

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Children, Families &
2 Seniors Subcommittee
3 Representative Stevenson offered the following:

Amendment (with title amendment)

6 Remove everything after the enacting clause and insert:
7 Section 1. Subsections (17) through (48) of section 394.455,
8 Florida Statutes, are renumbered as subsections (18) through
9 (49), respectively, and a new subsection (17) is added to that
10 section to read:

11 394.455 Definitions.—As used in this part, the term:

12 (17) "Coordinated specialty care program" means an
13 evidence-based program for individuals who are experiencing the
14 early indications of serious mental illness, especially symptoms
15 of a first psychotic episode, and which includes, but is not
16 limited to, intensive case management, individual or group

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17 therapy, supported employment, family education and supports,
18 and the provision of appropriate psychotropic medication as
19 needed.

20 Section 2. Subsections (10) through (24) of section
21 394.67, Florida Statutes, are renumbered as subsections (11)
22 through (25), respectively, subsection (3) is amended, and a new
23 subsection (10) is added to that section, to read:

24 394.67 Definitions.—As used in this part, the term:

25 (3) "Crisis services" means short-term evaluation,
26 stabilization, and brief intervention services provided to a
27 person who is experiencing an acute mental or emotional crisis,
28 as defined in subsection (18) ~~(17)~~, or an acute substance abuse
29 crisis, as defined in subsection (19) ~~(18)~~, to prevent further
30 deterioration of the person's mental health. Crisis services are
31 provided in settings such as a crisis stabilization unit, an
32 inpatient unit, a short-term residential treatment program, a
33 detoxification facility, or an addictions receiving facility; at
34 the site of the crisis by a mobile crisis response team; or at a
35 hospital on an outpatient basis.

36 (10) "Coordinated specialty care program" means an
37 evidence-based program for individuals who are experiencing the
38 early indications of serious mental illness, especially symptoms
39 of a first psychotic episode, and which includes, but is not
40 limited to, intensive case management, individual or group
41 therapy, supported employment, family education and supports,

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42 and the provision of appropriate psychotropic medication as
43 needed.

44 Section 3. Paragraph (b) of subsection (1) of section
45 394.658, Florida Statutes, is amended to read:

46 394.658 Criminal Justice, Mental Health, and Substance
47 Abuse Reinvestment Grant Program requirements.—

48 (1) The Criminal Justice, Mental Health, and Substance
49 Abuse Statewide Grant Review Committee, in collaboration with
50 the Department of Children and Families, the Department of
51 Corrections, the Department of Juvenile Justice, the Department
52 of Elderly Affairs, and the Office of the State Courts
53 Administrator, shall establish criteria to be used to review
54 submitted applications and to select the county that will be
55 awarded a 1-year planning grant or a 3-year implementation or
56 expansion grant. A planning, implementation, or expansion grant
57 may not be awarded unless the application of the county meets
58 the established criteria.

59 (b) The application criteria for a 3-year implementation
60 or expansion grant shall require information from a county that
61 demonstrates its completion of a well-established collaboration
62 plan that includes public-private partnership models and the
63 application of evidence-based practices. The implementation or
64 expansion grants may support programs and diversion initiatives
65 that include, but need not be limited to:

66 1. Mental health courts;

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- 67 2. Diversion programs;
- 68 3. Alternative prosecution and sentencing programs;
- 69 4. Crisis intervention teams;
- 70 5. Treatment accountability services;
- 71 6. Specialized training for criminal justice, juvenile
- 72 justice, and treatment services professionals;
- 73 7. Service delivery of collateral services such as
- 74 housing, transitional housing, and supported employment; ~~and~~
- 75 8. Reentry services to create or expand mental health and
- 76 substance abuse services and supports for affected persons; and
- 77 9. Coordinated specialty care programs.

78 Section 4. Section 394.4573, Florida Statutes, is amended

79 to read:

80 394.4573 Coordinated system of care; annual assessment;

81 essential elements; measures of performance; system improvement

82 grants; reports.—On or before December 1 of each year, the

83 department shall submit to the Governor, the President of the

84 Senate, and the Speaker of the House of Representatives an

85 assessment of the behavioral health services in this state. The

86 assessment shall consider, at a minimum, the extent to which

87 designated receiving systems function as no-wrong-door models,

88 the availability of treatment and recovery services that use

89 recovery-oriented and peer-involved approaches, the availability

90 of less-restrictive services, and the use of evidence-informed

91 practices. The assessment shall also consider the availability

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92 of and access to coordinated specialty care programs and
93 identify any gaps in the availability of and access to such
94 programs in the state. The assessment shall also include data
95 submitted under paragraph (n). The department's assessment shall
96 consider, at a minimum, the needs assessments conducted by the
97 managing entities pursuant to s. 394.9082(5). Beginning in 2017,
98 the department shall compile and include in the report all plans
99 submitted by managing entities pursuant to s. 394.9082(8) and
100 the department's evaluation of each plan.

101 (1) As used in this section:

102 (a) "Care coordination" means the implementation of
103 deliberate and planned organizational relationships and service
104 procedures that improve the effectiveness and efficiency of the
105 behavioral health system by engaging in purposeful interactions
106 with individuals who are not yet effectively connected with
107 services to ensure service linkage. Examples of care
108 coordination activities include development of referral
109 agreements, shared protocols, and information exchange
110 procedures. The purpose of care coordination is to enhance the
111 delivery of treatment services and recovery supports and to
112 improve outcomes among priority populations.

113 (b) "Case management" means those direct services provided
114 to a client in order to assess his or her needs, plan or arrange
115 services, coordinate service providers, link the service system
116 to a client, monitor service delivery, and evaluate patient

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117 outcomes to ensure the client is receiving the appropriate
118 services.

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

124 (d) "No-wrong-door model" means a model for the delivery
125 of acute care services to persons who have mental health or
126 substance use disorders, or both, which optimizes access to
127 care, regardless of the entry point to the behavioral health
128 care system.

129 (2) The essential elements of a coordinated system of care
130 include:

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

134 (b) A designated receiving system that consists of one or
135 more facilities serving a defined geographic area and
136 responsible for assessment and evaluation, both voluntary and
137 involuntary, and treatment or triage of patients who have a
138 mental health or substance use disorder, or co-occurring
139 disorders.

140 1. A county or several counties shall plan the designated
141 receiving system using a process that includes the managing

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142 entity and is open to participation by individuals with
143 behavioral health needs and their families, service providers,
144 law enforcement agencies, and other parties. The county or
145 counties, in collaboration with the managing entity, shall
146 document the designated receiving system through written
147 memoranda of agreement or other binding arrangements. The county
148 or counties and the managing entity shall complete the plan and
149 implement the designated receiving system by July 1, 2017, and
150 the county or counties and the managing entity shall review and
151 update, as necessary, the designated receiving system at least
152 once every 3 years.

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

159 a. A central receiving system that consists of a
160 designated central receiving facility that serves as a single
161 entry point for persons with mental health or substance use
162 disorders, or co-occurring disorders. The central receiving
163 facility shall be capable of assessment, evaluation, and triage
164 or treatment or stabilization of persons with mental health or
165 substance use disorders, or co-occurring disorders.

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166 b. A coordinated receiving system that consists of
167 multiple entry points that are linked by shared data systems,
168 formal referral agreements, and cooperative arrangements for
169 care coordination and case management. Each entry point shall be
170 a designated receiving facility and shall, within existing
171 resources, provide or arrange for necessary services following
172 an initial assessment and evaluation.

173 c. A tiered receiving system that consists of multiple
174 entry points, some of which offer only specialized or limited
175 services. Each service provider shall be classified according to
176 its capabilities as either a designated receiving facility or
177 another type of service provider, such as a triage center, a
178 licensed detoxification facility, or an access center. All
179 participating service providers shall, within existing
180 resources, be linked by methods to share data, formal referral
181 agreements, and cooperative arrangements for care coordination
182 and case management.

183
184 An accurate inventory of the participating service providers
185 which specifies the capabilities and limitations of each
186 provider and its ability to accept patients under the designated
187 receiving system agreements and the transportation plan
188 developed pursuant to this section shall be maintained and made
189 available at all times to all first responders in the service
190 area.

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191 (c) Transportation in accordance with a plan developed
192 under s. 394.462.

193 (d) Crisis services, including mobile response teams,
194 crisis stabilization units, addiction receiving facilities, and
195 detoxification facilities.

196 (e) Case management. Each case manager or person directly
197 supervising a case manager who provides Medicaid-funded targeted
198 case management services shall hold a valid certification from a
199 department-approved credentialing entity as defined in s.
200 397.311(10) by July 1, 2017, and, thereafter, within 6 months
201 after hire.

202 (f) Care coordination that involves coordination with
203 other local systems and entities, public and private, which are
204 involved with the individual, such as primary care, child
205 welfare, behavioral health care, and criminal and juvenile
206 justice organizations.

207 (g) Outpatient services.

208 (h) Residential services.

209 (i) Hospital inpatient care.

210 (j) Aftercare and other postdischarge services.

211 (k) Medication-assisted treatment and medication
212 management.

213 (l) Recovery support, including, but not limited to,
214 support for competitive employment, educational attainment,
215 independent living skills development, family support and

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216 education, wellness management and self-care, and assistance in
217 obtaining housing that meets the individual's needs. Such
218 housing may include mental health residential treatment
219 facilities, limited mental health assisted living facilities,
220 adult family care homes, and supportive housing. Housing
221 provided using state funds must provide a safe and decent
222 environment free from abuse and neglect.

223 (m) Care plans shall assign specific responsibility for
224 initial and ongoing evaluation of the supervision and support
225 needs of the individual and the identification of housing that
226 meets such needs. For purposes of this paragraph, the term
227 "supervision" means oversight of and assistance with compliance
228 with the clinical aspects of an individual's care plan.

229 (n) Coordinated specialty care programs. Such programs
230 must submit deidentified data regarding the historical and
231 current use of marijuana by individuals served by the programs
232 to the department for inclusion in the assessment of behavioral
233 health services as provided in this section.

234 (3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific
235 appropriation by the Legislature, the department may award
236 system improvement grants to managing entities based on a
237 detailed plan to enhance services in accordance with the no-
238 wrong-door model as defined in subsection (1) and to address
239 specific needs identified in the assessment prepared by the
240 department pursuant to this section. Such a grant must be

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241 awarded through a performance-based contract that links payments
242 to the documented and measurable achievement of system
243 improvements.

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

246 394.495 Child and adolescent mental health system of care;
247 programs and services.—

248 (3) Assessments must be performed by:

249 (a) A professional as defined in s. 394.455(5), (7), (33),
250 ~~(32), (35), or~~ (36), or (37);

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

252 (c) A person who is under the direct supervision of a
253 qualified professional as defined in s. 394.455(5), (7), (33),
254 ~~(32), (35), or~~ (36), or (37) or a professional licensed under
255 chapter 491.

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

258 394.496 Service planning.—

259 (5) A professional as defined in s. 394.455(5), (7), (33),
260 ~~(32), (35), or~~ (36), or (37) or a professional licensed under
261 chapter 491 must be included among those persons developing the
262 services plan.

263 Section 7. Paragraph (a) of subsection (1) of section
264 394.674, Florida Statutes, is amended to read:

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265 394.674 Eligibility for publicly funded substance abuse
266 and mental health services; fee collection requirements.—

267 (1) To be eligible to receive substance abuse and mental
268 health services funded by the department, an individual must be
269 a member of at least one of the department's priority
270 populations approved by the Legislature. The priority
271 populations include:

272 (a) For adult mental health services:

273 1. Adults who have severe and persistent mental illness,
274 as designated by the department using criteria that include
275 severity of diagnosis, duration of the mental illness, ability
276 to independently perform activities of daily living, and receipt
277 of disability income for a psychiatric condition. Included
278 within this group are:

279 a. Older adults in crisis.

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

282 c. Persons deemed incompetent to proceed or not guilty by
283 reason of insanity under chapter 916.

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

285 e. Persons diagnosed as having co-occurring mental illness
286 and substance abuse disorders.

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

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

291 394.9085 Behavioral provider liability.—

292 (6) For purposes of this section, the terms
293 "detoxification services," "addictions receiving facility," and
294 "receiving facility" have the same meanings as those provided in
295 ss. 397.311(26)(a)4., 397.311(26)(a)1., and 394.455(40)
296 ~~394.455(39)~~, respectively.

297 Section 9. Paragraph (b) of subsection (1) of section
298 409.972, Florida Statutes, is amended to read:

299 409.972 Mandatory and voluntary enrollment.—

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

304 (b) Medicaid recipients residing in residential commitment
305 facilities operated through the Department of Juvenile Justice
306 or a treatment facility as defined in s. 394.455(48) ~~s.~~
307 ~~394.455(47)~~.

308 Section 10. Paragraph (e) of subsection (4) of section
309 464.012, Florida Statutes, is amended to read:

310 464.012 Licensure of advanced practice registered nurses;
311 fees; controlled substance prescribing.—

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

315 (e) A psychiatric nurse, who meets the requirements in s.
316 394.455(36) ~~s. 394.455(35)~~, within the framework of an
317 established protocol with a psychiatrist, may prescribe
318 psychotropic controlled substances for the treatment of mental
319 disorders.

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

322 744.2007 Powers and duties.—

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

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

327 -----
328
329 **T I T L E A M E N D M E N T**

330 Remove everything before the enacting clause and insert:

331 An act relating to coordinated specialty care
332 programs; amending ss. 394.455 and 394.67, F.S.;
333 defining the term "coordinated specialty care
334 program"; amending s. 394.658, F.S.; revising the
335 application criteria for the Criminal Justice, Mental
336 Health, and Substance Abuse Reinvestment Grant Program

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337 to include support for coordinated specialty care
338 programs; amending s. 394.4573, F.S.; requiring the
339 Department of Children and Families to include
340 specified information regarding coordinated specialty
341 care programs in its annual assessment of behavioral
342 health services; providing that a coordinated system
343 of care includes coordinated specialty care programs;
344 requiring coordinated specialty care programs to
345 submit certain data on individuals served to the
346 Department of Children and Families; amending ss.
347 394.495, 394.496, 394.674, 394.9085, 409.972, 464.012,
348 and 744.2007, F.S.; conforming cross-references;
349 providing an effective date.