

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: SB 920

INTRODUCER: Senator Rouson

SUBJECT: First-episode Psychosis Programs

DATE: February 10, 2020

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Delia	Hendon	CF	Pre-meeting
2.			AHS	
3.			AP	

I. Summary:

SB 920 provides a definition in statute for the term "first-episode psychosis program." The bill revises the application criteria for the Criminal Justice, Mental Health, & Substance Abuse Reinvestment Grant Program to include support for first-episode psychosis programs. The bill requires the Department of Children and Families (DCF) to include specified information regarding first-episode psychosis programs in its annual assessment of behavioral health services. The bill also adds first-episode psychosis programs to the list of elements that must be included in a coordinated system of care for behavioral health in each region of the state.

The bill will not have a fiscal impact and has an effective date of July 1, 2020.

II. Present Situation:

First-Episode Psychosis

The term "psychosis" is used to describe a condition that affects the mind and generally involves some loss of contact with reality. Psychosis can include hallucinations (seeing, hearing, smelling, tasting, or feeling something that is not real), paranoia, delusions (believing something that is not real even when presented with facts), or disordered thoughts and speech.¹ Psychosis may be caused by medications or alcohol or drug abuse but can also be a symptom of mental illness or a physical condition.²

Psychosis affects people from all walks of life. Approximately three out of 100 people will experience psychosis at some time in their lives, often beginning when a person is in their late

¹ National Institute of Mental Health, *Fact Sheet: First Episode Psychosis*, <https://www.nimh.nih.gov/health/topics/schizophrenia/raise/fact-sheet-first-episode-psychosis.shtml> available at (last visited February 7, 2020).

² Id.

teens to mid-twenties.³ Researchers are still learning about how and why psychosis develops, but it is generally thought to be triggered by a combination of genetic predisposition and life stressors during critical stages of brain development.⁴ As such, adolescents are at a greater risk of developing psychosis when facing life stressors such as physical illness, substance use, or psychological or physical trauma.⁵

Early psychosis, known as “first-episode psychosis,” is the most important time to connect an individual with treatment.⁶ Studies have shown that it is common for a person to experience psychotic symptoms for more than a year before ever receiving treatment.⁷ Reducing the duration of untreated psychosis is critical to improving a person’s chance of recovery.

Studies show that young people who engage in FEP programs have greater improvement in their symptoms, stay in treatment longer, are more likely to stay in school or working, and are more connected socially than those who receive standard mental care.⁸

Coordinated Specialty Care

The most effective treatment for early psychosis is coordinated specialty care (CSC), which uses a team-based approach with shared decision-making that focuses on working with individuals to reach their recovery goals.⁹ CSC is a multidisciplinary method of delivering evidence-based, early intervention services to young people experiencing first-episode psychosis to improve outcomes.¹⁰ The CSC model grew from the Recovery After an Initial Schizophrenia Episode (RAISE) projects, funded by the National Institute of Mental Health (NIMH). Launched in 2008, RAISE aimed to develop and test a treatment model to reduce relapse and long-term disability. NIMH required that the model be ready for rapid deployment if found effective.¹¹

According to the National Alliance on Mental Illness, CSC offers the following six key components:¹²

³ Id.

⁴ National Alliance on Mental Illness, *What is Early and First-Episode Psychosis?*, July 2016, <https://www.nami.org/NAMI/media/NAMI-Media/Images/FactSheets/What-is-Early-and-First-Episode-Psychosis.pdf> available at (last visited February 7, 2020).

⁵ Id.

⁶ Id.

⁷ Id.

⁸ *First Episode Psychosis Programs: A Guide to State Expansion*, National Alliance on Mental Illness, p. 4, (Feb. 2017), available at: <https://www.nami.org/getattachment/Extranet/Advocacy/FEP-State-Advocacy-Toolkit/FEP-State-Advocacy-Guide.pdf> (last visited February 7, 2020).

⁹ Id.

¹⁰ Heinsen RK, Goldstein AB, Azrin ST. Evidence-Based Treatments for First Episode Psychosis: Components of Coordinated Specialty Care. Bethesda, Md: National Institute of Mental Health; 2014, available at: https://www.nimh.nih.gov/health/topics/schizophrenia/raise/nimh-white-paper-csc-for-fep_147096.pdf (last visited February 7, 2020).

¹¹ Dixon LB, Goldman HH, Bennett ME, et al. Implementing coordinated specialty care for early psychosis: the RAISE Connection Program. *Psychiatric Services*. 2015;66:691–698.

¹² National Alliance on Mental Illness, *Early Psychosis: What’s Going On and What Can You Do?*, July 2016, available at <https://www.nami.org/getattachment/Learn-More/Mental-Health-Conditions/Early-Psychosis-and-Psychosis/NAMI-Early-Psychosis-What-s-Going-On.pdf> (last visited February 7, 2020).

- Case management – This overall approach helps people develop problem-solving skills, manage medications, and coordinate services.
- Psychotherapy – Sessions focus on personal resiliency and managing the condition, such as developing coping skills and focusing on self-care and wellness.
- Medication management – Antipsychotic medicines can work well, but it can take time to find the most effective medication at the most appropriate dose that the patient can adhere to over time.
- Supported education and employment – A psychotic experience often disrupts major life activities, so it is crucial to support the person’s ability to continue or return to school or work.
- Family support and education – Psychosis affects many others beyond just the person who experiences it, so it’s important for families to have the knowledge and skills to support treatment and recovery.
- Peer support – Given the stigma that still surrounds mental illness, connecting with others who have been through similar experiences can help the patient cope with the diagnosis.

Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Program

In 2007, the Legislature created the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program (Program). The purpose of the Program is to provide funding to counties to plan, implement, or expand initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders and who are in, or at risk of entering, the criminal or juvenile justice systems.¹³

A county, non-profit community provider or behavioral health managing entity designated by a county planning council or committee may apply for a one-year planning grant or a three-year implementation expansion grant under the Program.¹⁴ The purpose of the grants is to demonstrate that investment in treatment efforts related to mental illness, substance abuse disorders, or co-occurring mental health and substance abuse disorders results in a reduced demand on the resources of the judicial, corrections, juvenile detention, and health and social services systems.¹⁵ Currently, there are 24 grant agreements for county programs.¹⁶ Total funding for the 24 grant agreements over their lifetimes is \$28,174,388.¹⁷ The program is currently funded at \$9 million annually.

Behavioral Health Services Annual Assessment

DCF is required to submit an assessment of the behavioral health services in Florida to the Governor, the President of the Senate, and the Speaker of the House of Representatives by

¹³ S. 394.656(1), F.S.

¹⁴ S. 394.656(5), F.S.

¹⁵ Id.

¹⁶ *Florida Substance Abuse and Mental Health Plan – Triennial State and Regional Master Plan Fiscal Years 2019-2022*, Florida Department of Children and Families, p. 28, (May 2019), available at <https://www.myflfamilies.com/service-programs/samh/publications/docs/SAMH%20Services%20Plan%202019-2022.pdf> (last visited February 7, 2020).

¹⁷ Id. at 71-72.

December 1 of each year. The report must include a compilation of all plans submitted by managing entities and DCF's evaluation of each plan.¹⁸ At a minimum, the assessment must consider the functionality of no-wrong-door models within designated receiving systems, the availability of treatment and recovery services that use recovery-oriented and peer-involved approaches, the availability of less-restrictive services, the use of evidence-informed practices, and the needs assessments conducted by managing entities.¹⁹

III. Effect of Proposed Changes:

Section 1 amends s. 394.455, F.S., defining first episode psychosis (FEP) programs as they relate to mental health, as evidence-based programs that use intensive case management, individual or group therapy, supported employment, family education and supports, and appropriate psychotropic medication to treat individuals 15 to 30 years of age who are experiencing early indications of serious mental illness, especially first-episode psychosis.

Section 2 amends s. 394.67, F.S., defining FEP programs as they relate to community-based substance abuse and mental health services, as evidence-based programs that use intensive case management, individual or group therapy, supported employment, family education and supports, and appropriate psychotropic medication to treat individuals 15 to 30 years of age who are experiencing early indications of serious mental illness, especially first-episode psychosis.

Section 3 amends s. 394.658, F.S., adding FEP programs to the list of programs that may be supported by the Criminal Justice Mental Health and Substance Abuse Reinvestment implementation or expansions grants.

Section 4 amends s. 394.4573, F.S., establishing FEP programs as an essential element of a coordinated system of care and requires DCF to conduct an assessment of the availability of and access to FEP programs in the state, including any gaps in availability or access that may exist. This assessment must be included in DCF's annual report to the Governor and Legislature on the assessment of behavioral health services in the state. The bill also adds FEP programs to the elements of a coordinated system of care.

Section 5 amends s. 394.495, F.S., related to child and adolescent mental health systems of care programs and services, to correct cross-references.

Section 6 amends s. 394.496, related to service planning, to correct a cross-reference.

Section 7 amends s. 394.674, F.S., related to eligibility for publicly funded substance abuse and mental health services fee collection requirements, to correct a cross-reference.

Section 8 amends s. 394.9085, F.S., related to behavioral health provider liability, to correct a cross-reference.

¹⁸ S. 394.4573, F.S.

¹⁹ Id.

Section 9 amends s. 409.972, F.S., related to mandatory and voluntary enrollment in Medicaid programs, to correct a cross-reference.

Section 10 amends s. 464.012, F.S., related to licensure of advanced practice registered nurses, fees, and controlled substance prescribing, to correct a cross-reference.

Section 11 amends s. 744.2007, F.S., related to powers and duties of guardians, to correct a cross-reference.

Section 12 provides an effective date of July 1, 2020.

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:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends sections 394.455, 394.67, 394.658, 394.4573, 394.495, 394.496, 394.674, 394.9085, 409.972, 464.012, and 744.2007 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.