

Amendment No.

CHAMBER ACTION

Senate

House

.

Representative Stevenson offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Paragraphs (a) and (d) of subsection (2) of section 14.2019, Florida Statutes, are amended, paragraphs (e) and (f) are added to that subsection, and subsection (5) is added to that section, to read:

14.2019 Statewide Office for Suicide Prevention.—

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

(a) Develop a network of community-based programs to improve suicide prevention initiatives. The network shall

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14 identify and work to eliminate barriers to providing suicide
15 prevention services to individuals who are at risk of suicide.
16 The network shall consist of stakeholders advocating suicide
17 prevention, including, but not limited to, not-for-profit
18 suicide prevention organizations, faith-based suicide prevention
19 organizations, law enforcement agencies, first responders to
20 emergency calls, veterans, servicemembers, suicide prevention
21 community coalitions, schools and universities, mental health
22 agencies, substance abuse treatment agencies, health care
23 providers, and school personnel.

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

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

31 1. Disseminating and sharing evidence-based best practices
32 relating to suicide prevention.

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

36 (f) Advise the Department of Transportation on the
37 implementation of evidence-based suicide deterrents in the

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38 design elements and features of infrastructure projects
39 throughout the state.

40 (5) The First Responders Suicide Deterrence Task Force, a
41 task force as defined in s. 20.03(8), is created adjunct to the
42 Statewide Office for Suicide Prevention.

43 (a) The purpose of the task force is to make
44 recommendations on how to reduce the incidence of suicide and
45 attempted suicide among employed or retired first responders in
46 the state.

47 (b) The task force is composed of a representative of the
48 statewide office and a representative of each of the following
49 first responder organizations, nominated by the organization and
50 appointed by the Secretary of Children and Families:

51 1. The Florida Professional Firefighters' Association.

52 2. The Florida Police Benevolent Association.

53 3. The Florida State Lodge of the Fraternal Order of
54 Police.

55 4. The Florida Sheriffs Association.

56 5. The Florida Police Chiefs Association.

57 6. The Florida Fire Chiefs' Association.

58 (c) The task force shall elect a chair from among its
59 membership. Except as otherwise provided, the task force shall
60 operate in a manner consistent with s. 20.052.

61 (d) The task force shall identify or make recommendations
62 on developing training programs and materials that would better

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63 enable first responders to cope with personal life stressors and
64 stress related to their profession and foster an organizational
65 culture that:

66 1. Promotes mutual support and solidarity among active and
67 retired first responders.

68 2. Trains agency supervisors and managers to identify
69 suicidal risk among active and retired first responders.

70 3. Improves the use and awareness of existing resources
71 among active and retired first responders.

72 4. Educates active and retired first responders on suicide
73 awareness and help-seeking.

74 (e) The task force shall identify state and federal public
75 resources, funding and grants, first responder association
76 resources, and private resources to implement identified
77 training programs and materials.

78 (f) The task force shall report on its findings and
79 recommendations for training programs and materials to deter
80 suicide among active and retired first responders to the
81 Governor, the President of the Senate, and the Speaker of the
82 House of Representatives by each July 1, beginning in 2021, and
83 through 2023.

84 (g) This subsection is repealed July 1, 2023.

85 Section 2. Paragraph (c) of subsection (1) and subsection
86 (2) of section 14.20195, Florida Statutes, are amended, and

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87 paragraph (d) is added to subsection (1) of that section, to
88 read:

89 14.20195 Suicide Prevention Coordinating Council;
90 creation; membership; duties.—There is created within the
91 Statewide Office for Suicide Prevention a Suicide Prevention
92 Coordinating Council. The council shall develop strategies for
93 preventing suicide.

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

97 (c) Make findings and recommendations regarding suicide
98 prevention programs and activities, including, but not limited
99 to, the implementation of evidence-based mental health awareness
100 and assistance training programs and suicide risk identification
101 training in municipalities throughout the state. The council
102 shall prepare an annual report and present it to the Governor,
103 the President of the Senate, and the Speaker of the House of
104 Representatives by January 1, each year. The annual report must
105 describe the status of existing and planned initiatives
106 identified in the statewide plan for suicide prevention and any
107 recommendations arising therefrom.

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

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111 (2) MEMBERSHIP.—The Suicide Prevention Coordinating
112 Council shall consist of 31 ~~27~~ voting members and one nonvoting
113 member.

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

117 1. The Florida Association of School Psychologists.

118 2. The Florida Sheriffs Association.

119 ~~3. The Suicide Prevention Action Network USA.~~

120 ~~3.4.~~ The Florida Initiative of Suicide Prevention.

121 ~~4.5.~~ The Florida Suicide Prevention Coalition.

122 ~~5.6.~~ The American Foundation of Suicide Prevention.

123 ~~6.7.~~ The Florida School Board Association.

124 ~~7.8.~~ The National Council for Suicide Prevention.

125 ~~8.9.~~ The state chapter of AARP.

126 ~~9.10.~~ The Florida Behavioral Health Association ~~The~~
127 ~~Florida Alcohol and Drug Abuse Association.~~

128 ~~11. The Florida Council for Community Mental Health.~~

129 ~~10.12.~~ The Florida Counseling Association.

130 ~~11.13.~~ NAMI Florida.

131 12. The Florida Medical Association.

132 13. The Florida Osteopathic Medical Association.

133 14. The Florida Psychiatric Society.

134 15. The Florida Psychological Association.

135 16. Veterans Florida.

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136 17. The Florida Association of Managing Entities.

137 (b) The following state officials or their designees shall
138 serve on the coordinating council:

139 1. The Secretary of Elderly Affairs.

140 2. The State Surgeon General.

141 3. The Commissioner of Education.

142 4. The Secretary of Health Care Administration.

143 5. The Secretary of Juvenile Justice.

144 6. The Secretary of Corrections.

145 7. The executive director of the Department of Law
146 Enforcement.

147 8. The executive director of the Department of Veterans'
148 Affairs.

149 9. The Secretary of Children and Families.

150 10. The executive director of the Department of Economic
151 Opportunity.

152 (c) The Governor shall appoint four additional members to
153 the coordinating council. The appointees must have expertise
154 that is critical to the prevention of suicide or represent an
155 organization that is not already represented on the coordinating
156 council.

157 (d) For the members appointed by the director of the
158 Statewide Office for Suicide Prevention, seven members shall be
159 appointed to initial terms of 3 years, and seven members shall
160 be appointed to initial terms of 4 years. For the members

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161 appointed by the Governor, two members shall be appointed to
162 initial terms of 4 years, and two members shall be appointed to
163 initial terms of 3 years. Thereafter, such members shall be
164 appointed to terms of 4 years. Any vacancy on the coordinating
165 council shall be filled in the same manner as the original
166 appointment, and any member who is appointed to fill a vacancy
167 occurring because of death, resignation, or ineligibility for
168 membership shall serve only for the unexpired term of the
169 member's predecessor. A member is eligible for reappointment.

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

173 (f) Members of the coordinating council shall serve
174 without compensation. Any member of the coordinating council who
175 is a public employee is entitled to reimbursement for per diem
176 and travel expenses as provided in s. 112.061.

177 Section 3. Present paragraph (c) of subsection (10) of
178 section 334.044, Florida Statutes, is redesignated as paragraph
179 (d), and a new paragraph (c) is added to that subsection, to
180 read:

181 334.044 Powers and duties of the department.—The
182 department shall have the following general powers and duties:

183 (10)

184 (c) The department shall work with the Statewide Office
185 for Suicide Prevention in developing a plan to consider the

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186 implementation of evidence-based suicide deterrents on all new
187 infrastructure projects.

188 Section 4. Subsections (10) through (48) of section
189 394.455, Florida Statutes, are renumbered as subsections (11)
190 through (49), respectively, present subsection (28) of that
191 section is amended, and a new subsection (10) is added to that
192 section, to read:

193 394.455 Definitions.—As used in this part, the term:

194 (10) "Coordinated specialty care program" means an
195 evidence-based program for individuals who are experiencing the
196 early indications of serious mental illness, especially symptoms
197 of a first psychotic episode, and which includes, but is not
198 limited to, intensive case management, individual or group
199 therapy, supported employment, family education and supports,
200 and the provision of appropriate psychotropic medication as
201 needed.

202 (29)(28) "Mental illness" means an impairment of the
203 mental or emotional processes that exercise conscious control of
204 one's actions or of the ability to perceive or understand
205 reality, which impairment substantially interferes with the
206 person's ability to meet the ordinary demands of living. For the
207 purposes of this part, the term does not include a developmental
208 disability as defined in chapter 393, intoxication, or
209 conditions manifested only by dementia, traumatic brain injury,
210 antisocial behavior, or substance abuse.

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211 Section 5. Subsections (3) through (24) of section 394.67,
212 Florida Statutes, are renumbered as subsections (4) through
213 (25), respectively, present subsection (3) of that section is
214 amended, and a new subsection (3) is added to that section, to
215 read:

216 394.67 Definitions.—As used in this part, the term:

217 (3) "Coordinated specialty care program" means an
218 evidence-based program for individuals who are experiencing the
219 early indications of serious mental illness, especially symptoms
220 of a first psychotic episode, and which includes, but is not
221 limited to, intensive case management, individual or group
222 therapy, supported employment, family education and supports,
223 and the provision of appropriate psychotropic medication as
224 needed.

225 (4)~~(3)~~ "Crisis services" means short-term evaluation,
226 stabilization, and brief intervention services provided to a
227 person who is experiencing an acute mental or emotional crisis,
228 as defined in subsection (18) ~~(17)~~, or an acute substance abuse
229 crisis, as defined in subsection (19) ~~(18)~~, to prevent further
230 deterioration of the person's mental health. Crisis services are
231 provided in settings such as a crisis stabilization unit, an
232 inpatient unit, a short-term residential treatment program, a
233 detoxification facility, or an addictions receiving facility; at
234 the site of the crisis by a mobile crisis response team; or at a
235 hospital on an outpatient basis.

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236 Section 6. Paragraph (b) of subsection (1) of section
237 394.658, Florida Statutes, is amended to read:

238 394.658 Criminal Justice, Mental Health, and Substance
239 Abuse Reinvestment Grant Program requirements.—

240 (1) The Criminal Justice, Mental Health, and Substance
241 Abuse Statewide Grant Review Committee, in collaboration with
242 the Department of Children and Families, the Department of
243 Corrections, the Department of Juvenile Justice, the Department
244 of Elderly Affairs, and the Office of the State Courts
245 Administrator, shall establish criteria to be used to review
246 submitted applications and to select the county that will be
247 awarded a 1-year planning grant or a 3-year implementation or
248 expansion grant. A planning, implementation, or expansion grant
249 may not be awarded unless the application of the county meets
250 the established criteria.

251 (b) The application criteria for a 3-year implementation
252 or expansion grant shall require information from a county that
253 demonstrates its completion of a well-established collaboration
254 plan that includes public-private partnership models and the
255 application of evidence-based practices. The implementation or
256 expansion grants may support programs and diversion initiatives
257 that include, but need not be limited to:

- 258 1. Mental health courts.†
259 2. Diversion programs.†
260 3. Alternative prosecution and sentencing programs.†

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- 261 4. Crisis intervention teams.~~†~~
262 5. Treatment accountability services.~~†~~
263 6. Specialized training for criminal justice, juvenile
264 justice, and treatment services professionals.~~†~~
265 7. Service delivery of collateral services such as
266 housing, transitional housing, and supported employment.~~†~~~~and~~
267 8. Reentry services to create or expand mental health and
268 substance abuse services and supports for affected persons.
269 9. Coordinated specialty care programs.

270 Section 7. Section 394.4573, Florida Statutes, is amended
271 to read:

272 394.4573 Coordinated system of care; annual assessment;
273 essential elements; measures of performance; system improvement
274 grants; reports.—On or before December 1 of each year, the
275 department shall submit to the Governor, the President of the
276 Senate, and the Speaker of the House of Representatives an
277 assessment of the behavioral health services in this state. The
278 assessment shall consider, at a minimum, the extent to which
279 designated receiving systems function as no-wrong-door models,
280 the availability of treatment and recovery services that use
281 recovery-oriented and peer-involved approaches, the availability
282 of less-restrictive services, and the use of evidence-informed
283 practices. The assessment shall also consider the availability
284 of and access to coordinated specialty care programs and
285 identify any gaps in the availability of and access to such

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286 | programs in the state. The department's assessment shall
287 | consider, at a minimum, the needs assessments conducted by the
288 | managing entities pursuant to s. 394.9082(5). Beginning in 2017,
289 | the department shall compile and include in the report all plans
290 | submitted by managing entities pursuant to s. 394.9082(8) and
291 | the department's evaluation of each plan.

292 | (1) As used in this section:

293 | (a) "Care coordination" means the implementation of
294 | deliberate and planned organizational relationships and service
295 | procedures that improve the effectiveness and efficiency of the
296 | behavioral health system by engaging in purposeful interactions
297 | with individuals who are not yet effectively connected with
298 | services to ensure service linkage. Examples of care
299 | coordination activities include development of referral
300 | agreements, shared protocols, and information exchange
301 | procedures. The purpose of care coordination is to enhance the
302 | delivery of treatment services and recovery supports and to
303 | improve outcomes among priority populations.

304 | (b) "Case management" means those direct services provided
305 | to a client in order to assess his or her needs, plan or arrange
306 | services, coordinate service providers, link the service system
307 | to a client, monitor service delivery, and evaluate patient
308 | outcomes to ensure the client is receiving the appropriate
309 | services.

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

315 (d) "No-wrong-door model" means a model for the delivery
316 of acute care services to persons who have mental health or
317 substance use disorders, or both, which optimizes access to
318 care, regardless of the entry point to the behavioral health
319 care system.

320 (2) The essential elements of a coordinated system of care
321 include:

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

325 (b) A designated receiving system that consists of one or
326 more facilities serving a defined geographic area and
327 responsible for assessment and evaluation, both voluntary and
328 involuntary, and treatment or triage of patients who have a
329 mental health or substance use disorder, or co-occurring
330 disorders.

331 1. A county or several counties shall plan the designated
332 receiving system using a process that includes the managing
333 entity and is open to participation by individuals with
334 behavioral health needs and their families, service providers,

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335 law enforcement agencies, and other parties. The county or
336 counties, in collaboration with the managing entity, shall
337 document the designated receiving system through written
338 memoranda of agreement or other binding arrangements. The county
339 or counties and the managing entity shall complete the plan and
340 implement the designated receiving system by July 1, 2017, and
341 the county or counties and the managing entity shall review and
342 update, as necessary, the designated receiving system at least
343 once every 3 years.

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

350 a. A central receiving system that consists of a
351 designated central receiving facility that serves as a single
352 entry point for persons with mental health or substance use
353 disorders, or co-occurring disorders. The central receiving
354 facility shall be capable of assessment, evaluation, and triage
355 or treatment or stabilization of persons with mental health or
356 substance use disorders, or co-occurring disorders.

357 b. A coordinated receiving system that consists of
358 multiple entry points that are linked by shared data systems,
359 formal referral agreements, and cooperative arrangements for

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360 care coordination and case management. Each entry point shall be
361 a designated receiving facility and shall, within existing
362 resources, provide or arrange for necessary services following
363 an initial assessment and evaluation.

364 c. A tiered receiving system that consists of multiple
365 entry points, some of which offer only specialized or limited
366 services. Each service provider shall be classified according to
367 its capabilities as either a designated receiving facility or
368 another type of service provider, such as a triage center, a
369 licensed detoxification facility, or an access center. All
370 participating service providers shall, within existing
371 resources, be linked by methods to share data, formal referral
372 agreements, and cooperative arrangements for care coordination
373 and case management.

374

375 An accurate inventory of the participating service providers
376 which specifies the capabilities and limitations of each
377 provider and its ability to accept patients under the designated
378 receiving system agreements and the transportation plan
379 developed pursuant to this section shall be maintained and made
380 available at all times to all first responders in the service
381 area.

382 (c) Transportation in accordance with a plan developed
383 under s. 394.462.

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384 (d) Crisis services, including mobile response teams,
385 crisis stabilization units, addiction receiving facilities, and
386 detoxification facilities.

387 (e) Case management. Each case manager or person directly
388 supervising a case manager who provides Medicaid-funded targeted
389 case management services shall hold a valid certification from a
390 department-approved credentialing entity as defined in s.
391 397.311(10) by July 1, 2017, and, thereafter, within 6 months
392 after hire.

393 (f) Care coordination that involves coordination with
394 other local systems and entities, public and private, which are
395 involved with the individual, such as primary care, child
396 welfare, behavioral health care, and criminal and juvenile
397 justice organizations.

398 (g) Outpatient services.

399 (h) Residential services.

400 (i) Hospital inpatient care.

401 (j) Aftercare and other postdischarge services.

402 (k) Medication-assisted treatment and medication
403 management.

404 (l) Recovery support, including, but not limited to,
405 support for competitive employment, educational attainment,
406 independent living skills development, family support and
407 education, wellness management and self-care, and assistance in
408 obtaining housing that meets the individual's needs. Such

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409 housing may include mental health residential treatment
410 facilities, limited mental health assisted living facilities,
411 adult family care homes, and supportive housing. Housing
412 provided using state funds must provide a safe and decent
413 environment free from abuse and neglect.

414 (m) Care plans shall assign specific responsibility for
415 initial and ongoing evaluation of the supervision and support
416 needs of the individual and the identification of housing that
417 meets such needs. For purposes of this paragraph, the term
418 "supervision" means oversight of and assistance with compliance
419 with the clinical aspects of an individual's care plan.

420 (n) Coordinated specialty care programs.

421 (3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific
422 appropriation by the Legislature, the department may award
423 system improvement grants to managing entities based on a
424 detailed plan to enhance services in accordance with the no-
425 wrong-door model as defined in subsection (1) and to address
426 specific needs identified in the assessment prepared by the
427 department pursuant to this section. Such a grant must be
428 awarded through a performance-based contract that links payments
429 to the documented and measurable achievement of system
430 improvements.

431 Section 8. Subsection (3) of section 394.463, Florida
432 Statutes, is amended to read:

433 394.463 Involuntary examination.—

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434 (3) NOTICE OF RELEASE.—Notice of the release shall be
435 given to the patient's guardian or representative, to any person
436 who executed a certificate admitting the patient to the
437 receiving facility, and to any court which ordered the patient's
438 evaluation. If the patient is a minor, information regarding the
439 availability of a local mobile response service, suicide
440 prevention resources, social supports, and local self-help
441 groups must also be provided to the patient's guardian or
442 representative along with the notice of the release.

443 Section 9. Paragraph (a) of subsection (26) of section
444 397.311, Florida Statutes, is amended to read:

445 397.311 Definitions.—As used in this chapter, except part
446 VIII, the term:

447 (26) Licensed service components include a comprehensive
448 continuum of accessible and quality substance abuse prevention,
449 intervention, and clinical treatment services, including the
450 following services:

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

457 1. "Addictions receiving facility" is a secure, acute care
458 facility that provides, at a minimum, detoxification and

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459 stabilization services; is operated 24 hours per day, 7 days per
460 week; and is designated by the department to serve individuals
461 found to be substance use impaired as described in s. 397.675
462 who meet the placement criteria for this component.

463 2. "Day or night treatment" is a service provided in a
464 nonresidential environment, with a structured schedule of
465 treatment and rehabilitative services.

466 3. "Day or night treatment with community housing" means a
467 program intended for individuals who can benefit from living
468 independently in peer community housing while participating in
469 treatment services for a minimum of 5 hours a day for a minimum
470 of 25 hours per week.

471 4. "Detoxification" is a service involving subacute care
472 that is provided on an inpatient or an outpatient basis to
473 assist individuals to withdraw from the physiological and
474 psychological effects of substance abuse and who meet the
475 placement criteria for this component.

476 5. "Intensive inpatient treatment" includes a planned
477 regimen of evaluation, observation, medical monitoring, and
478 clinical protocols delivered through an interdisciplinary team
479 approach provided 24 hours per day, 7 days per week, in a highly
480 structured, live-in environment.

481 6. "Intensive outpatient treatment" is a service that
482 provides individual or group counseling in a more structured
483 environment, is of higher intensity and duration than outpatient

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484 treatment, and is provided to individuals who meet the placement
485 criteria for this component.

486 7. "Medication-assisted treatment for opioid use disorders
487 ~~opiate addiction~~" is a service that uses methadone or other
488 medication as authorized by state and federal law, in
489 combination with medical, rehabilitative, supportive, and
490 counseling services in the treatment of individuals who are
491 dependent on opioid drugs.

492 8. "Outpatient treatment" is a service that provides
493 individual, group, or family counseling by appointment during
494 scheduled operating hours for individuals who meet the placement
495 criteria for this component.

496 9. "Residential treatment" is a service provided in a
497 structured live-in environment within a nonhospital setting on a
498 24-hours-per-day, 7-days-per-week basis, and is intended for
499 individuals who meet the placement criteria for this component.

500 Section 10. Subsection (16) of section 397.321, Florida
501 Statutes, is amended to read:

502 397.321 Duties of the department.—The department shall:
503 ~~(16) Develop a certification process by rule for community~~
504 ~~substance abuse prevention coalitions.~~

505 Section 11. Section 397.4012, Florida Statutes, is amended
506 to read:

507 397.4012 Exemptions from licensure.—The following are
508 exempt from the licensing provisions of this chapter:

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509 (1) A hospital or hospital-based component licensed under
510 chapter 395.

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

512 (3) A substance abuse education program established
513 pursuant to s. 1003.42.

514 (4) A facility or institution operated by the Federal
515 Government.

516 (5) A physician or physician assistant licensed under
517 chapter 458 or chapter 459.

518 (6) A psychologist licensed under chapter 490.

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

521 (8) A legally cognizable church or nonprofit religious
522 organization or denomination providing substance abuse services,
523 including prevention services, which are solely religious,
524 spiritual, or ecclesiastical in nature. A church or nonprofit
525 religious organization or denomination providing any of the
526 licensed service components itemized under s. 397.311(26) is not
527 exempt from substance abuse licensure but retains its exemption
528 with respect to all services which are solely religious,
529 spiritual, or ecclesiastical in nature.

530 (9) Facilities licensed under chapter 393 which, in
531 addition to providing services to persons with developmental
532 disabilities, also provide services to persons developmentally

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533 at risk as a consequence of exposure to alcohol or other legal
534 or illegal drugs while in utero.

535 (10) DUI education and screening services provided
536 pursuant to ss. 316.192, 316.193, 322.095, 322.271, and 322.291.
537 Persons or entities providing treatment services must be
538 licensed under this chapter unless exempted from licensing as
539 provided in this section.

540 (11) A facility licensed under s. 394.875 as a crisis
541 stabilization unit.

542
543 The exemptions from licensure in subsections (3), (4), (8), (9),
544 and (10) ~~this section~~ do not apply to any service provider that
545 receives an appropriation, grant, or contract from the state to
546 operate as a service provider as defined in this chapter or to
547 any substance abuse program regulated under ~~pursuant to~~ s.
548 397.4014. Furthermore, this chapter may not be construed to
549 limit the practice of a physician or physician assistant
550 licensed under chapter 458 or chapter 459, a psychologist
551 licensed under chapter 490, a psychotherapist licensed under
552 chapter 491, or an advanced practice registered nurse licensed
553 under part I of chapter 464, who provides substance abuse
554 treatment, so long as the physician, physician assistant,
555 psychologist, psychotherapist, or advanced practice registered
556 nurse does not represent to the public that he or she is a
557 licensed service provider and does not provide services to

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558 individuals under ~~pursuant to~~ part V of this chapter. Failure to
559 comply with any requirement necessary to maintain an exempt
560 status under this section is a misdemeanor of the first degree,
561 punishable as provided in s. 775.082 or s. 775.083.

562 Section 12. Subsection (14) of section 916.106, Florida
563 Statutes, is amended to read:

564 916.106 Definitions.—For the purposes of this chapter, the
565 term:

566 (14) "Mental illness" means an impairment of the emotional
567 processes that exercise conscious control of one's actions, or
568 of the ability to perceive or understand reality, which
569 impairment substantially interferes with the defendant's ability
570 to meet the ordinary demands of living. For the purposes of this
571 chapter, the term does not apply to defendants who have only an
572 intellectual disability or autism or a defendant with traumatic
573 brain injury or dementia who lacks a co-occurring mental
574 illness, and does not include intoxication or conditions
575 manifested only by antisocial behavior or substance abuse
576 impairment.

577 Section 13. Subsection (2) of section 916.13, Florida
578 Statutes, is amended to read:

579 916.13 Involuntary commitment of defendant adjudicated
580 incompetent.—

581 (2) A defendant who has been charged with a felony and who
582 has been adjudicated incompetent to proceed due to mental

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583 illness, and who meets the criteria for involuntary commitment
584 under this chapter, may be committed to the department, and the
585 department shall retain and treat the defendant.

586 (a) Immediately after receipt of a completed copy of the
587 court commitment order containing all documentation required by
588 the applicable Florida Rules of Criminal Procedure, the
589 department shall request all medical information relating to the
590 defendant from the jail. The jail shall provide the department
591 with all medical information relating to the defendant within 3
592 business days after receipt of the department's request or at
593 the time the defendant enters the physical custody of the
594 department, whichever is earlier.

595 (b) ~~(a)~~ Within 6 months after the date of admission and at
596 the end of any period of extended commitment, or at any time the
597 administrator or his or her designee determines that the
598 defendant has regained competency to proceed or no longer meets
599 the criteria for continued commitment, the administrator or
600 designee shall file a report with the court pursuant to the
601 applicable Florida Rules of Criminal Procedure.

602 (c) ~~(b)~~ A competency hearing must ~~shall~~ be held within 30
603 days after the court receives notification that the defendant is
604 competent to proceed or no longer meets the criteria for
605 continued commitment. The defendant must be transported to the
606 committing court's jurisdiction for the hearing. If the
607 defendant is receiving psychotropic medication at a mental

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608 health facility at the time he or she is discharged and
609 transferred to the jail, the administering of such medication
610 must continue unless the jail physician documents the need to
611 change or discontinue it. The jail and department physicians
612 shall collaborate to ensure that medication changes do not
613 adversely affect the defendant's mental health status or his or
614 her ability to continue with court proceedings; however, the
615 final authority regarding the administering of medication to an
616 inmate in jail rests with the jail physician.

617 Section 14. Subsections (3) and (5) of section 916.15,
618 Florida Statutes, are amended to read:

619 916.15 Involuntary commitment of defendant adjudicated not
620 guilty by reason of insanity.—

621 (3)(a) Every defendant acquitted of criminal charges by
622 reason of insanity and found to meet the criteria for
623 involuntary commitment may be committed and treated in
624 accordance with the provisions of this section and the
625 applicable Florida Rules of Criminal Procedure.

626 (b) Immediately after receipt of a completed copy of the
627 court commitment order containing all documentation required by
628 the applicable Florida Rules of Criminal Procedure, the
629 department shall request all medical information relating to the
630 defendant from the jail. The jail shall provide the department
631 with all medical information relating to the defendant within 3
632 business days after receipt of the department's request or at

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633 the time the defendant enters the physical custody of the
634 department, whichever is earlier.

635 (c) The department shall admit a defendant so adjudicated
636 to an appropriate facility or program for treatment and shall
637 retain and treat such defendant. No later than 6 months after
638 the date of admission, prior to the end of any period of
639 extended commitment, or at any time that the administrator or
640 his or her designee determines ~~shall have determined~~ that the
641 defendant no longer meets the criteria for continued commitment
642 placement, the administrator or designee shall file a report
643 with the court pursuant to the applicable Florida Rules of
644 Criminal Procedure.

645 (5) The commitment hearing shall be held within 30 days
646 after the court receives notification that the defendant no
647 longer meets the criteria for continued commitment. The
648 defendant must be transported to the committing court's
649 jurisdiction for the hearing. Each defendant returning to a jail
650 shall continue to receive the same psychotropic medications as
651 prescribed by the facility physician at the time of discharge
652 from a forensic or civil facility, unless the jail physician
653 determines there is a compelling medical reason to change or
654 discontinue the medication for the health and safety of the
655 defendant. If the jail physician changes or discontinues the
656 medication and the defendant is later determined at the
657 competency hearing to be incompetent to stand trial and is

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658 recommitted to the department, the jail physician may not change
659 or discontinue the defendant's prescribed psychotropic
660 medication upon the defendant's next discharge from the forensic
661 or civil facility.

662 Section 15. Paragraph (a) of subsection (3) of section
663 39.407, Florida Statutes, is amended to read:

664 39.407 Medical, psychiatric, and psychological examination
665 and treatment of child; physical, mental, or substance abuse
666 examination of person with or requesting child custody.—

667 (3) (a) 1. Except as otherwise provided in subparagraph
668 (b) 1. or paragraph (e), before the department provides
669 psychotropic medications to a child in its custody, the
670 prescribing physician or a psychiatric nurse, as defined in s.
671 394.455, shall attempt to obtain express and informed consent,
672 as defined in s. 394.455(16) ~~s. 394.455(15)~~ and as described in
673 s. 394.459(3) (a), from the child's parent or legal guardian. The
674 department must take steps necessary to facilitate the inclusion
675 of the parent in the child's consultation with the physician or
676 psychiatric nurse, as defined in s. 394.455. However, if the
677 parental rights of the parent have been terminated, the parent's
678 location or identity is unknown or cannot reasonably be
679 ascertained, or the parent declines to give express and informed
680 consent, the department may, after consultation with the
681 prescribing physician or psychiatric nurse, as defined in s.
682 394.455, seek court authorization to provide the psychotropic

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683 medications to the child. Unless parental rights have been
684 terminated and if it is possible to do so, the department shall
685 continue to involve the parent in the decisionmaking process
686 regarding the provision of psychotropic medications. If, at any
687 time, a parent whose parental rights have not been terminated
688 provides express and informed consent to the provision of a
689 psychotropic medication, the requirements of this section that
690 the department seek court authorization do not apply to that
691 medication until such time as the parent no longer consents.

692 2. Any time the department seeks a medical evaluation to
693 determine the need to initiate or continue a psychotropic
694 medication for a child, the department must provide to the
695 evaluating physician or psychiatric nurse, as defined in s.
696 394.455, all pertinent medical information known to the
697 department concerning that child.

698 Section 16. Subsection (3) of section 394.495, Florida
699 Statutes, is amended to read:

700 394.495 Child and adolescent mental health system of care;
701 programs and services.—

702 (3) Assessments must be performed by:

703 (a) A professional as defined in s. 394.455(5), (7), (33),
704 ~~(32), (35), or (36)~~, or (37);

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

706 (c) A person who is under the direct supervision of a
707 qualified professional as defined in s. 394.455(5), (7), (33),

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708 ~~(32), (35), or~~ (36), or (37) or a professional licensed under
709 chapter 491.

710 Section 17. Subsection (5) of section 394.496, Florida
711 Statutes, is amended to read:

712 394.496 Service planning.—

713 (5) A professional as defined in s. 394.455(5), (7), (33),
714 ~~(32), (35), or~~ (36), or (37) or a professional licensed under
715 chapter 491 must be included among those persons developing the
716 services plan.

717 Section 18. Paragraph (a) of subsection (1) of section
718 394.674, Florida Statutes, is amended to read:

719 394.674 Eligibility for publicly funded substance abuse
720 and mental health services; fee collection requirements.—

721 (1) To be eligible to receive substance abuse and mental
722 health services funded by the department, an individual must be
723 a member of at least one of the department's priority
724 populations approved by the Legislature. The priority
725 populations include:

726 (a) For adult mental health services:

727 1. Adults who have severe and persistent mental illness,
728 as designated by the department using criteria that include
729 severity of diagnosis, duration of the mental illness, ability
730 to independently perform activities of daily living, and receipt
731 of disability income for a psychiatric condition. Included
732 within this group are:

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- 733 a. Older adults in crisis.
- 734 b. Older adults who are at risk of being placed in a more
735 restrictive environment because of their mental illness.
- 736 c. Persons deemed incompetent to proceed or not guilty by
737 reason of insanity under chapter 916.
- 738 d. Other persons involved in the criminal justice system.
- 739 e. Persons diagnosed as having co-occurring mental illness
740 and substance abuse disorders.
- 741 2. Persons who are experiencing an acute mental or
742 emotional crisis as defined in s. 394.67(18) ~~s. 394.67(17)~~.
- 743 Section 19. Paragraph (a) of subsection (3) of section
744 394.74, Florida Statutes, is amended to read:
- 745 394.74 Contracts for provision of local substance abuse
746 and mental health programs.—
- 747 (3) Contracts shall include, but are not limited to:
- 748 (a) A provision that, within the limits of available
749 resources, substance abuse and mental health crisis services, as
750 defined in s. 394.67(4) ~~s. 394.67(3)~~, shall be available to any
751 individual residing or employed within the service area,
752 regardless of ability to pay for such services, current or past
753 health condition, or any other factor;
- 754 Section 20. Subsection (6) of section 394.9085, Florida
755 Statutes, is amended to read:
- 756 394.9085 Behavioral provider liability.—

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757 (6) For purposes of this section, the terms
758 "detoxification services," "addictions receiving facility," and
759 "receiving facility" have the same meanings as those provided in
760 ss. 397.311(26)(a)3. ~~ss. 397.311(26)(a)4.~~, 397.311(26)(a)1., and
761 394.455(40) ~~394.455(39)~~, respectively.

762 Section 21. Paragraph (b) of subsection (1) of section
763 409.972, Florida Statutes, is amended to read:

764 409.972 Mandatory and voluntary enrollment.—

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

769 (b) Medicaid recipients residing in residential commitment
770 facilities operated through the Department of Juvenile Justice
771 or a treatment facility as defined in s. 394.455(48) ~~s.~~
772 ~~394.455(47)~~.

773 Section 22. Paragraph (e) of subsection (4) of section
774 464.012, Florida Statutes, is amended to read:

775 464.012 Licensure of advanced practice registered nurses;
776 fees; controlled substance prescribing.—

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

780 (e) A psychiatric nurse, who meets the requirements in s.
781 394.455(36) ~~s. 394.455(35)~~, within the framework of an

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782 established protocol with a psychiatrist, may prescribe
783 psychotropic controlled substances for the treatment of mental
784 disorders.

785 Section 23. Subsection (7) of section 744.2007, Florida
786 Statutes, is amended to read:

787 744.2007 Powers and duties.—

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

791 Section 24. This act shall take effect July 1, 2020.

792

793

794 **T I T L E A M E N D M E N T**

795 Remove everything before the enacting clause and insert:

796 A bill to be entitled

797 An act relating to substance abuse and mental health;
798 amending s. 14.2019, F.S.; providing additional duties
799 for the Statewide Office for Suicide Prevention;
800 establishing the First Responders Suicide Deterrence
801 Task Force adjunct to the office; specifying the
802 purpose of the task force; providing for the
803 composition and the duties of the task force;
804 requiring the task force to submit reports to the
805 Governor and the Legislature on an annual basis;
806 providing for future repeal; amending s. 14.20195,

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807 F.S.; providing additional duties for the Suicide
808 Prevention Coordinating Council; revising the
809 composition of the council; amending s. 334.044, F.S.;
810 requiring the Department of Transportation to work
811 with the office in developing a plan relating to
812 evidence-based suicide deterrents in certain
813 locations; amending s. 394.455, F.S.; revising and
814 providing definitions; amending s. 394.67, F.S.;
815 defining the term "coordinated specialty care
816 program"; amending s. 394.658, F.S.; revising the
817 application criteria for the Criminal Justice, Mental
818 Health, and Substance Abuse Reinvestment Grant Program
819 to include support for coordinated specialty care
820 programs; amending s. 394.4573, F.S.; requiring the
821 Department of Children and Families to include
822 specified information regarding coordinated specialty
823 care programs in its annual assessment of behavioral
824 health services; providing that a coordinated system
825 of care includes coordinated specialty care programs;
826 amending s. 394.463, F.S.; requiring that certain
827 information be provided to the guardian or
828 representative of a minor patient released from
829 involuntary examination; amending s. 397.311, F.S.;
830 revising a definition; amending s. 397.321, F.S.;
831 removing the requirement that the department develop a

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832 certification process for community substance abuse
833 prevention coalitions; amending s. 397.4012, F.S.;
834 revising entities that are exempt from certain
835 licensing requirements; amending s. 916.106, F.S.;
836 revising a definition; amending ss. 916.13 and 916.15,
837 F.S.; authorizing jails to share medical information
838 pertaining to specified defendants with the Department
839 of Children and Families; requiring the maintenance of
840 psychotropic medications to specified defendants under
841 certain circumstances; providing an exception;
842 amending ss. 39.407, 394.495, 394.496, 394.674,
843 394.74, 394.9085, 409.972, 464.012, and 744.2007,
844 F.S.; conforming cross-references; providing an
845 effective date.

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