

1 A bill to be entitled

2 An act relating to substance abuse and mental health;  
3 amending s. 14.2019, F.S.; providing additional duties  
4 for the Statewide Office for Suicide Prevention;  
5 amending s. 14.20195, F.S.; providing additional  
6 duties for the Suicide Prevention Coordinating  
7 Council; revising the composition of the council;  
8 amending s. 394.455, F.S.; revising the definition of  
9 the term "mental illness" to exclude conditions  
10 manifested by dementia or traumatic brain injury;  
11 amending s. 394.9085, F.S.; conforming a cross-  
12 reference; amending s. 397.311, F.S.; revising a  
13 definition; amending s. 397.4012, F.S.; revising  
14 entities that are exempt from certain licensing  
15 requirements; amending s. 916.106, F.S.; revising the  
16 definition of the term "mental illness;" amending ss.  
17 916.13 and 916.15, F.S.; authorizing jails to share  
18 medical information pertaining to specified defendants  
19 to the Department of Children and Families; requiring  
20 the maintenance of psychotropic medications to  
21 specified defendants under certain circumstances;  
22 providing an exception; providing an effective date.

23  
24 Be It Enacted by the Legislature of the State of Florida:  
25

26 Section 1. Paragraphs (a) and (d) of subsection (2) of  
 27 section 14.2019, Florida Statutes, are amended, and paragraphs  
 28 (e) and (f) are added to that subsection, to read:

29 14.2019 Statewide Office for Suicide Prevention.—

30 (2) The statewide office shall, within available  
 31 resources:

32 (a) Develop a network of community-based programs to  
 33 improve suicide prevention initiatives. The network shall  
 34 identify and work to eliminate barriers to providing suicide  
 35 prevention services to individuals who are at risk of suicide.  
 36 The network shall consist of stakeholders advocating suicide  
 37 prevention, including, but not limited to, not-for-profit  
 38 suicide prevention organizations, faith-based suicide prevention  
 39 organizations, law enforcement agencies, first responders to  
 40 emergency calls, veterans, servicemembers, suicide prevention  
 41 community coalitions, schools and universities, mental health  
 42 agencies, substance abuse treatment agencies, health care  
 43 providers, and school personnel.

44 (d) Coordinate education and training curricula in suicide  
 45 prevention efforts for law enforcement personnel, first  
 46 responders to emergency calls, veterans, servicemembers, health  
 47 care providers, school employees, and other persons who may have  
 48 contact with persons at risk of suicide.

49 (e) Act as a clearinghouse for information and resources  
 50 related to suicide prevention by:

51 1. Disseminating and sharing evidence-based best practices  
52 relating to suicide prevention.

53 2. Collecting and analyzing data on trends in suicide and  
54 suicide attempts annually by county, age, gender, profession,  
55 and other demographics as designated by the statewide office.

56 (f) Advise the Department of Transportation on the  
57 implementation of evidence-based suicide deterrents in the  
58 design elements and features of infrastructure projects  
59 throughout the state.

60 Section 2. Paragraph (c) of subsection (1) and subsection  
61 (2) of section 14.20195, Florida Statutes, are amended, and  
62 paragraph (d) is added to subsection (1) of that section, to  
63 read:

64 14.20195 Suicide Prevention Coordinating Council;  
65 creation; membership; duties.—There is created within the  
66 Statewide Office for Suicide Prevention a Suicide Prevention  
67 Coordinating Council. The council shall develop strategies for  
68 preventing suicide.

69 (1) SCOPE OF ACTIVITY.—The Suicide Prevention Coordinating  
70 Council is a coordinating council as defined in s. 20.03 and  
71 shall:

72 (c) Make findings and recommendations regarding suicide  
73 prevention programs and activities, including, but not limited  
74 to, the implementation of evidence-based mental health awareness  
75 and assistance training programs and suicide risk identification

76 training in municipalities throughout the state. The council  
77 shall prepare an annual report and present it to the Governor,  
78 the President of the Senate, and the Speaker of the House of  
79 Representatives by January 1, each year. The annual report must  
80 describe the status of existing and planned initiatives  
81 identified in the statewide plan for suicide prevention and any  
82 recommendations arising therefrom.

83 (d) In conjunction with the Department of Children and  
84 Families, advise members of the public on the locations and  
85 availability of local behavioral health providers.

86 (2) MEMBERSHIP.—The Suicide Prevention Coordinating  
87 Council shall consist of 31 ~~27~~ voting members and one nonvoting  
88 member.

89 (a) Seventeen ~~Thirteen~~ members shall be appointed by the  
90 director of the Statewide Office for Suicide Prevention and  
91 shall represent the following organizations:

- 92 1. The Florida Association of School Psychologists.
- 93 2. The Florida Sheriffs Association.
- 94 ~~3. The Suicide Prevention Action Network USA.~~
- 95 3.4. The Florida Initiative of Suicide Prevention.
- 96 4.5. The Florida Suicide Prevention Coalition.
- 97 5.6. The American Foundation of Suicide Prevention.
- 98 6.7. The Florida School Board Association.
- 99 7.8. The National Council for Suicide Prevention.
- 100 8.9. The state chapter of AARP.

- 101        ~~9.10.~~ The Florida Behavioral Health Association ~~The~~  
 102 ~~Florida Alcohol and Drug Abuse Association.~~
- 103        ~~11.~~ ~~The Florida Council for Community Mental Health.~~
- 104        ~~10.12.~~ The Florida Counseling Association.
- 105        ~~11.13.~~ NAMI Florida.
- 106        12. The Florida Medical Association.
- 107        13. The Florida Osteopathic Medical Association.
- 108        14. The Florida Psychiatric Society.
- 109        15. The Florida Psychological Association.
- 110        16. Veterans Florida.
- 111        17. The Florida Association of Managing Entities.
- 112        (b) The following state officials or their designees shall  
 113 serve on the coordinating council:
- 114            1. The Secretary of Elderly Affairs.
- 115            2. The State Surgeon General.
- 116            3. The Commissioner of Education.
- 117            4. The Secretary of Health Care Administration.
- 118            5. The Secretary of Juvenile Justice.
- 119            6. The Secretary of Corrections.
- 120            7. The executive director of the Department of Law  
 121 Enforcement.
- 122            8. The executive director of the Department of Veterans'  
 123 Affairs.
- 124            9. The Secretary of Children and Families.
- 125            10. The executive director of the Department of Economic

126 Opportunity.

127 (c) The Governor shall appoint four additional members to  
128 the coordinating council. The appointees must have expertise  
129 that is critical to the prevention of suicide or represent an  
130 organization that is not already represented on the coordinating  
131 council.

132 (d) For the members appointed by the director of the  
133 Statewide Office for Suicide Prevention, seven members shall be  
134 appointed to initial terms of 3 years, and seven members shall  
135 be appointed to initial terms of 4 years. For the members  
136 appointed by the Governor, two members shall be appointed to  
137 initial terms of 4 years, and two members shall be appointed to  
138 initial terms of 3 years. Thereafter, such members shall be  
139 appointed to terms of 4 years. Any vacancy on the coordinating  
140 council shall be filled in the same manner as the original  
141 appointment, and any member who is appointed to fill a vacancy  
142 occurring because of death, resignation, or ineligibility for  
143 membership shall serve only for the unexpired term of the  
144 member's predecessor. A member is eligible for reappointment.

145 (e) The director of the Statewide Office for Suicide  
146 Prevention is ~~shall be~~ a nonvoting member of the coordinating  
147 council and shall act as chair.

148 (f) Members of the coordinating council shall serve  
149 without compensation. Any member of the coordinating council who  
150 is a public employee is entitled to reimbursement for per diem

151 and travel expenses as provided in s. 112.061.

152 Section 3. Subsection (28) of section 394.455, Florida  
 153 Statutes, is amended to read:

154 394.455 Definitions.—As used in this part, the term:

155 (28) "Mental illness" means an impairment of the mental or  
 156 emotional processes that exercise conscious control of one's  
 157 actions or of the ability to perceive or understand reality,  
 158 which impairment substantially interferes with the person's  
 159 ability to meet the ordinary demands of living. For the purposes  
 160 of this part, the term does not include a developmental  
 161 disability as defined in chapter 393, intoxication, or  
 162 conditions manifested only by dementia, traumatic brain injury,  
 163 antisocial behavior, or substance abuse.

164 Section 4. Subsection (6) of section 394.9085, Florida  
 165 Statutes, is amended to read:

166 394.9085 Behavioral provider liability.—

167 (6) For purposes of this section, the terms  
 168 "detoxification services," "addictions receiving facility," and  
 169 "receiving facility" have the same meanings as those provided in  
 170 ss. 397.311(26)(a)3. ~~ss. 397.311(26)(a)4.,~~ 397.311(26)(a)1., and  
 171 394.455(39), respectively.

172 Section 5. Paragraph (a) of subsection (26) of section  
 173 397.311, Florida Statutes, is amended to read:

174 397.311 Definitions.—As used in this chapter, except part  
 175 VIII, the term:

176 (26) Licensed service components include a comprehensive  
177 continuum of accessible and quality substance abuse prevention,  
178 intervention, and clinical treatment services, including the  
179 following services:

180 (a) "Clinical treatment" means a professionally directed,  
181 deliberate, and planned regimen of services and interventions  
182 that are designed to reduce or eliminate the misuse of drugs and  
183 alcohol and promote a healthy, drug-free lifestyle. As defined  
184 by rule, "clinical treatment services" include, but are not  
185 limited to, the following licensable service components:

186 1. "Addictions receiving facility" is a secure, acute care  
187 facility that provides, at a minimum, detoxification and  
188 stabilization services; is operated 24 hours per day, 7 days per  
189 week; and is designated by the department to serve individuals  
190 found to be substance use impaired as described in s. 397.675  
191 who meet the placement criteria for this component.

192 2. "Day or night treatment" is a service provided in a  
193 nonresidential environment, with a structured schedule of  
194 treatment and rehabilitative services.

195 3. "Day or night treatment with community housing" means a  
196 program intended for individuals who can benefit from living  
197 independently in peer community housing while participating in  
198 treatment services for a minimum of 5 hours a day for a minimum  
199 of 25 hours per week.

200 4. "Detoxification" is a service involving subacute care



201 that is provided on an inpatient or an outpatient basis to  
202 assist individuals to withdraw from the physiological and  
203 psychological effects of substance abuse and who meet the  
204 placement criteria for this component.

205 5. "Intensive inpatient treatment" includes a planned  
206 regimen of evaluation, observation, medical monitoring, and  
207 clinical protocols delivered through an interdisciplinary team  
208 approach provided 24 hours per day, 7 days per week, in a highly  
209 structured, live-in environment.

210 6. "Intensive outpatient treatment" is a service that  
211 provides individual or group counseling in a more structured  
212 environment, is of higher intensity and duration than outpatient  
213 treatment, and is provided to individuals who meet the placement  
214 criteria for this component.

215 7. "Medication-assisted treatment for opioid use disorders  
216 ~~opiate addiction~~" is a service that uses methadone or other  
217 medication as authorized by state and federal law, in  
218 combination with medical, rehabilitative, supportive, and  
219 counseling services in the treatment of individuals who are  
220 dependent on opioid drugs.

221 8. "Outpatient treatment" is a service that provides  
222 individual, group, or family counseling by appointment during  
223 scheduled operating hours for individuals who meet the placement  
224 criteria for this component.

225 9. "Residential treatment" is a service provided in a

226 | structured live-in environment within a nonhospital setting on a  
227 | 24-hours-per-day, 7-days-per-week basis, and is intended for  
228 | individuals who meet the placement criteria for this component.

229 |       Section 6. Section 397.4012, Florida Statutes, is amended  
230 | to read:

231 |       397.4012 Exemptions from licensure.—The following are  
232 | exempt from the licensing provisions of this chapter:

233 |       (1) A hospital or hospital-based component licensed under  
234 | chapter 395.

235 |       (2) A nursing home facility as defined in s. 400.021.

236 |       (3) A substance abuse education program established  
237 | pursuant to s. 1003.42.

238 |       (4) A facility or institution operated by the Federal  
239 | Government.

240 |       (5) A physician or physician assistant licensed under  
241 | chapter 458 or chapter 459.

242 |       (6) A psychologist licensed under chapter 490.

243 |       (7) A social worker, marriage and family therapist, or  
244 | mental health counselor licensed under chapter 491.

245 |       (8) A legally cognizable church or nonprofit religious  
246 | organization or denomination providing substance abuse services,  
247 | including prevention services, which are solely religious,  
248 | spiritual, or ecclesiastical in nature. A church or nonprofit  
249 | religious organization or denomination providing any of the  
250 | licensed service components itemized under s. 397.311(26) is not

251 exempt from substance abuse licensure but retains its exemption  
252 with respect to all services which are solely religious,  
253 spiritual, or ecclesiastical in nature.

254 (9) Facilities licensed under chapter 393 which, in  
255 addition to providing services to persons with developmental  
256 disabilities, also provide services to persons developmentally  
257 at risk as a consequence of exposure to alcohol or other legal  
258 or illegal drugs while in utero.

259 (10) DUI education and screening services provided  
260 pursuant to ss. 316.192, 316.193, 322.095, 322.271, and 322.291.  
261 Persons or entities providing treatment services must be  
262 licensed under this chapter unless exempted from licensing as  
263 provided in this section.

264 (11) A facility licensed under s. 394.875 as a crisis  
265 stabilization unit.

266  
267 The exemptions from licensure in subsections (3), (4), (8), (9),  
268 and (10) ~~this section~~ do not apply to any service provider that  
269 receives an appropriation, grant, or contract from the state to  
270 operate as a service provider as defined in this chapter or to  
271 any substance abuse program regulated under ~~pursuant to~~ s.  
272 397.4014. Furthermore, this chapter may not be construed to  
273 limit the practice of a physician or physician assistant  
274 licensed under chapter 458 or chapter 459, a psychologist  
275 licensed under chapter 490, a psychotherapist licensed under

276 chapter 491, or an advanced practice registered nurse licensed  
277 under part I of chapter 464, who provides substance abuse  
278 treatment, so long as the physician, physician assistant,  
279 psychologist, psychotherapist, or advanced practice registered  
280 nurse does not represent to the public that he or she is a  
281 licensed service provider and does not provide services to  
282 individuals under ~~pursuant to~~ part V of this chapter. Failure to  
283 comply with any requirement necessary to maintain an exempt  
284 status under this section is a misdemeanor of the first degree,  
285 punishable as provided in s. 775.082 or s. 775.083.

286 Section 7. Subsection (14) of section 916.106, Florida  
287 Statutes, is amended to read:

288 916.106 Definitions.—For the purposes of this chapter, the  
289 term:

290 (14) "Mental illness" means an impairment of the emotional  
291 processes that exercise conscious control of one's actions, or  
292 of the ability to perceive or understand reality, which  
293 impairment substantially interferes with the defendant's ability  
294 to meet the ordinary demands of living. For the purposes of this  
295 chapter, the term does not apply to defendants who have only an  
296 intellectual disability or autism or a defendant with traumatic  
297 brain injury or dementia who lacks a co-occurring mental  
298 illness, and does not include intoxication or conditions  
299 manifested only by antisocial behavior or substance abuse  
300 impairment.

301 Section 8. Subsection (2) of section 916.13, Florida  
 302 Statutes, is amended to read:

303 916.13 Involuntary commitment of defendant adjudicated  
 304 incompetent.—

305 (2) A defendant who has been charged with a felony and who  
 306 has been adjudicated incompetent to proceed due to mental  
 307 illness, and who meets the criteria for involuntary commitment  
 308 under this chapter, may be committed to the department, and the  
 309 department shall retain and treat the defendant.

310 (a) Immediately after receipt of a completed copy of the  
 311 court commitment order containing all documentation required by  
 312 the applicable Florida Rules of Criminal Procedure, the  
 313 department shall request all medical information relating to the  
 314 defendant from the jail. The jail shall provide the department  
 315 with all medical information relating to the defendant within 3  
 316 business days after receipt of the department's request or at  
 317 the time the defendant enters the physical custody of the  
 318 department, whichever is earlier.

319 (b)1. To ensure continuity of care when a defendant  
 320 returns to jail, the facility physician shall consult with the  
 321 jail physician regarding the jail's drug formulary and consider  
 322 prescribing medication included in the jail's drug formulary  
 323 when the facility physician prescribes psychotropic medications  
 324 to the defendant.

325 2. Each defendant returning to a jail shall continue to

326 receive the same psychotropic medications as prescribed by the  
327 facility physician at the time of discharge from a forensic or  
328 civil facility, unless the jail physician determines there is a  
329 compelling medical reason to change or discontinue the  
330 medication. If the jail physician changes or discontinues the  
331 medication and the defendant is later determined at the  
332 competency hearing to be incompetent to stand trial and is  
333 recommitted to the department, the jail physician may not change  
334 or discontinue the defendant's prescribed psychotropic  
335 medication upon the defendant's next discharge from the forensic  
336 or civil facility.

337 (c)~~(a)~~ Within 6 months after the date of admission and at  
338 the end of any period of extended commitment, or at any time the  
339 administrator or designee determines that the defendant has  
340 regained competency to proceed or no longer meets the criteria  
341 for continued commitment, the administrator or designee shall  
342 file a report with the court pursuant to the applicable Florida  
343 Rules of Criminal Procedure.

344 (d)~~(b)~~ A competency hearing shall be held within 30 days  
345 after the court receives notification that the defendant is  
346 competent to proceed or no longer meets the criteria for  
347 continued commitment. The defendant must be transported to the  
348 committing court's jurisdiction for the hearing.

349 Section 9. Subsection (3) of section 916.15, Florida  
350 Statutes, is amended to read:

351           916.15 Involuntary commitment of defendant adjudicated not  
352 guilty by reason of insanity.—

353           (3) (a) Every defendant acquitted of criminal charges by  
354 reason of insanity and found to meet the criteria for  
355 involuntary commitment may be committed and treated in  
356 accordance with the provisions of this section and the  
357 applicable Florida Rules of Criminal Procedure.

358           (b) Immediately after receipt of a completed copy of the  
359 court commitment order containing all documentation required by  
360 the applicable Florida Rules of Criminal Procedure, the  
361 department shall request all medical information relating to the  
362 defendant from the jail. The jail shall provide the department  
363 with all medical information relating to the defendant within 3  
364 business days after receipt of the department's request or at  
365 the time the defendant enters the physical custody of the  
366 department, whichever is earlier.

367           (c)1. The department shall admit a defendant so  
368 adjudicated to an appropriate facility or program for treatment  
369 and shall retain and treat such defendant. To ensure continuity  
370 of care when a defendant returns to jail, the facility physician  
371 shall consult with the jail physician regarding the jail's drug  
372 formulary and consider prescribing medication included in the  
373 jail's drug formulary when the facility physician prescribes  
374 psychotropic medications to the defendant.

375           2. Each defendant returning to a jail shall continue to

376 receive the same psychotropic medications as prescribed by the  
377 facility physician at the time of discharge from a forensic or  
378 civil facility, unless the jail physician determines there is a  
379 compelling medical reason to change or discontinue the  
380 medication. If the jail physician changes or discontinues the  
381 medication and the defendant is later determined at the  
382 competency hearing to be incompetent to stand trial and is  
383 recommitted to the department, the jail physician may not change  
384 or discontinue the defendant's prescribed psychotropic  
385 medication upon the defendant's next discharge from the forensic  
386 or civil facility.

387 (d) No later than 6 months after the date of admission,  
388 before ~~prior to~~ the end of any period of extended commitment, or  
389 at any time the administrator or designee determines ~~shall have~~  
390 ~~determined~~ that the defendant no longer meets the criteria for  
391 continued commitment placement, the administrator or designee  
392 shall file a report with the court pursuant to the applicable  
393 Florida Rules of Criminal Procedure.

394 Section 10. This act shall take effect July 1, 2020.