

**By** the Committees on Appropriations; and Children, Families, and Elder Affairs; and Senator Rouson

576-04310-20

20207012c1

1                                   A bill to be entitled  
2           An act relating to mental health and substance abuse;  
3           amending s. 14.2019, F.S.; providing additional duties  
4           for the Statewide Office for Suicide Prevention;  
5           establishing the First Responders Suicide Deterrence  
6           Task Force adjunct to the office; specifying the task  
7           force's purpose; providing for the composition and the  
8           duties of the task force; requiring the task force to  
9           submit reports to the Governor and the Legislature on  
10          an annual basis; providing for future repeal; amending  
11          s. 14.20195, F.S.; providing additional duties for the  
12          Suicide Prevention Coordinating Council; revising the  
13          composition of the council; amending s. 334.044, F.S.;  
14          requiring the Department of Transportation to work  
15          with the office in developing a plan relating to  
16          evidence-based suicide deterrents in certain  
17          locations; amending s. 394.455, F.S.; defining the  
18          term "coordinated specialty care program"; revising  
19          the definition of the term "mental illness"; amending  
20          s. 394.4573, F.S.; revising the requirements for the  
21          annual state behavioral health services assessment;  
22          revising the essential elements of a coordinated  
23          system of care; amending s. 394.463, F.S.; requiring  
24          that certain information be provided to the guardian  
25          or representative of a minor patient released from  
26          involuntary examination; amending s. 394.658, F.S.;  
27          revising the application criteria for the Criminal  
28          Justice, Mental Health, and Substance Abuse  
29          Reinvestment Grant Program to include support for

576-04310-20

20207012c1

30 coordinated specialty care programs; amending s.  
31 394.67, F.S.; defining the term "coordinated specialty  
32 care program"; amending s. 397.311, F.S.; redefining  
33 the term "medication-assisted treatment opiate  
34 addiction" as "medication-assisted treatment for  
35 opioid use disorders"; amending s. 397.321, F.S.;  
36 deleting a provision requiring the Department of  
37 Children and Families to develop a certification  
38 process by rule for community substance abuse  
39 prevention coalitions; amending s. 397.4012, F.S.;  
40 revising applicability for certain licensure  
41 exemptions; creating s. 456.0342, F.S.; providing  
42 applicability; requiring specified persons to complete  
43 certain suicide prevention education courses by a  
44 specified date; requiring certain boards to include  
45 the hours for such courses in the total hours of  
46 continuing education required for the profession;  
47 creating s. 786.1516, F.S.; defining the terms  
48 "emergency care" and "suicide emergency"; providing  
49 that persons providing certain emergency care are not  
50 liable for civil damages or penalties under certain  
51 circumstances; amending s. 916.106, F.S.; revising the  
52 definition of the term "mental illness"; amending ss.  
53 916.13 and 916.15, F.S.; requiring the department to  
54 request a defendant's medical information from a jail  
55 within a certain timeframe after receiving a  
56 commitment order and other required documentation;  
57 requiring the jail to provide such information within  
58 a certain timeframe; requiring the continued

576-04310-20

20207012c1

59 administration of psychotropic medication to a  
60 defendant if he or she is receiving such medication at  
61 a mental health facility at the time that he or she is  
62 discharged and transferred to the jail; providing an  
63 exception; requiring the jail and department  
64 physicians to collaborate on a defendant's medication  
65 changes for certain purposes; specifying that the jail  
66 physician has the final authority regarding the  
67 administering of medication to an inmate; amending ss.  
68 1002.33 and 1012.583, F.S.; requiring charter schools  
69 and public schools, respectively, to incorporate  
70 certain training on suicide prevention in continuing  
71 education and inservice training requirements;  
72 providing that such schools must require all  
73 instructional personnel to participate in the  
74 training; requiring such schools to have a specified  
75 minimum number of staff members who are certified or  
76 deemed competent in the use of suicide screening  
77 instruments; requiring such schools to have a policy  
78 for such instruments; requiring such schools to report  
79 certain compliance to the Department of Education;  
80 conforming provisions to changes made by the act;  
81 amending ss. 39.407, 394.495, 394.496, 394.674,  
82 394.74, 394.9085, 409.972, 464.012, and 744.2007,  
83 F.S.; conforming cross-references; requiring the  
84 Office of Program Policy Analysis and Government  
85 Accountability to perform a review of certain programs  
86 and efforts relating to suicide prevention programs in  
87 other states and make certain recommendations;

576-04310-20

20207012c1

88 requiring the office to submit a report to the  
89 Legislature by a specified date; providing an  
90 appropriation; authorizing positions; providing an  
91 effective date.

92

93 Be It Enacted by the Legislature of the State of Florida:

94

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

99 14.2019 Statewide Office for Suicide Prevention.—

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

101 (a) Develop a network of community-based programs to  
102 improve suicide prevention initiatives. The network shall  
103 identify and work to eliminate barriers to providing suicide  
104 prevention services to individuals who are at risk of suicide.  
105 The network shall consist of stakeholders advocating suicide  
106 prevention, including, but not limited to, not-for-profit  
107 suicide prevention organizations, faith-based suicide prevention  
108 organizations, law enforcement agencies, first responders to  
109 emergency calls, veterans, servicemembers, suicide prevention  
110 community coalitions, schools and universities, mental health  
111 agencies, substance abuse treatment agencies, health care  
112 providers, and school personnel.

113 (d) Coordinate education and training curricula in suicide  
114 prevention efforts for law enforcement personnel, first  
115 responders to emergency calls, veterans, servicemembers, health  
116 care providers, school employees, and other persons who may have

576-04310-20

20207012c1

117 contact with persons at risk of suicide.

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

120 1. Disseminating and sharing evidence-based best practices  
121 relating to suicide prevention;

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

125 (f) Advise the Department of Transportation on the  
126 implementation of evidence-based suicide deterrents in the  
127 design elements and features of infrastructure projects  
128 throughout the state.

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

132 (a) The purpose of the task force is to make  
133 recommendations on how to reduce the incidence of suicide and  
134 attempted suicide among employed or retired first responders in  
135 this state.

136 (b) The task force is composed of a representative of the  
137 statewide office and a representative of each of the following  
138 first responder organizations, nominated by the organization and  
139 appointed by the Secretary of Children and Families:

140 1. The Florida Professional Firefighters.

141 2. The Florida Police Benevolent Association.

142 3. The Florida Fraternal Order of Police: State Lodge.

143 4. The Florida Sheriffs Association.

144 5. The Florida Police Chiefs Association.

145 6. The Florida Fire Chiefs' Association.

576-04310-20

20207012c1

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

149 (d) The task force shall identify or make recommendations  
150 on developing training programs and materials that would better  
151 enable first responders to cope with personal life stressors and  
152 stress related to their profession and foster an organizational  
153 culture that:

154 1. Promotes mutual support and solidarity among active and  
155 retired first responders;

156 2. Trains agency supervisors and managers to identify  
157 suicidal risk among active and retired first responders;

158 3. Improves the use and awareness of existing resources  
159 among active and retired first responders; and

160 4. Educates active and retired first responders on suicide  
161 awareness and help-seeking.

162 (e) The task force shall identify state and federal public  
163 resources, funding and grants, first responder association  
164 resources, and private resources to implement identified  
165 training programs and materials.

166 (f) The task force shall report on its findings and  
167 recommendations for training programs and materials to deter  
168 suicide among active and retired first responders to the  
169 Governor, the President of the Senate, and the Speaker of the  
170 House of Representatives by each July 1, beginning in 2021, and  
171 through 2023.

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

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

576-04310-20

20207012c1

175 paragraph (d) is added to subsection (1) of that section, to  
176 read:

177 14.20195 Suicide Prevention Coordinating Council; creation;  
178 membership; duties.—There is created within the Statewide Office  
179 for Suicide Prevention a Suicide Prevention Coordinating  
180 Council. The council shall develop strategies for preventing  
181 suicide.

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

185 (c) Make findings and recommendations regarding suicide  
186 prevention programs and activities, including, but not limited  
187 to, the implementation of evidence-based mental health awareness  
188 and assistance training programs and gatekeeper training in  
189 municipalities throughout the state. The council shall prepare  
190 an annual report and present it to the Governor, the President  
191 of the Senate, and the Speaker of the House of Representatives  
192 by January 1, each year. The annual report must describe the  
193 status of existing and planned initiatives identified in the  
194 statewide plan for suicide prevention and any recommendations  
195 arising therefrom.

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

199 (2) MEMBERSHIP.—The Suicide Prevention Coordinating Council  
200 shall consist of 32 ~~27~~ voting members and one nonvoting member.

201 (a) Eighteen ~~Thirteen~~ members shall be appointed by the  
202 director of the Statewide Office for Suicide Prevention and  
203 shall represent the following organizations:

576-04310-20

20207012c1

- 204 1. The Florida Association of School Psychologists.
- 205 2. The Florida Sheriffs Association.
- 206 3. The Suicide Prevention Action Network USA.
- 207 4. The Florida Initiative of Suicide Prevention.
- 208 5. The Florida Suicide Prevention Coalition.
- 209 6. The American Foundation of Suicide Prevention.
- 210 7. The Florida School Board Association.
- 211 8. The National Council for Suicide Prevention.
- 212 9. The state chapter of AARP.
- 213 10. The Florida Behavioral Health Association ~~The Florida~~
- 214 ~~Alcohol and Drug Abuse Association.~~
- 215 11. ~~The Florida Council for Community Mental Health.~~
- 216 ~~12.~~ The Florida Counseling Association.
- 217 12.13. NAMI Florida.
- 218 13. The Florida Medical Association.
- 219 14. The Florida Osteopathic Medical Association.
- 220 15. The Florida Psychiatric Society.
- 221 16. The Florida Psychological Association.
- 222 17. Veterans Florida.
- 223 18. The Florida Association of Managing Entities.
- 224 (b) The following state officials or their designees shall
- 225 serve on the coordinating council:
- 226 1. The Secretary of Elderly Affairs.
- 227 2. The State Surgeon General.
- 228 3. The Commissioner of Education.
- 229 4. The Secretary of Health Care Administration.
- 230 5. The Secretary of Juvenile Justice.
- 231 6. The Secretary of Corrections.
- 232 7. The executive director of the Department of Law



576-04310-20

20207012c1

233 Enforcement.

234 8. The executive director of the Department of Veterans'  
235 Affairs.

236 9. The Secretary of Children and Families.

237 10. The executive director of the Department of Economic  
238 Opportunity.

239 (c) The Governor shall appoint four additional members to  
240 the coordinating council. The appointees must have expertise  
241 that is critical to the prevention of suicide or represent an  
242 organization that is not already represented on the coordinating  
243 council.

244 (d) For the members appointed by the director of the  
245 Statewide Office for Suicide Prevention, seven members shall be  
246 appointed to initial terms of 3 years, and seven members shall  
247 be appointed to initial terms of 4 years. For the members  
248 appointed by the Governor, two members shall be appointed to  
249 initial terms of 4 years, and two members shall be appointed to  
250 initial terms of 3 years. Thereafter, such members shall be  
251 appointed to terms of 4 years. Any vacancy on the coordinating  
252 council shall be filled in the same manner as the original  
253 appointment, and any member who is appointed to fill a vacancy  
254 occurring because of death, resignation, or ineligibility for  
255 membership shall serve only for the unexpired term of the  
256 member's predecessor. A member is eligible for reappointment.

257 (e) The director of the Statewide Office for Suicide  
258 Prevention shall be a nonvoting member of the coordinating  
259 council and shall act as chair.

260 (f) Members of the coordinating council shall serve without  
261 compensation. Any member of the coordinating council who is a

576-04310-20

20207012c1

262 public employee is entitled to reimbursement for per diem and  
263 travel expenses as provided in s. 112.061.

264 Section 3. Present paragraph (c) of subsection (10) of  
265 section 334.044, Florida Statutes, is redesignated as paragraph  
266 (d), and a new paragraph (c) is added to that subsection, to  
267 read:

268 334.044 Powers and duties of the department.—The department  
269 shall have the following general powers and duties:

270 (10)

271 (c) The department shall work with the Statewide Office for  
272 Suicide Prevention in developing a plan to consider the  
273 implementation of evidence-based suicide deterrents on all new  
274 infrastructure projects.

275 Section 4. Present subsections (10) through (48) of section  
276 394.455, Florida Statutes, are redesignated as subsections (11)  
277 through (49), respectively, a new subsection (10) is added to  
278 that section, and present subsection (28) of that section is  
279 amended, to read:

280 394.455 Definitions.—As used in this part, the term:

281 (10) "Coordinated specialty care program" means an  
282 evidence-based program for individuals who are experiencing the  
283 early indications of serious mental illness, especially symptoms  
284 of a first psychotic episode, and which includes, but is not  
285 limited to, intensive case management, individual or group  
286 therapy, supported employment, family education and supports,  
287 and the provision of appropriate psychotropic medication as  
288 needed.

289 (29)~~(28)~~ "Mental illness" means an impairment of the mental  
290 or emotional processes that exercise conscious control of one's

576-04310-20

20207012c1

291 actions or of the ability to perceive or understand reality,  
292 which impairment substantially interferes with the person's  
293 ability to meet the ordinary demands of living. For the purposes  
294 of this part, the term does not include a developmental  
295 disability as defined in chapter 393, intoxication, or  
296 conditions manifested only by dementia, traumatic brain injury,  
297 antisocial behavior, or substance abuse.

298 Section 5. Section 394.4573, Florida Statutes, is amended  
299 to read:

300 394.4573 Coordinated system of care; annual assessment;  
301 essential elements; measures of performance; system improvement  
302 grants; reports.—On or before December 1 of each year, the  
303 department shall submit to the Governor, the President of the  
304 Senate, and the Speaker of the House of Representatives an  
305 assessment of the behavioral health services in this state. The  
306 assessment shall consider, at a minimum, the extent to which  
307 designated receiving systems function as no-wrong-door models,  
308 the availability of treatment and recovery services that use  
309 recovery-oriented and peer-involved approaches, the availability  
310 of less-restrictive services, and the use of evidence-informed  
311 practices. The assessment must also consider the availability of  
312 and access to coordinated specialty care programs and identify  
313 any gaps in the availability of and access to such programs in  
314 the state. The department's assessment shall consider, at a  
315 minimum, the needs assessments conducted by the managing  
316 entities pursuant to s. 394.9082(5). Beginning in 2017, the  
317 department shall compile and include in the report all plans  
318 submitted by managing entities pursuant to s. 394.9082(8) and  
319 the department's evaluation of each plan.

576-04310-20

20207012c1

320 (1) As used in this section:

321 (a) "Care coordination" means the implementation of  
322 deliberate and planned organizational relationships and service  
323 procedures that improve the effectiveness and efficiency of the  
324 behavioral health system by engaging in purposeful interactions  
325 with individuals who are not yet effectively connected with  
326 services to ensure service linkage. Examples of care  
327 coordination activities include development of referral  
328 agreements, shared protocols, and information exchange  
329 procedures. The purpose of care coordination is to enhance the  
330 delivery of treatment services and recovery supports and to  
331 improve outcomes among priority populations.

332 (b) "Case management" means those direct services provided  
333 to a client in order to assess his or her needs, plan or arrange  
334 services, coordinate service providers, link the service system  
335 to a client, monitor service delivery, and evaluate patient  
336 outcomes to ensure the client is receiving the appropriate  
337 services.

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

343 (d) "No-wrong-door model" means a model for the delivery of  
344 acute care services to persons who have mental health or  
345 substance use disorders, or both, which optimizes access to  
346 care, regardless of the entry point to the behavioral health  
347 care system.

348 (2) The essential elements of a coordinated system of care

576-04310-20

20207012c1

349 include:

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

353 (b) A designated receiving system that consists of one or  
354 more facilities serving a defined geographic area and  
355 responsible for assessment and evaluation, both voluntary and  
356 involuntary, and treatment or triage of patients who have a  
357 mental health or substance use disorder, or co-occurring  
358 disorders.

359 1. A county or several counties shall plan the designated  
360 receiving system using a process that includes the managing  
361 entity and is open to participation by individuals with  
362 behavioral health needs and their families, service providers,  
363 law enforcement agencies, and other parties. The county or  
364 counties, in collaboration with the managing entity, shall  
365 document the designated receiving system through written  
366 memoranda of agreement or other binding arrangements. The county  
367 or counties and the managing entity shall complete the plan and  
368 implement the designated receiving system by July 1, 2017, and  
369 the county or counties and the managing entity shall review and  
370 update, as necessary, the designated receiving system at least  
371 once every 3 years.

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

576-04310-20

20207012c1

378 a. A central receiving system that consists of a designated  
379 central receiving facility that serves as a single entry point  
380 for persons with mental health or substance use disorders, or  
381 co-occurring disorders. The central receiving facility shall be  
382 capable of assessment, evaluation, and triage or treatment or  
383 stabilization of persons with mental health or substance use  
384 disorders, or co-occurring disorders.

385 b. A coordinated receiving system that consists of multiple  
386 entry points that are linked by shared data systems, formal  
387 referral agreements, and cooperative arrangements for care  
388 coordination and case management. Each entry point shall be a  
389 designated receiving facility and shall, within existing  
390 resources, provide or arrange for necessary services following  
391 an initial assessment and evaluation.

392 c. A tiered receiving system that consists of multiple  
393 entry points, some of which offer only specialized or limited  
394 services. Each service provider shall be classified according to  
395 its capabilities as either a designated receiving facility or  
396 another type of service provider, such as a triage center, a  
397 licensed detoxification facility, or an access center. All  
398 participating service providers shall, within existing  
399 resources, be linked by methods to share data, formal referral  
400 agreements, and cooperative arrangements for care coordination  
401 and case management.

402  
403 An accurate inventory of the participating service providers  
404 which specifies the capabilities and limitations of each  
405 provider and its ability to accept patients under the designated  
406 receiving system agreements and the transportation plan

576-04310-20

20207012c1

407 developed pursuant to this section shall be maintained and made  
408 available at all times to all first responders in the service  
409 area.

410 (c) Transportation in accordance with a plan developed  
411 under s. 394.462.

412 (d) Crisis services, including mobile response teams,  
413 crisis stabilization units, addiction receiving facilities, and  
414 detoxification facilities.

415 (e) Case management. Each case manager or person directly  
416 supervising a case manager who provides Medicaid-funded targeted  
417 case management services shall hold a valid certification from a  
418 department-approved credentialing entity as defined in s.  
419 397.311(10) by July 1, 2017, and, thereafter, within 6 months  
420 after hire.

421 (f) Care coordination that involves coordination with other  
422 local systems and entities, public and private, which are  
423 involved with the individual, such as primary care, child  
424 welfare, behavioral health care, and criminal and juvenile  
425 justice organizations.

426 (g) Outpatient services.

427 (h) Residential services.

428 (i) Hospital inpatient care.

429 (j) Aftercare and other postdischarge services.

430 (k) Medication-assisted treatment and medication  
431 management.

432 (l) Recovery support, including, but not limited to,  
433 support for competitive employment, educational attainment,  
434 independent living skills development, family support and  
435 education, wellness management and self-care, and assistance in

576-04310-20

20207012c1

436 obtaining housing that meets the individual's needs. Such  
437 housing may include mental health residential treatment  
438 facilities, limited mental health assisted living facilities,  
439 adult family care homes, and supportive housing. Housing  
440 provided using state funds must provide a safe and decent  
441 environment free from abuse and neglect.

442 (m) Care plans shall assign specific responsibility for  
443 initial and ongoing evaluation of the supervision and support  
444 needs of the individual and the identification of housing that  
445 meets such needs. For purposes of this paragraph, the term  
446 "supervision" means oversight of and assistance with compliance  
447 with the clinical aspects of an individual's care plan.

448 (n) Coordinated specialty care programs.

449 (3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific  
450 appropriation by the Legislature, the department may award  
451 system improvement grants to managing entities based on a  
452 detailed plan to enhance services in accordance with the no-  
453 wrong-door model as defined in subsection (1) and to address  
454 specific needs identified in the assessment prepared by the  
455 department pursuant to this section. Such a grant must be  
456 awarded through a performance-based contract that links payments  
457 to the documented and measurable achievement of system  
458 improvements.

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

461 394.463 Involuntary examination.—

462 (3) NOTICE OF RELEASE.—Notice of the release shall be given  
463 to the patient's guardian or representative, to any person who  
464 executed a certificate admitting the patient to the receiving



576-04310-20

20207012c1

465 facility, and to any court which ordered the patient's  
466 evaluation. If the patient is a minor, information regarding the  
467 availability of a local mobile response service, suicide  
468 prevention resources, social supports, and local self-help  
469 groups must also be provided to the patient's guardian or  
470 representative along with the notice of the release.

471 Section 7. Paragraph (b) of subsection (1) of section  
472 394.658, Florida Statutes, is amended to read:

473 394.658 Criminal Justice, Mental Health, and Substance  
474 Abuse Reinvestment Grant Program requirements.—

475 (1) The Criminal Justice, Mental Health, and Substance  
476 Abuse Statewide Grant Review Committee, in collaboration with  
477 the Department of Children and Families, the Department of  
478 Corrections, the Department of Juvenile Justice, the Department  
479 of Elderly Affairs, and the Office of the State Courts  
480 Administrator, shall establish criteria to be used to review  
481 submitted applications and to select the county that will be  
482 awarded a 1-year planning grant or a 3-year implementation or  
483 expansion grant. A planning, implementation, or expansion grant  
484 may not be awarded unless the application of the county meets  
485 the established criteria.

486 (b) The application criteria for a 3-year implementation or  
487 expansion grant shall require information from a county that  
488 demonstrates its completion of a well-established collaboration  
489 plan that includes public-private partnership models and the  
490 application of evidence-based practices. The implementation or  
491 expansion grants may support programs and diversion initiatives  
492 that include, but need not be limited to:

493 1. Mental health courts;

576-04310-20

20207012c1

- 494 2. Diversion programs;
- 495 3. Alternative prosecution and sentencing programs;
- 496 4. Crisis intervention teams;
- 497 5. Treatment accountability services;
- 498 6. Specialized training for criminal justice, juvenile
- 499 justice, and treatment services professionals;
- 500 7. Service delivery of collateral services such as housing,
- 501 transitional housing, and supported employment; ~~and~~
- 502 8. Reentry services to create or expand mental health and
- 503 substance abuse services and supports for affected persons; and
- 504 9. Coordinated specialty care programs.

505 Section 8. Present subsections (3) through (24) of section

506 394.67, Florida Statutes, are redesignated as subsections (4)

507 through (25), respectively, a new subsection (3) is added to

508 that section, and present subsection (3) is amended, to read:

509 394.67 Definitions.—As used in this part, the term:

510 (3) "Coordinated specialty care program" means an evidence-

511 based program for individuals who are experiencing the early

512 indications of serious mental illness, especially symptoms of a

513 first psychotic episode, and which includes, but is not limited

514 to, intensive case management, individual or group therapy,

515 supported employment, family education and supports, and the

516 provision of appropriate psychotropic medication as needed.

517 (4)~~(3)~~ "Crisis services" means short-term evaluation,

518 stabilization, and brief intervention services provided to a

519 person who is experiencing an acute mental or emotional crisis,

520 as defined in subsection (18) ~~(17)~~, or an acute substance abuse

521 crisis, as defined in subsection (19) ~~(18)~~, to prevent further

522 deterioration of the person's mental health. Crisis services are

576-04310-20

20207012c1

523 provided in settings such as a crisis stabilization unit, an  
524 inpatient unit, a short-term residential treatment program, a  
525 detoxification facility, or an addictions receiving facility; at  
526 the site of the crisis by a mobile crisis response team; or at a  
527 hospital on an outpatient basis.

528 Section 9. Paragraph (a) of subsection (26) of section  
529 397.311, Florida Statutes, is amended to read:

530 397.311 Definitions.—As used in this chapter, except part  
531 VIII, the term:

532 (26) Licensed service components include a comprehensive  
533 continuum of accessible and quality substance abuse prevention,  
534 intervention, and clinical treatment services, including the  
535 following services:

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

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

548 2. "Day or night treatment" is a service provided in a  
549 nonresidential environment, with a structured schedule of  
550 treatment and rehabilitative services.

551 3. "Day or night treatment with community housing" means a

576-04310-20

20207012c1

552 program intended for individuals who can benefit from living  
553 independently in peer community housing while participating in  
554 treatment services for a minimum of 5 hours a day for a minimum  
555 of 25 hours per week.

556 4. "Detoxification" is a service involving subacute care  
557 that is provided on an inpatient or an outpatient basis to  
558 assist individuals to withdraw from the physiological and  
559 psychological effects of substance abuse and who meet the  
560 placement criteria for this component.

561 5. "Intensive inpatient treatment" includes a planned  
562 regimen of evaluation, observation, medical monitoring, and  
563 clinical protocols delivered through an interdisciplinary team  
564 approach provided 24 hours per day, 7 days per week, in a highly  
565 structured, live-in environment.

566 6. "Intensive outpatient treatment" is a service that  
567 provides individual or group counseling in a more structured  
568 environment, is of higher intensity and duration than outpatient  
569 treatment, and is provided to individuals who meet the placement  
570 criteria for this component.

571 7. "Medication-assisted treatment for opioid use disorders  
572 ~~opiate addiction~~" is a service that uses methadone or other  
573 medication as authorized by state and federal law, in  
574 combination with medical, rehabilitative, supportive, and  
575 counseling services in the treatment of individuals who are  
576 dependent on opioid drugs.

577 8. "Outpatient treatment" is a service that provides  
578 individual, group, or family counseling by appointment during  
579 scheduled operating hours for individuals who meet the placement  
580 criteria for this component.

576-04310-20

20207012c1

581 9. "Residential treatment" is a service provided in a  
582 structured live-in environment within a nonhospital setting on a  
583 24-hours-per-day, 7-days-per-week basis, and is intended for  
584 individuals who meet the placement criteria for this component.

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

587 397.321 Duties of the department.—The department shall:

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

590 Section 11. Section 397.4012, Florida Statutes, is amended  
591 to read:

592 397.4012 Exemptions from licensure.—The following are  
593 exempt from the licensing provisions of this chapter:

594 (1) A hospital or hospital-based component licensed under  
595 chapter 395.

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

597 (3) A substance abuse education program established  
598 pursuant to s. 1003.42.

599 (4) A facility or institution operated by the Federal  
600 Government.

601 (5) A physician or physician assistant licensed under  
602 chapter 458 or chapter 459.

603 (6) A psychologist licensed under chapter 490.

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

606 (8) A legally cognizable church or nonprofit religious  
607 organization or denomination providing substance abuse services,  
608 including prevention services, which are solely religious,  
609 spiritual, or ecclesiastical in nature. A church or nonprofit

576-04310-20

20207012c1

610 religious organization or denomination providing any of the  
611 licensed service components itemized under s. 397.311(26) is not  
612 exempt from substance abuse licensure but retains its exemption  
613 with respect to all services which are solely religious,  
614 spiritual, or ecclesiastical in nature.

615 (9) Facilities licensed under chapter 393 which, in  
616 addition to providing services to persons with developmental  
617 disabilities, also provide services to persons developmentally  
618 at risk as a consequence of exposure to alcohol or other legal  
619 or illegal drugs while in utero.

620 (10) DUI education and screening services provided pursuant  
621 to ss. 316.192, 316.193, 322.095, 322.271, and 322.291. Persons  
622 or entities providing treatment services must be licensed under  
623 this chapter unless exempted from licensing as provided in this  
624 section.

625 (11) A facility licensed under s. 394.875 as a crisis  
626 stabilization unit.

627  
628 The exemptions from licensure in subsections (3), (4), (8), (9),  
629 and (10) ~~this section~~ do not apply to any service provider that  
630 receives an appropriation, grant, or contract from the state to  
631 operate as a service provider as defined in this chapter or to  
632 any substance abuse program regulated under ~~pursuant to~~ s.  
633 397.4014. Furthermore, this chapter may not be construed to  
634 limit the practice of a physician or physician assistant  
635 licensed under chapter 458 or chapter 459, a psychologist  
636 licensed under chapter 490, a psychotherapist licensed under  
637 chapter 491, or an advanced practice registered nurse licensed  
638 under part I of chapter 464, who provides substance abuse

576-04310-20

20207012c1

639 treatment, so long as the physician, physician assistant,  
640 psychologist, psychotherapist, or advanced practice registered  
641 nurse does not represent to the public that he or she is a  
642 licensed service provider and does not provide services to  
643 individuals under ~~pursuant to~~ part V of this chapter. Failure to  
644 comply with any requirement necessary to maintain an exempt  
645 status under this section is a misdemeanor of the first degree,  
646 punishable as provided in s. 775.082 or s. 775.083.

647 Section 12. Section 456.0342, Florida Statutes, is created  
648 to read:

649 456.0342 Required instruction on suicide prevention.—The  
650 requirements of this section apply to each person licensed or  
651 certified under chapter 458, chapter 459, or part I of chapter  
652 464.

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

657 (2) Each licensing board that requires a licensee or  
658 certificateholder to complete a course pursuant to this section  
659 must include the hours required for completion in the total  
660 hours of continuing education required by law for such  
661 profession.

662 Section 13. Section 786.1516, Florida Statutes, is created  
663 to read:

664 786.1516 Immunity for providing assistance in a suicide  
665 emergency.—

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

667 (a) "Emergency care" means assistance or advice offered to

576-04310-20

20207012c1

668 avoid, mitigate, or attempt to mitigate the effects of a suicide  
669 emergency.

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

673 (2) A person who provides emergency care at or near the  
674 scene of a suicide emergency, gratuitously and in good faith, is  
675 not liable for any civil damages or penalties as a result of any  
676 act or omission by the person providing the emergency care  
677 unless the person is grossly negligent or caused the suicide  
678 emergency.

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

681 916.106 Definitions.—For the purposes of this chapter, the  
682 term:

683 (14) "Mental illness" means an impairment of the emotional  
684 processes that exercise conscious control of one's actions, or  
685 of the ability to perceive or understand reality, which  
686 impairment substantially interferes with the defendant's ability  
687 to meet the ordinary demands of living. For the purposes of this  
688 chapter, the term does not apply to defendants who have only an  
689 intellectual disability or autism or a defendant with traumatic  
690 brain injury or dementia who lacks a co-occurring mental  
691 illness, and does not include intoxication or conditions  
692 manifested only by antisocial behavior or substance abuse  
693 impairment.

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

696 916.13 Involuntary commitment of defendant adjudicated



576-04310-20

20207012c1

697 incompetent.—

698 (2) A defendant who has been charged with a felony, ~~and who~~  
699 has been adjudicated incompetent to proceed due to mental  
700 illness, and ~~who~~ meets the criteria for involuntary commitment  
701 under this chapter, ~~may~~ be committed to the department, and the  
702 department shall retain and treat the defendant. Within 2  
703 business days after receipt of a commitment order and other  
704 required documents as stipulated in rule, the department must  
705 request from the jail any and all medical information pertaining  
706 to the defendant. Within 3 business days after receipt of such a  
707 request, the jail shall provide such information to the  
708 department.

709 (a) Within 6 months after the date of admission and at the  
710 end of any period of extended commitment, or at any time the  
711 administrator or his or her designee determines that the  
712 defendant has regained competency to proceed or no longer meets  
713 the criteria for continued commitment, the administrator or  
714 designee shall file a report with the court pursuant to the  
715 applicable Florida Rules of Criminal Procedure.

716 (b) A competency hearing must ~~shall~~ be held within 30 days  
717 after the court receives notification that the defendant is  
718 competent to proceed or no longer meets the criteria for  
719 continued commitment. The defendant must be transported to the  
720 committing court's jurisdiction for the hearing. If the  
721 defendant is receiving psychotropic medication at a mental  
722 health facility at the time he or she is discharged and  
723 transferred to the jail, the administering of such medication  
724 must continue unless the jail physician documents the need to  
725 change or discontinue it. The jail and department physicians

576-04310-20

20207012c1

726 shall collaborate to ensure that medication changes do not  
727 adversely affect the defendant's mental health status or his or  
728 her ability to continue with court proceedings; however, the  
729 final authority regarding the administering of medication to an  
730 inmate in jail rests with the jail physician.

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

733 916.15 Involuntary commitment of defendant adjudicated not  
734 guilty by reason of insanity.—

735 (3) Every defendant acquitted of criminal charges by reason  
736 of insanity and found to meet the criteria for involuntary  
737 commitment may be committed and treated in accordance with ~~the~~  
738 ~~provisions of~~ this section and the applicable Florida Rules of  
739 Criminal Procedure. The department shall admit a defendant so  
740 adjudicated to an appropriate facility or program for treatment  
741 and shall retain and treat such defendant. No later than 6  
742 months after the date of admission, prior to the end of any  
743 period of extended commitment, or at any time that the  
744 administrator or his or her designee determines ~~shall have~~  
745 ~~determined~~ that the defendant no longer meets the criteria for  
746 continued commitment placement, the administrator or designee  
747 shall file a report with the court pursuant to the applicable  
748 Florida Rules of Criminal Procedure. Within 2 business days  
749 after receipt of a commitment order and other required documents  
750 as stipulated in rule, the department must request from the jail  
751 any and all medical information pertaining to the defendant.  
752 Within 3 business days after receipt of such a request, the jail  
753 shall provide such information to the department.

754 (5) The commitment hearing shall be held within 30 days

576-04310-20

20207012c1

755 after the court receives notification that the defendant no  
756 longer meets the criteria for continued commitment. The  
757 defendant must be transported to the committing court's  
758 jurisdiction for the hearing. If the defendant is receiving  
759 psychotropic medication at a mental health facility at the time  
760 he or she is discharged and transferred to the jail, the  
761 administering of such medication must continue unless the jail  
762 physician documents the need to change or discontinue it. The  
763 jail and department physicians shall collaborate to ensure that  
764 medication changes do not adversely affect the defendant's  
765 mental health status or his or her ability to continue with  
766 court proceedings; however, the final authority regarding the  
767 administering of medication to an inmate in jail rests with the  
768 jail physician.

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

772 1002.33 Charter schools.—

773 (28) CONTINUING EDUCATION AND INSERVICE TRAINING FOR YOUTH  
774 SUICIDE AWARENESS AND PREVENTION.—

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

776 1. Incorporate 2 hours of training offered pursuant to s.  
777 1012.583. The training must be included in the existing  
778 continuing education or inservice training requirements for  
779 instructional personnel and may not add to the total hours  
780 currently required by the department. Every charter school must  
781 require all instructional personnel to participate.

782 2. Have at least two school-based staff members certified  
783 or otherwise deemed competent in the use of a suicide screening

576-04310-20

20207012c1

784 instrument approved under s. 1012.583(1) and have a policy to  
785 use such suicide risk screening instrument to evaluate a  
786 student's suicide risk before requesting the initiation of, or  
787 initiating, an involuntary examination due to concerns about  
788 that student's suicide risk.

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

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

793 1012.583 Continuing education and inservice training for  
794 youth suicide awareness and prevention.—

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

798 (a) Incorporate ~~incorporates~~ 2 hours of training offered  
799 pursuant to this section. The training must be included in the  
800 existing continuing education or inservice training requirements  
801 for instructional personnel and may not add to the total hours  
802 currently required by the department. Every public school ~~A~~  
803 ~~school that chooses to participate in the training~~ must require  
804 all instructional personnel to participate.

805 (b) Have ~~Has~~ at least two school-based staff members  
806 certified or otherwise deemed competent in the use of a suicide  
807 screening instrument approved under subsection (1) and have ~~has~~  
808 a policy to use such suicide risk screening instrument to  
809 evaluate a student's suicide risk before requesting the  
810 initiation of, or initiating, an involuntary examination due to  
811 concerns about that student's suicide risk.

812 (3) Every public school ~~A school that meets the criteria in~~

576-04310-20

20207012c1

813 ~~subsection (2) must report its compliance with this section to~~  
814 ~~the department. The department shall keep an updated record of~~  
815 ~~all Suicide Prevention Certified Schools and shall post the list~~  
816 ~~of these schools on the department's website. Each school shall~~  
817 ~~also post on its own website whether it is a Suicide Prevention~~  
818 ~~Certified School, and each school district shall post on its~~  
819 ~~district website a list of the Suicide Prevention Certified~~  
820 ~~Schools in that district.~~

821 Section 19. Paragraph (a) of subsection (3) of section  
822 39.407, Florida Statutes, is amended to read:

823 39.407 Medical, psychiatric, and psychological examination  
824 and treatment of child; physical, mental, or substance abuse  
825 examination of person with or requesting child custody.—

826 (3) (a) 1. Except as otherwise provided in subparagraph (b) 1.  
827 or paragraph (e), before the department provides psychotropic  
828 medications to a child in its custody, the prescribing physician  
829 or a psychiatric nurse, as defined in s. 394.455, shall attempt  
830 to obtain express and informed consent, as defined in s.  
831 394.455(16) ~~s. 394.455(15)~~ and as described in s. 394.459(3) (a),  
832 from the child's parent or legal guardian. The department must  
833 take steps necessary to facilitate the inclusion of the parent  
834 in the child's consultation with the physician or psychiatric  
835 nurse, as defined in s. 394.455. However, if the parental rights  
836 of the parent have been terminated, the parent's location or  
837 identity is unknown or cannot reasonably be ascertained, or the  
838 parent declines to give express and informed consent, the  
839 department may, after consultation with the prescribing  
840 physician or psychiatric nurse, as defined in s. 394.455, seek  
841 court authorization to provide the psychotropic medications to

576-04310-20

20207012c1

842 the child. Unless parental rights have been terminated and if it  
843 is possible to do so, the department shall continue to involve  
844 the parent in the decisionmaking process regarding the provision  
845 of psychotropic medications. If, at any time, a parent whose  
846 parental rights have not been terminated provides express and  
847 informed consent to the provision of a psychotropic medication,  
848 the requirements of this section that the department seek court  
849 authorization do not apply to that medication until such time as  
850 the parent no longer consents.

851 2. Any time the department seeks a medical evaluation to  
852 determine the need to initiate or continue a psychotropic  
853 medication for a child, the department must provide to the  
854 evaluating physician or psychiatric nurse, as defined in s.  
855 394.455, all pertinent medical information known to the  
856 department concerning that child.

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

859 394.495 Child and adolescent mental health system of care;  
860 programs and services.—

861 (3) Assessments must be performed by:

862 (a) A professional as defined in s. 394.455(5), (7), (33)  
863 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~;

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

865 (c) A person who is under the direct supervision of a  
866 qualified professional as defined in s. 394.455(5), (7), (33)  
867 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under  
868 chapter 491.

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

576-04310-20

20207012c1

871 394.496 Service planning.—

872 (5) A professional as defined in s. 394.455(5), (7), (33)  
873 ~~(32)~~, (36) ~~(35)~~, or (37) ~~(36)~~ or a professional licensed under  
874 chapter 491 must be included among those persons developing the  
875 services plan.

876 Section 22. Paragraph (a) of subsection (1) of section  
877 394.674, Florida Statutes, is amended to read:

878 394.674 Eligibility for publicly funded substance abuse and  
879 mental health services; fee collection requirements.—

880 (1) To be eligible to receive substance abuse and mental  
881 health services funded by the department, an individual must be  
882 a member of at least one of the department's priority  
883 populations approved by the Legislature. The priority  
884 populations include:

885 (a) For adult mental health services:

886 1. Adults who have severe and persistent mental illness, as  
887 designated by the department using criteria that include  
888 severity of diagnosis, duration of the mental illness, ability  
889 to independently perform activities of daily living, and receipt  
890 of disability income for a psychiatric condition. Included  
891 within this group are:

892 a. Older adults in crisis.

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

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

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

898 e. Persons diagnosed as having co-occurring mental illness  
899 and substance abuse disorders.

576-04310-20

20207012c1

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

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

904 394.74 Contracts for provision of local substance abuse and  
905 mental health programs.—

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

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

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

917 (c) A provision that every reasonable effort to collect  
918 appropriate reimbursement for the cost of providing substance  
919 abuse and mental health services to persons able to pay for  
920 services, including first-party payments and third-party  
921 payments, shall be made by facilities providing services  
922 pursuant to this act;

923 (d) A program description and line-item operating budget by  
924 program service component for substance abuse and mental health  
925 services, provided the entire proposed operating budget for the  
926 service provider will be displayed;

927 (e) A provision that client demographic, service, and  
928 outcome information required for the department's Mental Health



576-04310-20

20207012c1

929 and Substance Abuse Data System be submitted to the department  
 930 by a date specified in the contract. The department may not pay  
 931 the provider unless the required information has been submitted  
 932 by the specified date; and

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

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

937 394.9085 Behavioral provider liability.—

938 (6) For purposes of this section, the terms "detoxification  
 939 services," "addictions receiving facility," and "receiving  
 940 facility" have the same meanings as those provided in ss.  
 941 397.311(26)(a)3. ~~ss. 397.311(26)(a)4.~~, 397.311(26)(a)1., and  
 942 394.455(40) ~~394.455(39)~~, respectively.

943 Section 25. Paragraph (b) of subsection (1) of section  
 944 409.972, Florida Statutes, is amended to read:

945 409.972 Mandatory and voluntary enrollment.—

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

950 (b) Medicaid recipients residing in residential commitment  
 951 facilities operated through the Department of Juvenile Justice  
 952 or a treatment facility as defined in s. 394.455~~(47)~~.

953 Section 26. Paragraph (e) of subsection (4) of section  
 954 464.012, Florida Statutes, is amended to read:

955 464.012 Licensure of advanced practice registered nurses;  
 956 fees; controlled substance prescribing.—

957 (4) In addition to the general functions specified in

576-04310-20

20207012c1

958 subsection (3), an advanced practice registered nurse may  
959 perform the following acts within his or her specialty:

960 (e) A psychiatric nurse, who meets the requirements in s.  
961 394.455(36) ~~s. 394.455(35)~~, within the framework of an  
962 established protocol with a psychiatrist, may prescribe  
963 psychotropic controlled substances for the treatment of mental  
964 disorders.

965 Section 27. Subsection (7) of section 744.2007, Florida  
966 Statutes, is amended to read:

967 744.2007 Powers and duties.—

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

971 Section 28. The Office of Program Policy Analysis and  
972 Government Accountability shall perform a review of suicide  
973 prevention programs and efforts made by other states and make  
974 recommendations on their applicability to this state. The office  
975 shall submit a report containing the findings and  
976 recommendations to the President of the Senate and the Speaker  
977 of the House of Representatives by January 1, 2021.

978 Section 29. For the 2020-2021 fiscal year, the sums of  
979 \$418,036 in recurring funds and \$8,896 in nonrecurring funds are  
980 appropriated from the General Revenue Fund to the Department of  
981 Children and Families, and two full-time equivalent positions  
982 with associated salary rate of 90,384 are authorized, for the  
983 purpose of implementing the requirements of this act.

984 Section 30. This act shall take effect July 1, 2020.