geographic area and
152 responsible for assessment and evaluation, both voluntary and
153 involuntary, and treatment or triage of patients who have a
154 mental health or substance use disorder, or co-occurring
155 disorders.

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

169 2. To the extent permitted by available resources, the
170 designated receiving system shall function as a no-wrong-door
171 model. The designated receiving system may be organized in any
172 manner which functions as a no-wrong-door model that responds to
173 individual needs and integrates services among various
174 providers. Such models include, but are not limited to:

175 a. A central receiving system that consists of a

176 designated central receiving facility that serves as a single
177 entry point for persons with mental health or substance use
178 disorders, or co-occurring disorders. The central receiving
179 facility shall be capable of assessment, evaluation, and triage
180 or treatment or stabilization of persons with mental health or
181 substance use disorders, or co-occurring disorders.

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

189 c. A tiered receiving system that consists of multiple
190 entry points, some of which offer only specialized or limited
191 services. Each service provider shall be classified according to
192 its capabilities as either a designated receiving facility or
193 another type of service provider, such as a triage center, a
194 licensed detoxification facility, or an access center. All
195 participating service providers shall, within existing
196 resources, be linked by methods to share data, formal referral
197 agreements, and cooperative arrangements for care coordination
198 and case management.

199
200 An accurate inventory of the participating service providers

201 | which specifies the capabilities and limitations of each
202 | provider and its ability to accept patients under the designated
203 | receiving system agreements and the transportation plan
204 | developed pursuant to this section shall be maintained and made
205 | available at all times to all first responders in the service
206 | area.

207 | (c) Transportation in accordance with a plan developed
208 | under s. 394.462.

209 | (d) Crisis services, including mobile response teams,
210 | crisis stabilization units, addiction receiving facilities, and
211 | detoxification facilities.

212 | (e) Case management. Each case manager or person directly
213 | supervising a case manager who provides Medicaid-funded targeted
214 | case management services shall hold a valid certification from a
215 | department-approved credentialing entity as defined in s.
216 | 397.311(10) by July 1, 2017, and, thereafter, within 6 months
217 | after hire.

218 | (f) Care coordination that involves coordination with
219 | other local systems and entities, public and private, which are
220 | involved with the individual, such as primary care, child
221 | welfare, behavioral health care, and criminal and juvenile
222 | justice organizations.

223 | (g) Outpatient services.

224 | (h) Residential services.

225 | (i) Hospital inpatient care.

226 (j) Aftercare and other postdischarge services.

227 (k) Medication-assisted treatment and medication
228 management.

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

239 (m) Care plans shall assign specific responsibility for
240 initial and ongoing evaluation of the supervision and support
241 needs of the individual and the identification of housing that
242 meets such needs. For purposes of this paragraph, the term
243 "supervision" means oversight of and assistance with compliance
244 with the clinical aspects of an individual's care plan.

245 (n) Coordinated specialty care programs. Such programs
246 must submit deidentified data regarding the historical and
247 current use of marijuana by individuals who are served by such
248 programs to the department for inclusion in the assessment of
249 behavioral health services as required in this section.

250 (3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific

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

260 Section 5. Paragraph (a) of subsection (3) of section
261 39.407, Florida Statutes, is amended to read:

262 39.407 Medical, psychiatric, and psychological examination
263 and treatment of child; physical, mental, or substance abuse
264 examination of person with or requesting child custody.—

265 (3) (a) 1. Except as otherwise provided in subparagraph
266 (b) 1. or paragraph (e), before the department provides
267 psychotropic medications to a child in its custody, the
268 prescribing physician or a psychiatric nurse, as defined in s.
269 394.455, shall attempt to obtain express and informed consent,
270 as defined in s. 394.455(16) ~~s. 394.455(15)~~ and as described in
271 s. 394.459(3) (a), from the child's parent or legal guardian. The
272 department must take steps necessary to facilitate the inclusion
273 of the parent in the child's consultation with the physician or
274 psychiatric nurse, as defined in s. 394.455. However, if the
275 parental rights of the parent have been terminated, the parent's

276 location or identity is unknown or cannot reasonably be
277 ascertained, or the parent declines to give express and informed
278 consent, the department may, after consultation with the
279 prescribing physician or psychiatric nurse, as defined in s.
280 394.455, seek court authorization to provide the psychotropic
281 medications to the child. Unless parental rights have been
282 terminated and if it is possible to do so, the department shall
283 continue to involve the parent in the decisionmaking process
284 regarding the provision of psychotropic medications. If, at any
285 time, a parent whose parental rights have not been terminated
286 provides express and informed consent to the provision of a
287 psychotropic medication, the requirements of this section that
288 the department seek court authorization do not apply to that
289 medication until such time as the parent no longer consents.

290 2. Any time the department seeks a medical evaluation to
291 determine the need to initiate or continue a psychotropic
292 medication for a child, the department must provide to the
293 evaluating physician or psychiatric nurse, as defined in s.
294 394.455, all pertinent medical information known to the
295 department concerning that child.

296 Section 6. Subsection (3) of section 394.495, Florida
297 Statutes, is amended to read:

298 394.495 Child and adolescent mental health system of care;
299 programs and services.—

300 (3) Assessments must be performed by:

301 (a) A professional as defined in s. 394.455(5), (7), (33),
 302 ~~(32), (35), or~~ (36), or (37);

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

304 (c) A person who is under the direct supervision of a
 305 qualified professional as defined in s. 394.455(5), (7), (33),
 306 ~~(32), (35), or~~ (36), or (37) or a professional licensed under
 307 chapter 491.

308 Section 7. Subsection (5) of section 394.496, Florida
 309 Statutes, is amended to read:

310 394.496 Service planning.—

311 (5) A professional as defined in s. 394.455(5), (7), (33),
 312 ~~(32), (35), or~~ (36), or (37) or a professional licensed under
 313 chapter 491 must be included among those persons developing the
 314 services plan.

315 Section 8. Paragraph (a) of subsection (1) of section
 316 394.674, Florida Statutes, is amended to read:

317 394.674 Eligibility for publicly funded substance abuse
 318 and mental health services; fee collection requirements.—

319 (1) To be eligible to receive substance abuse and mental
 320 health services funded by the department, an individual must be
 321 a member of at least one of the department's priority
 322 populations approved by the Legislature. The priority
 323 populations include:

324 (a) For adult mental health services:

325 1. Adults who have severe and persistent mental illness,

326 as designated by the department using criteria that include
327 severity of diagnosis, duration of the mental illness, ability
328 to independently perform activities of daily living, and receipt
329 of disability income for a psychiatric condition. Included
330 within this group are:

- 331 a. Older adults in crisis.
- 332 b. Older adults who are at risk of being placed in a more
333 restrictive environment because of their mental illness.
- 334 c. Persons deemed incompetent to proceed or not guilty by
335 reason of insanity under chapter 916.
- 336 d. Other persons involved in the criminal justice system.
- 337 e. Persons diagnosed as having co-occurring mental illness
338 and substance abuse disorders.

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

341 Section 9. Paragraph (a) of subsection (3) of section
342 394.74, Florida Statutes, is amended to read:

343 394.74 Contracts for provision of local substance abuse
344 and mental health programs.—

345 (3) Contracts shall include, but are not limited to:

346 (a) A provision that, within the limits of available
347 resources, substance abuse and mental health crisis services, as
348 defined in s. 394.67(4) ~~s. 394.67(3)~~, shall be available to any
349 individual residing or employed within the service area,
350 regardless of ability to pay for such services, current or past

351 health condition, or any other factor;

352 Section 10. Subsection (6) of section 394.9085, Florida
 353 Statutes, is amended to read:

354 394.9085 Behavioral provider liability.—

355 (6) For purposes of this section, the terms
 356 "detoxification services," "addictions receiving facility," and
 357 "receiving facility" have the same meanings as those provided in
 358 ss. 397.311(26)(a)4., 397.311(26)(a)1., and 394.455(40)
 359 ~~394.455(39)~~, respectively.

360 Section 11. Paragraph (b) of subsection (1) of section
 361 409.972, Florida Statutes, is amended to read:

362 409.972 Mandatory and voluntary enrollment.—

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

367 (b) Medicaid recipients residing in residential commitment
 368 facilities operated through the Department of Juvenile Justice
 369 or a treatment facility as defined in s. 394.455(48) ~~s.~~
 370 ~~394.455(47)~~.

371 Section 12. Paragraph (e) of subsection (4) of section
 372 464.012, Florida Statutes, is amended to read:

373 464.012 Licensure of advanced practice registered nurses;
 374 fees; controlled substance prescribing.—

375 (4) In addition to the general functions specified in

376 subsection (3), an advanced practice registered nurse may
377 perform the following acts within his or her specialty:

378 (e) A psychiatric nurse, who meets the requirements in s.
379 394.455(36) ~~s. 394.455(35)~~, within the framework of an
380 established protocol with a psychiatrist, may prescribe
381 psychotropic controlled substances for the treatment of mental
382 disorders.

383 Section 13. Subsection (7) of section 744.2007, Florida
384 Statutes, is amended to read:

385 744.2007 Powers and duties.—

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

389 Section 14. This act shall take effect July 1, 2020.