HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 577 First-episode Psychosis Programs
SPONSOR(S): Children, Families & Seniors Subcommittee, Stevenson
TIED BILLS: **IDEN./SIM. BILLS:** SB 920

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Children, Families & Seniors Subcommittee	14 Y, 0 N, As CS	Morris	Brazzell
2) Health Care Appropriations Subcommittee	9 Y, 0 N	Fontaine	Clark
3) Health & Human Services Committee	17 Y, 0 N	Morris	Calamas

SUMMARY ANALYSIS

"Psychosis" is used to describe conditions that affect the mind, involving some loss of contact with reality, such as hallucinations or delusions. Coordinated specialty care (CSC) programs use coordinated specialty care principles to provide early interventions for children and young adults exhibiting early symptoms of psychosis.

The bill establishes CSC programs as an essential element of a coordinated system of care in Florida, and requires DCF to assess the availability of and access to CSC programs in the state, including any gaps in availability or access that may exist.

The bill allows three-year implementation or expansion grants under the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program to support CSC programs.

The bill requires CSC programs to submit de-identified data to DCF regarding marijuana use by individuals served by these programs. DCF must include this assessment in the annual report to the Governor and Legislature on the assessment of behavioral health services in the state.

The bill has an indeterminate, insignificant, negative fiscal impact on DCF. The bill has no impact on local governments.

The bill provides an effective date of July 1, 2020.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

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 teens to mid-twenties.[3] Researchers are still learning about how and why psychosis develops, but it is generally thought to be a symptom of mental illness, such as schizophrenia or bipolar disorder, triggered by sleep deprivation, some general medical conditions, certain prescription medications, or the abuse of alcohol or other drugs.[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.

Coordinated Specialty Care Programs

One treatment for early psychosis is coordinated specialty care, which uses a team-based approach with shared decision-making that focuses on working with individuals to reach their recovery goals.[8] Programs that provide coordinated specialty care are often called first-episode psychosis programs. Key components of coordinated specialty care (CSC) programs include:[9]

- **Case Management** – Working with the individual to develop problem-solving skills, manage medication and coordinate services.
- **Family Support and Education** – Giving families information and skills to support their loved one's treatment and recovery.
- **Psychotherapy** – Using cognitive behavioral therapy to learn to focus on resiliency, managing the condition, promoting wellness, and developing coping skills.
- **Medication Management** – Finding the best medication at the lowest possible dose.
- **Supported Education and Employment** – Providing support to continue or return to school or work.
- **Peer Support** – Connecting the person with others who have been through similar experiences.

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[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 (last visited Feb. 9, 2020).
[2] Id.
[3] Id.
[4] National Institute of Mental Health, *RAISE Questions and Answers,* https://www.nimh.nih.gov/health/topics/schizophrenia/raise/raise-questions-and-answers.shtml (last visited Feb. 9, 2020).
[5] Id.
[6] Id.
[7] *Supra* note 1.
[8] National Institute of Mental Health, *What is Coordinated Specialty Care (CSC)?,* https://www.nimh.nih.gov/health/topics/schizophrenia/raise/what-is-coordinated-specialty-care-csc.shtml (last visited Feb. 9, 2020)
[9] Id. *See also* National Institute of Mental Health, *Schizophrenia – Coordinated Specialty Care (CSC),* https://www.nimh.nih.gov/health/publications/schizophrenia/index.shtml (last visited Feb. 9, 2020)

In 2008, the National Institute of Mental Health (NIMH) started the Recovery After an Initial Schizophrenia Episode (RAISE) project.[10] RAISE is a large-scale research initiative that examines different aspects of coordinated specialty care treatments for people experiencing first-episode psychosis. The RAISE project determined clients who utilize coordinated specialty care programs stayed in treatment longer and experienced greater improvement in their symptoms, interpersonal relationships, and quality of life compared to clients at typical-care sites.[11] The RAISE project also developed tools and resources for implementation of coordinated specialty care programs for FEP in community health mental clinics.[12]

Several studies have linked marijuana use to increased risk for psychiatric disorders, including psychosis, depression, anxiety, and substance use disorders, but whether and to what extent it causes these conditions is not easy to determine.[13] Marijuana use has been shown to be a predictor of schizophrenia.[14] Current Florida law does not require CSC programs to submit data to The Department of Children and Families (DCF) relating to marijuana usage by individuals served by these programs.

Mental Health Treatment in Florida

DCF administers a statewide system of safety-net services for substance abuse and mental health (SAMH) prevention, treatment, and recovery. It serves children and adults who are otherwise unable to obtain these services (such as individuals who are not covered under Medicaid or private insurance and do not have the financial ability to pay for the services themselves). SAMH programs include a range of prevention, acute interventions (such as crisis stabilization or detoxification), residential, transitional housing, outpatient treatment, and recovery support services. Services are provided based upon state and federally-established priority populations.[15]

Currently, there are seven Coordinated Specialty Care programs in Florida, located in Bay, Broward, Clay, Hillsborough, Miami Dade, Orange, and Palm Beach Counties.[16]

Coordinated System of Care

Managing Entities[17] are required to promote the development and implementation of a coordinated system of care.[18] A coordinated system of care means a full array of behavioral and related services in a region or community offered by all service providers, participating either under contract with a managing entity or by another method of community partnership or mutual agreement.[19] A community or region provides a coordinated system of care for those suffering from mental illness or substance abuse disorder through a no-wrong-door model, to the extent allowed by available resources. If funding is provided by the Legislature, DCF may award system improvement grants to managing entities.[20] Managing entities must submit detailed plans to enhance services based on the no-wrong-door model

[10] National Institute of Mental Health, *Recovery After an Initial Schizophrenia Episode (RAISE),* https://www.nimh.nih.gov/health/topics/schizophrenia/raise/index.shtml (last visited Feb. 9, 2020).
[11] *Supra,* note 4.
[12] Id.
[13] National Institutes on Drug Abuse, *Is there a link between marijuana use and psychiatric disorders?,* https://www.drugabuse.gov/publications/research-reports/marijuana/there-link-between-marijuana-use-psychiatric-disorders (last visited Feb. 9, 2020).
[14] Presentation to the Health and Human Services Committee by Bertha K. Madras, PhD, Professor of Psychobiology, Harvard Medical School, https://www.myfloridahouse.gov/Sections/Documents/loaddoc.aspx?PublicationType=Committees&CommitteeId=2997&Session=2020&DocumentType=Meeting%20Packets&FileName=hhs%2010-15-19.pdf (Oct. 15, 2019).
[15] These priority populations include, among others, persons diagnosed with co-occurring substance abuse and mental health disorders, persons who are experiencing an acute mental or emotional crisis, children who have or are at risk of having an emotional disturbance, and children at risk for initiating drug use.
[16] Email from John Paul Fiore, Legislative Specialist, Florida Department of Children and Families, RE: Info. Request, (Dec. 27, 2019).
[17] S. 394.9082(2)(e), F.S., defines a "managing entity" as a corporation selected by and under contract with DCF to manage the daily operational delivery of behavioral health services through a coordinated system of care.
[18] S. 394.9082(5)(d), F.S.
[19] S. 394.4573(1)(c), F.S.
[20] S. 394.4573(3), F.S. As of Jan. 2, 2020, the Legislature has not funded system improvement grants.

or to meet specific needs identified in DCF's assessment of behavioral health services in this state.[21] DCF must use performance-based contracts to award grants.[22]

There are several essential elements which make up a coordinated system of care, including:[23]

- Community interventions, such as prevention, primary care for behavioral health needs, therapeutic and supportive services, crisis response services, and diversion programs;
- A designated receiving system that consists of one or more facilities serving a defined geographic area and responsible for assessment and evaluation, both voluntary and involuntary, and treatment or triage of patients who have a mental health or substance use disorder, or co-occurring disorders;
- A transportation plan developed and implemented by each county in collaboration with the managing entity;
- Crisis services, including mobile response teams, crisis stabilization units, addiction receiving facilities, and detoxification facilities;
- Case management, defined as direct services to clients for assessing needs; planning; arranging services; coordinating service providers; linking the service system to a client; monitoring service delivery; and evaluating patient outcomes to ensure the client is receiving the appropriate services;
- Care coordination, defined as the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage;
- Outpatient services;
- Residential services;
- Hospital inpatient care;
- Aftercare and post-discharge services;
- Medication assisted treatment and medication management; and
- Recovery support, such as supportive housing, supported employment, family support and education, independent living skill development, wellness management, and self-care.

CSC programs are not currently included as an essential element of a coordinated system of care.

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.[24]

A county, non-profit community provider or 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.[25] 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

[21] Id.
[22] Id.
[23] S. 394.4573(2), F.S.
[24] S. 394.656(1), F.S.
[25] S. 394.656(5), F.S.

detention, and health and social services systems.[26] Currently, there are 24 grant agreements for county programs.[27] Total funding for the 24 grant agreements over their lifetimes is $28,174,388.[28]

The Program does not currently support CSC programs.

Behavioral Health Services Annual Assessment

Managing entities are required to conduct a community behavioral health care needs assessment once every three years in the geographic area served by the managing entity, which identifies needs by sub region.[29] The assessments must be submitted to DCF for inclusion in the state and district substance abuse and mental health plan.[30]

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 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.[31] 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.[32]

This assessment does not currently require CSC programs to submit data to DCF regarding current and historical marijuana use by individuals served by these programs.

Effect of the Bill

The bill establishes CSC programs as an essential element of a coordinated system of care. To be included in the system of care, a CSC must be an evidence-based program that uses intensive case management, individual or group therapy, supported employment, family education and supports, and appropriate psychotropic medication to treat individuals, regardless of age, who are experiencing early indications of serious mental illness, especially symptoms of a first psychotic episode. The bill requires DCF to assess the availability of and access to CSC programs in the state, including any gaps in availability or access that may exist. DCF must include this assessment in the annual report to the Governor and Legislature on the assessment of behavioral health services in the state.

The bill allows three-year implementation or expansion grants under the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program to support CSC programs.

The bill requires CSC programs to submit de-identified data to DCF regarding current and historical marijuana use by individuals served by these programs for inclusion in the behavioral health services assessment. Such data must also be included by DCF in the annual report to the Governor and Legislature on the assessment of behavioral health services in this state.

The bill makes technical and conforming changes.

The bill provides an effective date of July 1, 2020.

B. SECTION DIRECTORY:

Section 1: Amends s. 394.455, F.S., relating to definitions.

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[26] Id.

[27] *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), https://www.myflfamilies.com/service-programs/samh/publications/docs/SAMH%20Services%20Plan%202019-2022.pdf (last visited Feb. 9, 2020).

[28] Id. at 71-72.

[29] S. 394.9082(5)(b), F.S.

[30] S. 394.75(3), F.S.

[31] S. 394.4573, F.S.

[32] Id.

Section 2: Amends s. 394.67, F.S., relating to definitions.
Section 3: Amends s. 394.658, F.S., relating to Criminal Justice, Mental health, and Substance Abuse Reinvestment Grant Program requirements.
Section 4: Amends s. 394.4573, F.S., relating to coordinated system of care; annual assessment; essential elements; measures of performance; system improvement grants; reports.
Section 5: Amends s. 39.407, F.S., relating to medical, psychiatric, and psychological examination and treatment of a child; physical, mental, or substance abuse examination of person with or requesting child custody.
Section 6: Amends s. 394.495, F.S., relating to child and adolescent mental health system of care; programs and services.
Section 7: Amends s. 394.496, F.S., relating to service planning.
Section 8: Amends s. 394.674, F.S., relating to eligibility for publicly funded substance abuse and mental health services; fee collection requirements.
Section 9: Amends s. 394.74, F.S., relating to contracts for provision of local substance abuse and mental health programs.
Section 10: Amends s. 394.9085, F.S., relating to behavioral provider liability.
Section 11: Amends s. 409.972, F.S., relating to mandatory and voluntary enrollment.
Section 12: Amends s. 464.012, F.S., relating to licensure of advanced practice registered nurses; fees; controlled substance prescribing.
Section 13: Amends s. 744.2007, F.S., relating to powers and duties.
Section 14: Provides an effective date of July 1, 2020.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

2. Expenditures:

   The bill requires DCF to conduct an assessment of and report on the availability and access of CSC programs in the state, including any gaps in availability or access that may exist. Additionally, the bill requires CSC programs to submit de-identified data to DCF regarding current and historical marijuana use by individuals served by these. The increased workload on DCF is indeterminate, but likely insignificant. Current resources are adequate to absorb this workload increase.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

   None.

D. FISCAL COMMENTS:

   Currently, the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program has 24 participants with awards totaling $28.2 million (cumulated over multiple fiscal years). This bill includes CSC programs as one of the services that may be funded with these awards. It is unknown

how eligibility expansion may affect the awarding of these grants as a result of this bill, but is expected to be minimal given that CSC programs are one of many statutory qualifiers for this grant.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

   Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

   None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

On January 16, 2020, the Children, Families and Seniors Subcommittee adopted an amendment that:

- Changes references from “first episode psychosis” to “coordinated specialty care program” throughout the bill;
- Removes the age requirement to receive services through a coordinated specialty care program; and
- Requires coordinated specialty care programs to submit data to the Department of Children and Families on marijuana usage by individuals served by these programs.

The bill was reported favorably as a committee substitute.

The analysis is drafted to the committee substitute as passed by the Children, Families and Seniors Subcommittee.