

By Senator Rouson

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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 defining the term "first-episode psychosis program";
14 providing that first-episode psychosis programs are an
15 essential element of a coordinated system of care;
16 amending ss. 394.495, 394.496, 394.674, 394.9085,
17 409.972, 464.012, and 744.2007, F.S.; conforming
18 cross-references; providing an effective date.

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

21
22 Section 1. Present subsections (17) through (48) of section
23 394.455, Florida Statutes, are redesignated 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

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

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

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

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

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59 psychotropic medication as needed.

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 or
76 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

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88 justice, and treatment services professionals;

89 7. Service delivery of collateral services such as housing,
90 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. First-episode psychosis 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 first-episode psychosis programs and identify
109 any gaps in the availability of and access to such programs in
110 the state. The department's assessment shall consider, at a
111 minimum, the needs assessments conducted by the managing
112 entities pursuant to s. 394.9082(5). Beginning in 2017, the
113 department shall compile and include in the report all plans
114 submitted by managing entities pursuant to s. 394.9082(8) and
115 the department's evaluation of each plan.

116 (1) As used in this section:

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

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

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

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

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146 psychotropic medication as needed.

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

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

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

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

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

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175 once every 3 years.

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

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

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

196 c. A tiered receiving system that consists of multiple
197 entry points, some of which offer only specialized or limited
198 services. Each service provider shall be classified according to
199 its capabilities as either a designated receiving facility or
200 another type of service provider, such as a triage center, a
201 licensed detoxification facility, or an access center. All
202 participating service providers shall, within existing
203 resources, be linked by methods to share data, formal referral

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204 agreements, and cooperative arrangements for care coordination
205 and case management.

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

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

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

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

225 (f) Care coordination that involves coordination with other
226 local systems and entities, public and private, which are
227 involved with the individual, such as primary care, child
228 welfare, behavioral health care, and criminal and juvenile
229 justice organizations.

230 (g) Outpatient services.

231 (h) Residential services.

232 (i) Hospital inpatient care.

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233 (j) Aftercare and other postdischarge services.

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

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

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

252 (n) First-episode psychosis programs.

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

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262 improvements.

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

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

267 (3) Assessments must be performed by:

268 (a) A professional as defined in s. 394.455(5), (7), (33),
269 ~~(32), (35), or (36)~~, or (37);

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

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

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

277 394.496 Service planning.—

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

282 Section 7. Paragraph (a) of subsection (1) of section
283 394.674, Florida Statutes, is amended to read:

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

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

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- 291 (a) For adult mental health services:
- 292 1. Adults who have severe and persistent mental illness, as
- 293 designated by the department using criteria that include
- 294 severity of diagnosis, duration of the mental illness, ability
- 295 to independently perform activities of daily living, and receipt
- 296 of disability income for a psychiatric condition. Included
- 297 within this group are:
- 298 a. Older adults in crisis.
- 299 b. Older adults who are at risk of being placed in a more
- 300 restrictive environment because of their mental illness.
- 301 c. Persons deemed incompetent to proceed or not guilty by
- 302 reason of insanity under chapter 916.
- 303 d. Other persons involved in the criminal justice system.
- 304 e. Persons diagnosed as having co-occurring mental illness
- 305 and substance abuse disorders.
- 306 2. Persons who are experiencing an acute mental or
- 307 emotional crisis as defined in s. 394.67(18) ~~s. 394.67(17)~~.
- 308 Section 8. Subsection (6) of section 394.9085, Florida
- 309 Statutes, is amended to read:
- 310 394.9085 Behavioral provider liability.—
- 311 (6) For purposes of this section, the terms "detoxification
- 312 services," "addictions receiving facility," and "receiving
- 313 facility" have the same meanings as those provided in ss.
- 314 397.311(26) (a)4., 397.311(26) (a)1., and 394.455(40) ~~394.455(39)~~,
- 315 respectively.
- 316 Section 9. Paragraph (b) of subsection (1) of section
- 317 409.972, Florida Statutes, is amended to read:
- 318 409.972 Mandatory and voluntary enrollment.—
- 319 (1) The following Medicaid-eligible persons are exempt from

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320 mandatory managed care enrollment required by s. 409.965, and
321 may voluntarily choose to participate in the managed medical
322 assistance program:

323 (b) Medicaid recipients residing in residential commitment
324 facilities operated through the Department of Juvenile Justice
325 or a treatment facility as defined in s. 394.455(48) ~~s.~~
326 ~~394.455(47)~~.

327 Section 10. Paragraph (e) of subsection (4) of section
328 464.012, Florida Statutes, is amended to read:

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

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

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

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

341 744.2007 Powers and duties.—

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

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