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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/28/2020	.	
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The Committee on Appropriations (Book) recommended the following:

Senate Amendment (with title amendment)

Delete lines 267 - 721

and insert:

Section 4. Present subsections (10) through (48) of section 394.455, Florida Statutes, are redesignated as subsections (11) through (49), respectively, a new subsection (10) is added to that section, and present subsection (28) of that section is amended, to read:

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



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11 (10) "Coordinated specialty care program" means an
12 evidence-based program for individuals who are experiencing the
13 early indications of serious mental illness, especially symptoms
14 of a first psychotic episode, and which includes, but is not
15 limited to, intensive case management, individual or group
16 therapy, supported employment, family education and supports,
17 and the provision of appropriate psychotropic medication as
18 needed.

19 ~~(29)~~ ~~(28)~~ "Mental illness" means an impairment of the mental
20 or emotional processes that exercise conscious control of one's
21 actions or of the ability to perceive or understand reality,
22 which impairment substantially interferes with the person's
23 ability to meet the ordinary demands of living. For the purposes
24 of this part, the term does not include a developmental
25 disability as defined in chapter 393, intoxication, or
26 conditions manifested only by dementia, traumatic brain injury,
27 antisocial behavior, or substance abuse.

28 Section 5. Section 394.4573, Florida Statutes, is amended
29 to read:

30 394.4573 Coordinated system of care; annual assessment;
31 essential elements; measures of performance; system improvement
32 grants; reports.—On or before December 1 of each year, the
33 department shall submit to the Governor, the President of the
34 Senate, and the Speaker of the House of Representatives an
35 assessment of the behavioral health services in this state. The
36 assessment shall consider, at a minimum, the extent to which
37 designated receiving systems function as no-wrong-door models,
38 the availability of treatment and recovery services that use
39 recovery-oriented and peer-involved approaches, the availability



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40 of less-restrictive services, and the use of evidence-informed
41 practices. The assessment must also consider the availability of
42 and access to coordinated specialty care programs and identify
43 any gaps in the availability of and access to such programs in
44 the state. The department's assessment shall consider, at a
45 minimum, the needs assessments conducted by the managing
46 entities pursuant to s. 394.9082(5). Beginning in 2017, the
47 department shall compile and include in the report all plans
48 submitted by managing entities pursuant to s. 394.9082(8) and
49 the department's evaluation of each plan.

50 (1) As used in this section:

51 (a) "Care coordination" means the implementation of
52 deliberate and planned organizational relationships and service
53 procedures that improve the effectiveness and efficiency of the
54 behavioral health system by engaging in purposeful interactions
55 with individuals who are not yet effectively connected with
56 services to ensure service linkage. Examples of care
57 coordination activities include development of referral
58 agreements, shared protocols, and information exchange
59 procedures. The purpose of care coordination is to enhance the
60 delivery of treatment services and recovery supports and to
61 improve outcomes among priority populations.

62 (b) "Case management" means those direct services provided
63 to a client in order to assess his or her needs, plan or arrange
64 services, coordinate service providers, link the service system
65 to a client, monitor service delivery, and evaluate patient
66 outcomes to ensure the client is receiving the appropriate
67 services.

68 (c) "Coordinated system of care" means the full array of



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69 behavioral and related services in a region or community offered
70 by all service providers, whether participating under contract
71 with the managing entity or by another method of community
72 partnership or mutual agreement.

73 (d) "No-wrong-door model" means a model for the delivery of
74 acute care services to persons who have mental health or
75 substance use disorders, or both, which optimizes access to
76 care, regardless of the entry point to the behavioral health
77 care system.

78 (2) The essential elements of a coordinated system of care
79 include:

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

83 (b) A designated receiving system that consists of one or
84 more facilities serving a defined geographic area and
85 responsible for assessment and evaluation, both voluntary and
86 involuntary, and treatment or triage of patients who have a
87 mental health or substance use disorder, or co-occurring
88 disorders.

89 1. A county or several counties shall plan the designated
90 receiving system using a process that includes the managing
91 entity and is open to participation by individuals with
92 behavioral health needs and their families, service providers,
93 law enforcement agencies, and other parties. The county or
94 counties, in collaboration with the managing entity, shall
95 document the designated receiving system through written
96 memoranda of agreement or other binding arrangements. The county
97 or counties and the managing entity shall complete the plan and



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98 implement the designated receiving system by July 1, 2017, and
99 the county or counties and the managing entity shall review and
100 update, as necessary, the designated receiving system at least
101 once every 3 years.

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

108 a. A central receiving system that consists of a designated
109 central receiving facility that serves as a single entry point
110 for persons with mental health or substance use disorders, or
111 co-occurring disorders. The central receiving facility shall be
112 capable of assessment, evaluation, and triage or treatment or
113 stabilization of persons with mental health or substance use
114 disorders, or co-occurring disorders.

115 b. A coordinated receiving system that consists of multiple
116 entry points that are linked by shared data systems, formal
117 referral agreements, and cooperative arrangements for care
118 coordination and case management. Each entry point shall be a
119 designated receiving facility and shall, within existing
120 resources, provide or arrange for necessary services following
121 an initial assessment and evaluation.

122 c. A tiered receiving system that consists of multiple
123 entry points, some of which offer only specialized or limited
124 services. Each service provider shall be classified according to
125 its capabilities as either a designated receiving facility or
126 another type of service provider, such as a triage center, a



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127 licensed detoxification facility, or an access center. All
128 participating service providers shall, within existing
129 resources, be linked by methods to share data, formal referral
130 agreements, and cooperative arrangements for care coordination
131 and case management.

132

133 An accurate inventory of the participating service providers
134 which specifies the capabilities and limitations of each
135 provider and its ability to accept patients under the designated
136 receiving system agreements and the transportation plan
137 developed pursuant to this section shall be maintained and made
138 available at all times to all first responders in the service
139 area.

140 (c) Transportation in accordance with a plan developed
141 under s. 394.462.

142 (d) Crisis services, including mobile response teams,
143 crisis stabilization units, addiction receiving facilities, and
144 detoxification facilities.

145 (e) Case management. Each case manager or person directly
146 supervising a case manager who provides Medicaid-funded targeted
147 case management services shall hold a valid certification from a
148 department-approved credentialing entity as defined in s.
149 397.311(10) by July 1, 2017, and, thereafter, within 6 months
150 after hire.

151 (f) Care coordination that involves coordination with other
152 local systems and entities, public and private, which are
153 involved with the individual, such as primary care, child
154 welfare, behavioral health care, and criminal and juvenile
155 justice organizations.



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156 (g) Outpatient services.

157 (h) Residential services.

158 (i) Hospital inpatient care.

159 (j) Aftercare and other postdischarge services.

160 (k) Medication-assisted treatment and medication
161 management.

162 (l) Recovery support, including, but not limited to,
163 support for competitive employment, educational attainment,
164 independent living skills development, family support and
165 education, wellness management and self-care, and assistance in
166 obtaining housing that meets the individual's needs. Such
167 housing may include mental health residential treatment
168 facilities, limited mental health assisted living facilities,
169 adult family care homes, and supportive housing. Housing
170 provided using state funds must provide a safe and decent
171 environment free from abuse and neglect.

172 (m) Care plans shall assign specific responsibility for
173 initial and ongoing evaluation of the supervision and support
174 needs of the individual and the identification of housing that
175 meets such needs. For purposes of this paragraph, the term
176 "supervision" means oversight of and assistance with compliance
177 with the clinical aspects of an individual's care plan.

178 (n) Coordinated specialty care programs.

179 (3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific
180 appropriation by the Legislature, the department may award
181 system improvement grants to managing entities based on a
182 detailed plan to enhance services in accordance with the no-
183 wrong-door model as defined in subsection (1) and to address
184 specific needs identified in the assessment prepared by the



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185 department pursuant to this section. Such a grant must be
186 awarded through a performance-based contract that links payments
187 to the documented and measurable achievement of system
188 improvements.

189 Section 6. Subsection (3) of section 394.463, Florida
190 Statutes, is amended to read:

191 394.463 Involuntary examination.—

192 (3) NOTICE OF RELEASE.—Notice of the release shall be given
193 to the patient's guardian or representative, to any person who
194 executed a certificate admitting the patient to the receiving
195 facility, and to any court which ordered the patient's
196 evaluation. If the patient is a minor, information regarding the
197 availability of a local mobile response service, suicide
198 prevention resources, social supports, and local self-help
199 groups must also be provided to the patient's guardian or
200 representative along with the notice of the release.

201 Section 7. Paragraph (b) of subsection (1) of section
202 394.658, Florida Statutes, is amended to read:

203 394.658 Criminal Justice, Mental Health, and Substance
204 Abuse Reinvestment Grant Program requirements.—

205 (1) The Criminal Justice, Mental Health, and Substance
206 Abuse Statewide Grant Review Committee, in collaboration with
207 the Department of Children and Families, the Department of
208 Corrections, the Department of Juvenile Justice, the Department
209 of Elderly Affairs, and the Office of the State Courts
210 Administrator, shall establish criteria to be used to review
211 submitted applications and to select the county that will be
212 awarded a 1-year planning grant or a 3-year implementation or
213 expansion grant. A planning, implementation, or expansion grant



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214 may not be awarded unless the application of the county meets
215 the established criteria.

216 (b) The application criteria for a 3-year implementation or
217 expansion grant shall require information from a county that
218 demonstrates its completion of a well-established collaboration
219 plan that includes public-private partnership models and the
220 application of evidence-based practices. The implementation or
221 expansion grants may support programs and diversion initiatives
222 that include, but need not be limited to:

- 223 1. Mental health courts;
- 224 2. Diversion programs;
- 225 3. Alternative prosecution and sentencing programs;
- 226 4. Crisis intervention teams;
- 227 5. Treatment accountability services;
- 228 6. Specialized training for criminal justice, juvenile
229 justice, and treatment services professionals;
- 230 7. Service delivery of collateral services such as housing,
231 transitional housing, and supported employment; ~~and~~
- 232 8. Reentry services to create or expand mental health and
233 substance abuse services and supports for affected persons; and
- 234 9. Coordinated specialty care programs.

235 Section 8. Present subsections (3) through (24) of section
236 394.67, Florida Statutes, are redesignated as subsections (4)
237 through (25), respectively, a new subsection (3) is added to
238 that section, and present subsection (3) is amended, to read:

239 394.67 Definitions.—As used in this part, the term:

240 (3) "Coordinated specialty care program" means an evidence-
241 based program for individuals who are experiencing the early
242 indications of serious mental illness, especially symptoms of a



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243 first psychotic episode, and which includes, but is not limited
244 to, intensive case management, individual or group therapy,
245 supported employment, family education and supports, and the
246 provision of appropriate psychotropic medication as needed.

247 (4)~~(3)~~ "Crisis services" means short-term evaluation,
248 stabilization, and brief intervention services provided to a
249 person who is experiencing an acute mental or emotional crisis,
250 as defined in subsection (18) ~~(17)~~, or an acute substance abuse
251 crisis, as defined in subsection (19) ~~(18)~~, to prevent further
252 deterioration of the person's mental health. Crisis services are
253 provided in settings such as a crisis stabilization unit, an
254 inpatient unit, a short-term residential treatment program, a
255 detoxification facility, or an addictions receiving facility; at
256 the site of the crisis by a mobile crisis response team; or at a
257 hospital on an outpatient basis.

258 Section 9. Paragraph (a) of subsection (26) of section
259 397.311, Florida Statutes, is amended to read:

260 397.311 Definitions.—As used in this chapter, except part
261 VIII, the term:

262 (26) Licensed service components include a comprehensive
263 continuum of accessible and quality substance abuse prevention,
264 intervention, and clinical treatment services, including the
265 following services:

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



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

278 2. "Day or night treatment" is a service provided in a
279 nonresidential environment, with a structured schedule of
280 treatment and rehabilitative services.

281 3. "Day or night treatment with community housing" means a
282 program intended for individuals who can benefit from living
283 independently in peer community housing while participating in
284 treatment services for a minimum of 5 hours a day for a minimum
285 of 25 hours per week.

286 4. "Detoxification" is a service involving subacute care
287 that is provided on an inpatient or an outpatient basis to
288 assist individuals to withdraw from the physiological and
289 psychological effects of substance abuse and who meet the
290 placement criteria for this component.

291 5. "Intensive inpatient treatment" includes a planned
292 regimen of evaluation, observation, medical monitoring, and
293 clinical protocols delivered through an interdisciplinary team
294 approach provided 24 hours per day, 7 days per week, in a highly
295 structured, live-in environment.

296 6. "Intensive outpatient treatment" is a service that
297 provides individual or group counseling in a more structured
298 environment, is of higher intensity and duration than outpatient
299 treatment, and is provided to individuals who meet the placement
300 criteria for this component.



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301 7. "Medication-assisted treatment for opioid use disorders
302 ~~opiate addiction~~" is a service that uses methadone or other
303 medication as authorized by state and federal law, in
304 combination with medical, rehabilitative, supportive, and
305 counseling services in the treatment of individuals who are
306 dependent on opioid drugs.

307 8. "Outpatient treatment" is a service that provides
308 individual, group, or family counseling by appointment during
309 scheduled operating hours for individuals who meet the placement
310 criteria for this component.

311 9. "Residential treatment" is a service provided in a
312 structured live-in environment within a nonhospital setting on a
313 24-hours-per-day, 7-days-per-week basis, and is intended for
314 individuals who meet the placement criteria for this component.

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

317 397.321 Duties of the department.—The department shall:

318 ~~(16) Develop a certification process by rule for community~~
319 ~~substance abuse prevention coalitions.~~

320 Section 11. Section 397.4012, Florida Statutes, is amended
321 to read:

322 397.4012 Exemptions from licensure.—The following are
323 exempt from the licensing provisions of this chapter:

324 (1) A hospital or hospital-based component licensed under
325 chapter 395.

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

327 (3) A substance abuse education program established
328 pursuant to s. 1003.42.

329 (4) A facility or institution operated by the Federal



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330 Government.

331 (5) A physician or physician assistant licensed under
332 chapter 458 or chapter 459.

333 (6) A psychologist licensed under chapter 490.

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

336 (8) A legally cognizable church or nonprofit religious
337 organization or denomination providing substance abuse services,
338 including prevention services, which are solely religious,
339 spiritual, or ecclesiastical in nature. A church or nonprofit
340 religious organization or denomination providing any of the
341 licensed service components itemized under s. 397.311(26) is not
342 exempt from substance abuse licensure but retains its exemption
343 with respect to all services which are solely religious,
344 spiritual, or ecclesiastical in nature.

345 (9) Facilities licensed under chapter 393 which, in
346 addition to providing services to persons with developmental
347 disabilities, also provide services to persons developmentally
348 at risk as a consequence of exposure to alcohol or other legal
349 or illegal drugs while in utero.

350 (10) DUI education and screening services provided pursuant
351 to ss. 316.192, 316.193, 322.095, 322.271, and 322.291. Persons
352 or entities providing treatment services must be licensed under
353 this chapter unless exempted from licensing as provided in this
354 section.

355 (11) A facility licensed under s. 394.875 as a crisis
356 stabilization unit.

357

358 The exemptions from licensure in subsections (3), (4), (8), (9),



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359 and (10) ~~this section~~ do not apply to any service provider that
360 receives an appropriation, grant, or contract from the state to
361 operate as a service provider as defined in this chapter or to
362 any substance abuse program regulated under ~~pursuant to~~ s.
363 397.4014. Furthermore, this chapter may not be construed to
364 limit the practice of a physician or physician assistant
365 licensed under chapter 458 or chapter 459, a psychologist
366 licensed under chapter 490, a psychotherapist licensed under
367 chapter 491, or an advanced practice registered nurse licensed
368 under part I of chapter 464, who provides substance abuse
369 treatment, so long as the physician, physician assistant,
370 psychologist, psychotherapist, or advanced practice registered
371 nurse does not represent to the public that he or she is a
372 licensed service provider and does not provide services to
373 individuals under ~~pursuant to~~ part V of this chapter. Failure to
374 comply with any requirement necessary to maintain an exempt
375 status under this section is a misdemeanor of the first degree,
376 punishable as provided in s. 775.082 or s. 775.083.

377 Section 12. Section 456.0342, Florida Statutes, is created
378 to read:

379 456.0342 Required instruction on suicide prevention.—The
380 requirements of this section apply to each person licensed or
381 certified under chapter 458, chapter 459, or part I of chapter
382 464.

383 (1) By January 1, 2022, each licensed or certified
384 practitioner shall complete a board-approved 2-hour continuing
385 education course on suicide prevention. The course must address
386 suicide risk assessment, treatment, and management.

387 (2) Each licensing board that requires a licensee or



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388 certificateholder to complete a course pursuant to this section
389 must include the hours required for completion in the total
390 hours of continuing education required by law for such
391 profession.

392 Section 13. Section 786.1516, Florida Statutes, is created
393 to read:

394 786.1516 Immunity for providing assistance in a suicide
395 emergency.—

396 (1) As used in this section, the term:

397 (a) "Emergency care" means assistance or advice offered to
398 avoid, mitigate, or attempt to mitigate the effects of a suicide
399 emergency.

400 (b) "Suicide emergency" means an occurrence that reasonably
401 indicates an individual is at risk of dying or attempting to die
402 by suicide.

403 (2) A person who provides emergency care at or near the
404 scene of a suicide emergency, gratuitously and in good faith, is
405 not liable for any civil damages or penalties as a result of any
406 act or omission by the person providing the emergency care
407 unless the person is grossly negligent or caused the suicide
408 emergency.

409 Section 14. Subsection (14) of section 916.106, Florida
410 Statutes, is amended to read:

411 916.106 Definitions.—For the purposes of this chapter, the
412 term:

413 (14) "Mental illness" means an impairment of the emotional
414 processes that exercise conscious control of one's actions, or
415 of the ability to perceive or understand reality, which
416 impairment substantially interferes with the defendant's ability



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417 to meet the ordinary demands of living. For the purposes of this
418 chapter, the term does not apply to defendants who have only an
419 intellectual disability or autism or a defendant with traumatic
420 brain injury or dementia who lacks a co-occurring mental
421 illness, and does not include intoxication or conditions
422 manifested only by antisocial behavior or substance abuse
423 impairment.

424 Section 15. Subsection (2) of section 916.13, Florida
425 Statutes, is amended to read:

426 916.13 Involuntary commitment of defendant adjudicated
427 incompetent.-

428 (2) A defendant who has been charged with a felony, ~~and who~~
429 has been adjudicated incompetent to proceed due to mental
430 illness, and ~~who~~ meets the criteria for involuntary commitment
431 under this chapter, may be committed to the department, and the
432 department shall retain and treat the defendant. Within 2
433 business days after receipt of a commitment order and other
434 required documents as stipulated in rule, the department must
435 request from the jail any and all medical information pertaining
436 to the defendant. Within 3 business days after receipt of such a
437 request, the jail shall provide such information to the
438 department.

439 (a) Within 6 months after the date of admission and at the
440 end of any period of extended commitment, or at any time the
441 administrator or his or her designee determines that the
442 defendant has regained competency to proceed or no longer meets
443 the criteria for continued commitment, the administrator or
444 designee shall file a report with the court pursuant to the
445 applicable Florida Rules of Criminal Procedure.



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446 (b) A competency hearing must ~~shall~~ be held within 30 days
447 after the court receives notification that the defendant is
448 competent to proceed or no longer meets the criteria for
449 continued commitment. The defendant must be transported to the
450 committing court's jurisdiction for the hearing. If the
451 defendant is receiving psychotropic medication at a mental
452 health facility at the time he or she is discharged and
453 transferred to the jail, the administering of such medication
454 must continue unless the jail physician documents the need to
455 change or discontinue it. The jail and department physicians
456 shall collaborate to ensure that medication changes do not
457 adversely affect the defendant's mental health status or his or
458 her ability to continue with court proceedings; however, the
459 final authority regarding the administering of medication to an
460 inmate in jail rests with the jail physician.

461 Section 16. Subsections (3) and (5) of section 916.15,
462 Florida Statutes, are amended to read:

463 916.15 Involuntary commitment of defendant adjudicated not
464 guilty by reason of insanity.—

465 (3) Every defendant acquitted of criminal charges by reason
466 of insanity and found to meet the criteria for involuntary
467 commitment may be committed and treated in accordance with ~~the~~
468 ~~provisions of~~ this section and the applicable Florida Rules of
469 Criminal Procedure. The department shall admit a defendant so
470 adjudicated to an appropriate facility or program for treatment
471 and shall retain and treat such defendant. No later than 6
472 months after the date of admission, prior to the end of any
473 period of extended commitment, or at any time that the
474 administrator or his or her designee determines ~~shall have~~



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475 ~~determined~~ that the defendant no longer meets the criteria for
476 continued commitment placement, the administrator or designee
477 shall file a report with the court pursuant to the applicable
478 Florida Rules of Criminal Procedure. Within 2 business days
479 after receipt of a commitment order and other required documents
480 as stipulated in rule, the department must request from the jail
481 any and all medical information pertaining to the defendant.
482 Within 3 business days after receipt of such a request, the jail
483 shall provide such information to the department.

484 (5) The commitment hearing shall be held within 30 days
485 after the court receives notification that the defendant no
486 longer meets the criteria for continued commitment. The
487 defendant must be transported to the committing court's
488 jurisdiction for the hearing. If the defendant is receiving
489 psychotropic medication at a mental health facility at the time
490 he or she is discharged and transferred to the jail, the
491 administering of such medication must continue unless the jail
492 physician documents the need to change or discontinue it. The
493 jail and department physicians shall collaborate to ensure that
494 medication changes do not adversely affect the defendant's
495 mental health status or his or her ability to continue with
496 court proceedings; however, the final authority regarding the
497 administering of medication to an inmate in jail rests with the
498 jail physician.

499 Section 17. Present subsection (28) of section 1002.33,
500 Florida Statutes, is redesignated as subsection (29), and a new
501 subsection (28) is added to that section, to read:

502 1002.33 Charter schools.—

503 (28) CONTINUING EDUCATION AND INSERVICE TRAINING FOR YOUTH



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504 SUICIDE AWARENESS AND PREVENTION.—

505 (a) By October 1, 2020, every charter school must:

506 1. Incorporate 2 hours of training offered pursuant to s.
507 1012.583. The training must be included in the existing
508 continuing education or inservice training requirements for
509 instructional personnel and may not add to the total hours
510 currently required by the department. Every charter school must
511 require all instructional personnel to participate.

512 2. Have at least two school-based staff members certified
513 or otherwise deemed competent in the use of a suicide screening
514 instrument approved under s. 1012.583(1) and have a policy to
515 use such suicide risk screening instrument to evaluate a
516 student's suicide risk before requesting the initiation of, or
517 initiating, an involuntary examination due to concerns about
518 that student's suicide risk.

519 (b) Every charter school must report its compliance with
520 this subsection to the department.

521 Section 18. Subsections (2) and (3) of section 1012.583,
522 Florida Statutes, are amended to read:

523 1012.583 Continuing education and inservice training for
524 youth suicide awareness and prevention.—

525 (2) By October 1, 2020, every public school must ~~A school~~
526 ~~shall be considered a "Suicide Prevention Certified School" if~~
527 ~~it:~~

528 (a) Incorporate ~~Incorporates~~ 2 hours of training offered
529 pursuant to this section. The training must be included in the
530 existing continuing education or inservice training requirements
531 for instructional personnel and may not add to the total hours
532 currently required by the department. Every public school ~~A~~



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533 ~~school that chooses to participate in the training~~ must require
534 all instructional personnel to participate.

535 (b) Have ~~Has~~ at least two school-based staff members
536 certified or otherwise deemed competent in the use of a suicide
537 screening instrument approved under subsection (1) and have ~~has~~
538 a policy to use such suicide risk screening instrument to
539 evaluate a student's suicide risk before requesting the
540 initiation of, or initiating, an involuntary examination due to
541 concerns about that student's suicide risk.

542 (3) Every public school ~~A school that meets the criteria in~~
543 ~~subsection (2)~~ must report its compliance with this section to
544 the department. ~~The department shall keep an updated record of~~
545 ~~all Suicide Prevention Certified Schools and shall post the list~~
546 ~~of these schools on the department's website. Each school shall~~
547 ~~also post on its own website whether it is a Suicide Prevention~~
548 ~~Certified School, and each school district shall post on its~~
549 ~~district website a list of the Suicide Prevention Certified~~
550 ~~Schools in that district.~~

551 Section 19. Paragraph (a) of subsection (3) of section
552 39.407, Florida Statutes, is amended to read:

553 39.407 Medical, psychiatric, and psychological examination
554 and treatment of child; physical, mental, or substance abuse
555 examination of person with or requesting child custody.—

556 (3) (a) 1. Except as otherwise provided in subparagraph (b) 1.
557 or paragraph (e), before the department provides psychotropic
558 medications to a child in its custody, the prescribing physician
559 or a psychiatric nurse, as defined in s. 394.455, shall attempt
560 to obtain express and informed consent, as defined in s.
561 394.455(16) ~~s. 394.455(15)~~ and as described in s. 394.459(3) (a),



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562 from the child's parent or legal guardian. The department must
563 take steps necessary to facilitate the inclusion of the parent
564 in the child's consultation with the physician or psychiatric
565 nurse, as defined in s. 394.455. However, if the parental rights
566 of the parent have been terminated, the parent's location or
567 identity is unknown or cannot reasonably be ascertained, or the
568 parent declines to give express and informed consent, the
569 department may, after consultation with the prescribing
570 physician or psychiatric nurse, as defined in s. 394.455, seek
571 court authorization to provide the psychotropic medications to
572 the child. Unless parental rights have been terminated and if it
573 is possible to do so, the department shall continue to involve
574 the parent in the decisionmaking process regarding the provision
575 of psychotropic medications. If, at any time, a parent whose
576 parental rights have not been terminated provides express and
577 informed consent to the provision of a psychotropic medication,
578 the requirements of this section that the department seek court
579 authorization do not apply to that medication until such time as
580 the parent no longer consents.

581 2. Any time the department seeks a medical evaluation to
582 determine the need to initiate or continue a psychotropic
583 medication for a child, the department must provide to the
584 evaluating physician or psychiatric nurse, as defined in s.
585 394.455, all pertinent medical information known to the
586 department concerning that child.

587 Section 20. Subsection (3) of section 394.495, Florida
588 Statutes, are amended to read:

589 394.495 Child and adolescent mental health system of care;
590 programs and services.-



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591 (3) Assessments must be performed by:
592 (a) A professional as defined in s. 394.455(5), (7), (33)
593 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~;

594 (b) A professional licensed under chapter 491; or
595 (c) A person who is under the direct supervision of a
596 qualified professional as defined in s. 394.455(5), (7), (33)
597 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under
598 chapter 491.

599 Section 21. Subsection (5) of section 394.496, Florida
600 Statutes, is amended to read:

601 394.496 Service planning.—

602 (5) A professional as defined in s. 394.455(5), (7), (33)
603 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under
604 chapter 491 must be included among those persons developing the
605 services plan.

606 Section 22. Paragraph (a) of subsection (1) of section
607 394.674, Florida Statutes, is amended to read:

608 394.674 Eligibility for publicly funded substance abuse and
609 mental health services; fee collection requirements.—

610 (1) To be eligible to receive substance abuse and mental
611 health services funded by the department, an individual must be
612 a member of at least one of the department's priority
613 populations approved by the Legislature. The priority
614 populations include:

615 (a) For adult mental health services:

616 1. Adults who have severe and persistent mental illness, as
617 designated by the department using criteria that include
618 severity of diagnosis, duration of the mental illness, ability
619 to independently perform activities of daily living, and receipt



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620 of disability income for a psychiatric condition. Included
621 within this group are:

622 a. Older adults in crisis.

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

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

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

628 e. Persons diagnosed as having co-occurring mental illness
629 and substance abuse disorders.

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

632 Section 23. Subsection (3) of section 394.74, Florida
633 Statutes, is amended to read:

634 394.74 Contracts for provision of local substance abuse and
635 mental health programs.—

636 (3) Contracts shall include, but are not limited to:

637 (a) A provision that, within the limits of available
638 resources, substance abuse and mental health crisis services, as
639 defined in s. 394.67(4) ~~s. 394.67(3)~~, shall be available to any
640 individual residing or employed within the service area,
641 regardless of ability to pay for such services, current or past
642 health condition, or any other factor;

643 (b) A provision that such services be available with
644 priority of attention being given to individuals who exhibit
645 symptoms of chronic or acute substance abuse or mental illness
646 and who are unable to pay the cost of receiving such services;

647 (c) A provision that every reasonable effort to collect
648 appropriate reimbursement for the cost of providing substance



649 abuse and mental health services to persons able to pay for
650 services, including first-party payments and third-party
651 payments, shall be made by facilities providing services
652 pursuant to this act;

653 (d) A program description and line-item operating budget by
654 program service component for substance abuse and mental health
655 services, provided the entire proposed operating budget for the
656 service provider will be displayed;

657 (e) A provision that client demographic, service, and
658 outcome information required for the department's Mental Health
659 and Substance Abuse Data System be submitted to the department
660 by a date specified in the contract. The department may not pay
661 the provider unless the required information has been submitted
662 by the specified date; and

663 (f) A requirement that the contractor must conform to
664 department rules and the priorities established thereunder.

665 Section 24. Subsection (6) of section 394.9085, Florida
666 Statutes, is amended to read:

667 394.9085 Behavioral provider liability.—

668 (6) For purposes of this section, the terms "detoxification
669 services," "addictions receiving facility," and "receiving
670 facility" have the same meanings as those provided in ss.
671 397.311(26)(a)3. ~~ss. 397.311(26)(a)4.~~, 397.311(26)(a)1., and
672 394.455(40) ~~394.455(39)~~,

673
674 ===== T I T L E A M E N D M E N T =====

675 And the title is amended as follows:

676 Delete lines 2 - 75

677 and insert:



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678 An act relating to mental health and substance abuse;
679 amending s. 14.2019, F.S.; providing additional duties
680 for the Statewide Office for Suicide Prevention;
681 establishing the First Responders Suicide Deterrence
682 Task Force adjunct to the office; specifying the task
683 force's purpose; providing for the composition and the
684 duties of the task force; requiring the task force to
685 submit reports to the Governor and the Legislature on
686 an annual basis; providing for future repeal; amending
687 s. 14.20195, F.S.; providing additional duties for the
688 Suicide Prevention Coordinating Council; revising the
689 composition of the council; amending s. 334.044, F.S.;
690 requiring the Department of Transportation to work
691 with the office in developing a plan relating to
692 evidence-based suicide deterrents in certain
693 locations; amending s. 394.455, F.S.; defining the
694 term "coordinated specialty care program"; revising
695 the definition of the term "mental illness"; amending
696 s. 394.4573, F.S.; revising the requirements for the
697 annual state behavioral health services assessment;
698 revising the essential elements of a coordinated
699 system of care; amending s. 394.463, F.S.; requiring
700 that certain information be provided to the guardian
701 or representative of a minor patient released from
702 involuntary examination; amending s. 394.658, F.S.;
703 revising the application criteria for the Criminal
704 Justice, Mental Health, and Substance Abuse
705 Reinvestment Grant Program to include support for
706 coordinated specialty care programs; amending s.



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707 394.67, F.S.; defining the term "coordinated specialty
708 care program"; amending s. 397.311, F.S.; redefining
709 the term "medication-assisted treatment opiate
710 addiction" as "medication-assisted treatment for
711 opioid use disorders"; amending s. 397.321, F.S.;
712 deleting a provision requiring the Department of
713 Children and Families to develop a certification
714 process by rule for community substance abuse
715 prevention coalitions; amending s. 397.4012, F.S.;
716 revising applicability for certain licensure
717 exemptions; creating s. 456.0342, F.S.; providing
718 applicability; requiring specified persons to complete
719 certain suicide prevention education courses by a
720 specified date; requiring certain boards to include
721 the hours for such courses in the total hours of
722 continuing education required for the profession;
723 creating s. 786.1516, F.S.; defining the terms
724 "emergency care" and "suicide emergency"; providing
725 that persons providing certain emergency care are not
726 liable for civil damages or penalties under certain
727 circumstances; amending s. 916.106, F.S.; revising the
728 definition of the term "mental illness"; amending ss.
729 916.13 and 916.15, F.S.; requiring the department to
730 request a defendant's medical information from a jail
731 within a certain timeframe after receiving a
732 commitment order and other required documentation;
733 requiring the jail to provide such information within
734 a certain timeframe; requiring the continued
735 administration of psychotropic medication to a



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736 defendant if he or she is receiving such medication at
737 a mental health facility at the time that he or she is
738 discharged and transferred to the jail; providing an
739 exception; requiring the jail and department
740 physicians to collaborate on a defendant's medication
741 changes for certain purposes; specifying that the jail
742 physician has the final authority regarding the
743 administering of medication to an inmate; amending ss.
744 1002.33 and 1012.583, F.S.; requiring charter schools
745 and public schools, respectively, to incorporate
746 certain training on suicide prevention in continuing
747 education and inservice training requirements;
748 providing that such schools must require all
749 instructional personnel to participate in the
750 training; requiring such schools to have a specified
751 minimum number of staff members who are certified or
752 deemed competent in the use of suicide screening
753 instruments; requiring such schools to have a policy
754 for such instruments; requiring such schools to report
755 certain compliance to the Department of Education;
756 conforming provisions to changes made by the act;
757 amending ss. 39.407, 394.495, 394.496, 394.674,
758 394.74, 394.9085,