

20207012e1

1                   A bill to be entitled  
2           An act relating to substance abuse and mental health;  
3           amending s. 14.2019, F.S.; providing additional duties  
4           for the Statewide Office for Suicide Prevention;  
5           establishing the First Responders Suicide Deterrence  
6           Task Force adjunct to the office; specifying the  
7           purpose of the task force; providing for the  
8           composition and the duties of the task force;  
9           requiring the task force to submit reports to the  
10          Governor and the Legislature on an annual basis;  
11          providing for future repeal; amending s. 14.20195,  
12          F.S.; providing additional duties for the Suicide  
13          Prevention Coordinating Council; revising the  
14          composition of the council; amending s. 334.044, F.S.;  
15          requiring the Department of Transportation to work  
16          with the office in developing a plan relating to  
17          evidence-based suicide deterrents in certain  
18          locations; amending s. 394.455, F.S.; revising and  
19          providing definitions; amending s. 394.67, F.S.;  
20          defining the term "coordinated specialty care  
21          program"; amending s. 394.658, F.S.; revising the  
22          application criteria for the Criminal Justice, Mental  
23          Health, and Substance Abuse Reinvestment Grant Program  
24          to include support for coordinated specialty care  
25          programs; amending s. 394.4573, F.S.; requiring the  
26          Department of Children and Families to include  
27          specified information regarding coordinated specialty  
28          care programs in its annual assessment of behavioral  
29          health services; providing that a coordinated system

20207012e1

30 of care includes coordinated specialty care programs;  
31 amending s. 394.463, F.S.; requiring that certain  
32 information be provided to the guardian or  
33 representative of a minor patient released from  
34 involuntary examination; amending s. 397.311, F.S.;  
35 revising a definition; amending s. 397.321, F.S.;  
36 removing the requirement that the department develop a  
37 certification process for community substance abuse  
38 prevention coalitions; amending s. 397.4012, F.S.;  
39 revising entities that are exempt from certain  
40 licensing requirements; amending s. 916.106, F.S.;  
41 revising a definition; amending ss. 916.13 and 916.15,  
42 F.S.; authorizing jails to share medical information  
43 pertaining to specified defendants with the Department  
44 of Children and Families; requiring the maintenance of  
45 psychotropic medications to specified defendants under  
46 certain circumstances; providing an exception;  
47 amending ss. 39.407, 394.495, 394.496, 394.674,  
48 394.74, 394.9085, 409.972, 464.012, and 744.2007,  
49 F.S.; conforming cross-references; providing an  
50 effective date.

51  
52 Be It Enacted by the Legislature of the State of Florida:

53  
54 Section 1. Paragraphs (a) and (d) of subsection (2) of  
55 section 14.2019, Florida Statutes, are amended, paragraphs (e)  
56 and (f) are added to that subsection, and subsection (5) is  
57 added to that section, to read:

58 14.2019 Statewide Office for Suicide Prevention.—

20207012e1

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

60 (a) Develop a network of community-based programs to  
61 improve suicide prevention initiatives. The network shall  
62 identify and work to eliminate barriers to providing suicide  
63 prevention services to individuals who are at risk of suicide.  
64 The network shall consist of stakeholders advocating suicide  
65 prevention, including, but not limited to, not-for-profit  
66 suicide prevention organizations, faith-based suicide prevention  
67 organizations, law enforcement agencies, first responders to  
68 emergency calls, veterans, servicemembers, suicide prevention  
69 community coalitions, schools and universities, mental health  
70 agencies, substance abuse treatment agencies, health care  
71 providers, and school personnel.

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

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

79 1. Disseminating and sharing evidence-based best practices  
80 relating to suicide prevention.

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

84 (f) Advise the Department of Transportation on the  
85 implementation of evidence-based suicide deterrents in the  
86 design elements and features of infrastructure projects  
87 throughout the state.

20207012e1

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

91       (a) The purpose of the task force is to make  
92 recommendations on how to reduce the incidence of suicide and  
93 attempted suicide among employed or retired first responders in  
94 the state.

95       (b) The task force is composed of a representative of the  
96 statewide office and a representative of each of the following  
97 first responder organizations, nominated by the organization and  
98 appointed by the Secretary of Children and Families:

99           1. The Florida Professional Firefighters' Association.

100           2. The Florida Police Benevolent Association.

101           3. The Florida State Lodge of the Fraternal Order of  
102 Police.

103           4. The Florida Sheriffs Association.

104           5. The Florida Police Chiefs Association.

105           6. The Florida Fire Chiefs' Association.

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

109       (d) The task force shall identify or make recommendations  
110 on developing training programs and materials that would better  
111 enable first responders to cope with personal life stressors and  
112 stress related to their profession and foster an organizational  
113 culture that:

114           1. Promotes mutual support and solidarity among active and  
115 retired first responders.

116           2. Trains agency supervisors and managers to identify

20207012e1

117 suicidal risk among active and retired first responders.

118 3. Improves the use and awareness of existing resources  
119 among active and retired first responders.

120 4. Educates active and retired first responders on suicide  
121 awareness and help-seeking.

122 (e) The task force shall identify state and federal public  
123 resources, funding and grants, first responder association  
124 resources, and private resources to implement identified  
125 training programs and materials.

126 (f) The task force shall report on its findings and  
127 recommendations for training programs and materials to deter  
128 suicide among active and retired first responders to the  
129 Governor, the President of the Senate, and the Speaker of the  
130 House of Representatives by each July 1, beginning in 2021, and  
131 through 2023.

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

133 Section 2. Paragraph (c) of subsection (1) and subsection  
134 (2) of section 14.20195, Florida Statutes, are amended, and  
135 paragraph (d) is added to subsection (1) of that section, to  
136 read:

137 14.20195 Suicide Prevention Coordinating Council; creation;  
138 membership; duties.—There is created within the Statewide Office  
139 for Suicide Prevention a Suicide Prevention Coordinating  
140 Council. The council shall develop strategies for preventing  
141 suicide.

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

145 (c) Make findings and recommendations regarding suicide

20207012e1

146 prevention programs and activities, including, but not limited  
147 to, the implementation of evidence-based mental health awareness  
148 and assistance training programs and suicide risk identification  
149 training in municipalities throughout the state. The council  
150 shall prepare an annual report and present it to the Governor,  
151 the President of the Senate, and the Speaker of the House of  
152 Representatives by January 1, each year. The annual report must  
153 describe the status of existing and planned initiatives  
154 identified in the statewide plan for suicide prevention and any  
155 recommendations arising therefrom.

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

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

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

164 1. The Florida Association of School Psychologists.

165 2. The Florida Sheriffs Association.

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

167 3.4. The Florida Initiative of Suicide Prevention.

168 4.5. The Florida Suicide Prevention Coalition.

169 5.6. The American Foundation of Suicide Prevention.

170 6.7. The Florida School Board Association.

171 7.8. The National Council for Suicide Prevention.

172 8.9. The state chapter of AARP.

173 9.10. The Florida Behavioral Health Association ~~The Florida~~  
174 ~~Alcohol and Drug Abuse Association.~~

20207012e1

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

176 10.12. The Florida Counseling Association.

177 11.13. NAMI Florida.

178 12. The Florida Medical Association.

179 13. The Florida Osteopathic Medical Association.

180 14. The Florida Psychiatric Society.

181 15. The Florida Psychological Association.

182 16. Veterans Florida.

183 17. The Florida Association of Managing Entities.

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

186 1. The Secretary of Elderly Affairs.

187 2. The State Surgeon General.

188 3. The Commissioner of Education.

189 4. The Secretary of Health Care Administration.

190 5. The Secretary of Juvenile Justice.

191 6. The Secretary of Corrections.

192 7. The executive director of the Department of Law  
193 Enforcement.

194 8. The executive director of the Department of Veterans'  
195 Affairs.

196 9. The Secretary of Children and Families.

197 10. The executive director of the Department of Economic  
198 Opportunity.

199 (c) The Governor shall appoint four additional members to  
200 the coordinating council. The appointees must have expertise  
201 that is critical to the prevention of suicide or represent an  
202 organization that is not already represented on the coordinating  
203 council.

20207012e1

204 (d) For the members appointed by the director of the  
205 Statewide Office for Suicide Prevention, seven members shall be  
206 appointed to initial terms of 3 years, and seven members shall  
207 be appointed to initial terms of 4 years. For the members  
208 appointed by the Governor, two members shall be appointed to  
209 initial terms of 4 years, and two members shall be appointed to  
210 initial terms of 3 years. Thereafter, such members shall be  
211 appointed to terms of 4 years. Any vacancy on the coordinating  
212 council shall be filled in the same manner as the original  
213 appointment, and any member who is appointed to fill a vacancy  
214 occurring because of death, resignation, or ineligibility for  
215 membership shall serve only for the unexpired term of the  
216 member's predecessor. A member is eligible for reappointment.

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

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

224 Section 3. Present paragraph (c) of subsection (10) of  
225 section 334.044, Florida Statutes, is redesignated as paragraph  
226 (d), and a new paragraph (c) is added to that subsection, to  
227 read:

228 334.044 Powers and duties of the department.—The department  
229 shall have the following general powers and duties:

230 (10)

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



20207012e1

233 implementation of evidence-based suicide deterrents on all new  
234 infrastructure projects.

235 Section 4. Subsections (10) through (48) of section  
236 394.455, Florida Statutes, are renumbered as subsections (11)  
237 through (49), respectively, present subsection (28) of that  
238 section is amended, and a new subsection (10) is added to that  
239 section, to read:

240 394.455 Definitions.—As used in this part, the term:

241 (10) "Coordinated specialty care program" means an  
242 evidence-based program for individuals who are experiencing the  
243 early indications of serious mental illness, especially symptoms  
244 of a first psychotic episode, and which includes, but is not  
245 limited to, intensive case management, individual or group  
246 therapy, supported employment, family education and supports,  
247 and the provision of appropriate psychotropic medication as  
248 needed.

249 (29)~~(28)~~ "Mental illness" means an impairment of the mental  
250 or emotional processes that exercise conscious control of one's  
251 actions or of the ability to perceive or understand reality,  
252 which impairment substantially interferes with the person's  
253 ability to meet the ordinary demands of living. For the purposes  
254 of this part, the term does not include a developmental  
255 disability as defined in chapter 393, intoxication, or  
256 conditions manifested only by dementia, traumatic brain injury,  
257 antisocial behavior, or substance abuse.

258 Section 5. Subsections (3) through (24) of section 394.67,  
259 Florida Statutes, are renumbered as subsections (4) through  
260 (25), respectively, present subsection (3) of that section is  
261 amended, and a new subsection (3) is added to that section, to

20207012e1

262 read:

263 394.67 Definitions.—As used in this part, the term:

264 (3) "Coordinated specialty care program" means an evidence-  
265 based program for individuals who are experiencing the early  
266 indications of serious mental illness, especially symptoms of a  
267 first psychotic episode, and which includes, but is not limited  
268 to, intensive case management, individual or group therapy,  
269 supported employment, family education and supports, and the  
270 provision of appropriate psychotropic medication as needed.

271 (4)-(3) "Crisis services" means short-term evaluation,  
272 stabilization, and brief intervention services provided to a  
273 person who is experiencing an acute mental or emotional crisis,  
274 as defined in subsection (18) ~~(17)~~, or an acute substance abuse  
275 crisis, as defined in subsection (19) ~~(18)~~, to prevent further  
276 deterioration of the person's mental health. Crisis services are  
277 provided in settings such as a crisis stabilization unit, an  
278 inpatient unit, a short-term residential treatment program, a  
279 detoxification facility, or an addictions receiving facility; at  
280 the site of the crisis by a mobile crisis response team; or at a  
281 hospital on an outpatient basis.

282 Section 6. Paragraph (b) of subsection (1) of section  
283 394.658, Florida Statutes, is amended to read:

284 394.658 Criminal Justice, Mental Health, and Substance  
285 Abuse Reinvestment Grant Program requirements.—

286 (1) The Criminal Justice, Mental Health, and Substance  
287 Abuse Statewide Grant Review Committee, in collaboration with  
288 the Department of Children and Families, the Department of  
289 Corrections, the Department of Juvenile Justice, the Department  
290 of Elderly Affairs, and the Office of the State Courts

20207012e1

291 Administrator, shall establish criteria to be used to review  
292 submitted applications and to select the county that will be  
293 awarded a 1-year planning grant or a 3-year implementation or  
294 expansion grant. A planning, implementation, or expansion grant  
295 may not be awarded unless the application of the county meets  
296 the established criteria.

297 (b) The application criteria for a 3-year implementation or  
298 expansion grant shall require information from a county that  
299 demonstrates its completion of a well-established collaboration  
300 plan that includes public-private partnership models and the  
301 application of evidence-based practices. The implementation or  
302 expansion grants may support programs and diversion initiatives  
303 that include, but need not be limited to:

- 304 1. Mental health courts~~.~~.
- 305 2. Diversion programs~~.~~.
- 306 3. Alternative prosecution and sentencing programs~~.~~.
- 307 4. Crisis intervention teams~~.~~.
- 308 5. Treatment accountability services~~.~~.
- 309 6. Specialized training for criminal justice, juvenile  
310 justice, and treatment services professionals~~.~~.
- 311 7. Service delivery of collateral services such as housing,  
312 transitional housing, and supported employment~~.~~.~~and~~
- 313 8. Reentry services to create or expand mental health and  
314 substance abuse services and supports for affected persons~~.~~.
- 315 9. Coordinated specialty care programs.

316 Section 7. Section 394.4573, Florida Statutes, is amended  
317 to read:

318 394.4573 Coordinated system of care; annual assessment;  
319 essential elements; measures of performance; system improvement

20207012e1

320 grants; reports.—On or before December 1 of each year, the  
321 department shall submit to the Governor, the President of the  
322 Senate, and the Speaker of the House of Representatives an  
323 assessment of the behavioral health services in this state. The  
324 assessment shall consider, at a minimum, the extent to which  
325 designated receiving systems function as no-wrong-door models,  
326 the availability of treatment and recovery services that use  
327 recovery-oriented and peer-involved approaches, the availability  
328 of less-restrictive services, and the use of evidence-informed  
329 practices. The assessment shall also consider the availability  
330 of and access to coordinated specialty care programs and  
331 identify any gaps in the availability of and access to such  
332 programs in the state. The department's assessment shall  
333 consider, at a minimum, the needs assessments conducted by the  
334 managing entities pursuant to s. 394.9082(5). Beginning in 2017,  
335 the department shall compile and include in the report all plans  
336 submitted by managing entities pursuant to s. 394.9082(8) and  
337 the department's evaluation of each plan.

338 (1) As used in this section:

339 (a) "Care coordination" means the implementation of  
340 deliberate and planned organizational relationships and service  
341 procedures that improve the effectiveness and efficiency of the  
342 behavioral health system by engaging in purposeful interactions  
343 with individuals who are not yet effectively connected with  
344 services to ensure service linkage. Examples of care  
345 coordination activities include development of referral  
346 agreements, shared protocols, and information exchange  
347 procedures. The purpose of care coordination is to enhance the  
348 delivery of treatment services and recovery supports and to

20207012e1

349 improve outcomes among priority populations.

350 (b) "Case management" means those direct services provided  
351 to a client in order to assess his or her needs, plan or arrange  
352 services, coordinate service providers, link the service system  
353 to a client, monitor service delivery, and evaluate patient  
354 outcomes to ensure the client is receiving the appropriate  
355 services.

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

361 (d) "No-wrong-door model" means a model for the delivery of  
362 acute care services to persons who have mental health or  
363 substance use disorders, or both, which optimizes access to  
364 care, regardless of the entry point to the behavioral health  
365 care system.

366 (2) The essential elements of a coordinated system of care  
367 include:

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

371 (b) A designated receiving system that consists of one or  
372 more facilities serving a defined geographic area and  
373 responsible for assessment and evaluation, both voluntary and  
374 involuntary, and treatment or triage of patients who have a  
375 mental health or substance use disorder, or co-occurring  
376 disorders.

377 1. A county or several counties shall plan the designated

20207012e1

378 receiving system using a process that includes the managing  
379 entity and is open to participation by individuals with  
380 behavioral health needs and their families, service providers,  
381 law enforcement agencies, and other parties. The county or  
382 counties, in collaboration with the managing entity, shall  
383 document the designated receiving system through written  
384 memoranda of agreement or other binding arrangements. The county  
385 or counties and the managing entity shall complete the plan and  
386 implement the designated receiving system by July 1, 2017, and  
387 the county or counties and the managing entity shall review and  
388 update, as necessary, the designated receiving system at least  
389 once every 3 years.

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

396 a. A central receiving system that consists of a designated  
397 central receiving facility that serves as a single entry point  
398 for persons with mental health or substance use disorders, or  
399 co-occurring disorders. The central receiving facility shall be  
400 capable of assessment, evaluation, and triage or treatment or  
401 stabilization of persons with mental health or substance use  
402 disorders, or co-occurring disorders.

403 b. A coordinated receiving system that consists of multiple  
404 entry points that are linked by shared data systems, formal  
405 referral agreements, and cooperative arrangements for care  
406 coordination and case management. Each entry point shall be a

20207012e1

407 designated receiving facility and shall, within existing  
408 resources, provide or arrange for necessary services following  
409 an initial assessment and evaluation.

410 c. A tiered receiving system that consists of multiple  
411 entry points, some of which offer only specialized or limited  
412 services. Each service provider shall be classified according to  
413 its capabilities as either a designated receiving facility or  
414 another type of service provider, such as a triage center, a  
415 licensed detoxification facility, or an access center. All  
416 participating service providers shall, within existing  
417 resources, be linked by methods to share data, formal referral  
418 agreements, and cooperative arrangements for care coordination  
419 and case management.

420  
421 An accurate inventory of the participating service providers  
422 which specifies the capabilities and limitations of each  
423 provider and its ability to accept patients under the designated  
424 receiving system agreements and the transportation plan  
425 developed pursuant to this section shall be maintained and made  
426 available at all times to all first responders in the service  
427 area.

428 (c) Transportation in accordance with a plan developed  
429 under s. 394.462.

430 (d) Crisis services, including mobile response teams,  
431 crisis stabilization units, addiction receiving facilities, and  
432 detoxification facilities.

433 (e) Case management. Each case manager or person directly  
434 supervising a case manager who provides Medicaid-funded targeted  
435 case management services shall hold a valid certification from a

20207012e1

436 department-approved credentialing entity as defined in s.  
437 397.311(10) by July 1, 2017, and, thereafter, within 6 months  
438 after hire.

439 (f) Care coordination that involves coordination with other  
440 local systems and entities, public and private, which are  
441 involved with the individual, such as primary care, child  
442 welfare, behavioral health care, and criminal and juvenile  
443 justice organizations.

444 (g) Outpatient services.

445 (h) Residential services.

446 (i) Hospital inpatient care.

447 (j) Aftercare and other postdischarge services.

448 (k) Medication-assisted treatment and medication  
449 management.

450 (l) Recovery support, including, but not limited to,  
451 support for competitive employment, educational attainment,  
452 independent living skills development, family support and  
453 education, wellness management and self-care, and assistance in  
454 obtaining housing that meets the individual's needs. Such  
455 housing may include mental health residential treatment  
456 facilities, limited mental health assisted living facilities,  
457 adult family care homes, and supportive housing. Housing  
458 provided using state funds must provide a safe and decent  
459 environment free from abuse and neglect.

460 (m) Care plans shall assign specific responsibility for  
461 initial and ongoing evaluation of the supervision and support  
462 needs of the individual and the identification of housing that  
463 meets such needs. For purposes of this paragraph, the term  
464 "supervision" means oversight of and assistance with compliance



20207012e1

465 with the clinical aspects of an individual's care plan.

466 (n) Coordinated specialty care programs.

467 (3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific  
468 appropriation by the Legislature, the department may award  
469 system improvement grants to managing entities based on a  
470 detailed plan to enhance services in accordance with the no-  
471 wrong-door model as defined in subsection (1) and to address  
472 specific needs identified in the assessment prepared by the  
473 department pursuant to this section. Such a grant must be  
474 awarded through a performance-based contract that links payments  
475 to the documented and measurable achievement of system  
476 improvements.

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

479 394.463 Involuntary examination.—

480 (3) NOTICE OF RELEASE.—Notice of the release shall be given  
481 to the patient's guardian or representative, to any person who  
482 executed a certificate admitting the patient to the receiving  
483 facility, and to any court which ordered the patient's  
484 evaluation. If the patient is a minor, information regarding the  
485 availability of a local mobile response service, suicide  
486 prevention resources, social supports, and local self-help  
487 groups must also be provided to the patient's guardian or  
488 representative along with the notice of the release.

489 Section 9. Paragraph (a) of subsection (26) of section  
490 397.311, Florida Statutes, is amended to read:

491 397.311 Definitions.—As used in this chapter, except part  
492 VIII, the term:

493 (26) Licensed service components include a comprehensive

20207012e1

494 continuum of accessible and quality substance abuse prevention,  
495 intervention, and clinical treatment services, including the  
496 following services:

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

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

509 2. "Day or night treatment" is a service provided in a  
510 nonresidential environment, with a structured schedule of  
511 treatment and rehabilitative services.

512 3. "Day or night treatment with community housing" means a  
513 program intended for individuals who can benefit from living  
514 independently in peer community housing while participating in  
515 treatment services for a minimum of 5 hours a day for a minimum  
516 of 25 hours per week.

517 4. "Detoxification" is a service involving subacute care  
518 that is provided on an inpatient or an outpatient basis to  
519 assist individuals to withdraw from the physiological and  
520 psychological effects of substance abuse and who meet the  
521 placement criteria for this component.

522 5. "Intensive inpatient treatment" includes a planned

20207012e1

523 regimen of evaluation, observation, medical monitoring, and  
524 clinical protocols delivered through an interdisciplinary team  
525 approach provided 24 hours per day, 7 days per week, in a highly  
526 structured, live-in environment.

527 6. "Intensive outpatient treatment" is a service that  
528 provides individual or group counseling in a more structured  
529 environment, is of higher intensity and duration than outpatient  
530 treatment, and is provided to individuals who meet the placement  
531 criteria for this component.

532 7. "Medication-assisted treatment for opioid use disorders  
533 ~~opiate addiction~~" is a service that uses methadone or other  
534 medication as authorized by state and federal law, in  
535 combination with medical, rehabilitative, supportive, and  
536 counseling services in the treatment of individuals who are  
537 dependent on opioid drugs.

538 8. "Outpatient treatment" is a service that provides  
539 individual, group, or family counseling by appointment during  
540 scheduled operating hours for individuals who meet the placement  
541 criteria for this component.

542 9. "Residential treatment" is a service provided in a  
543 structured live-in environment within a nonhospital setting on a  
544 24-hours-per-day, 7-days-per-week basis, and is intended for  
545 individuals who meet the placement criteria for this component.

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

548 397.321 Duties of the department.—The department shall:

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

551 Section 11. Section 397.4012, Florida Statutes, is amended

20207012e1

552 to read:

553 397.4012 Exemptions from licensure.—The following are  
554 exempt from the licensing provisions of this chapter:

555 (1) A hospital or hospital-based component licensed under  
556 chapter 395.

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

558 (3) A substance abuse education program established  
559 pursuant to s. 1003.42.

560 (4) A facility or institution operated by the Federal  
561 Government.

562 (5) A physician or physician assistant licensed under  
563 chapter 458 or chapter 459.

564 (6) A psychologist licensed under chapter 490.

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

567 (8) A legally cognizable church or nonprofit religious  
568 organization or denomination providing substance abuse services,  
569 including prevention services, which are solely religious,  
570 spiritual, or ecclesiastical in nature. A church or nonprofit  
571 religious organization or denomination providing any of the  
572 licensed service components itemized under s. 397.311(26) is not  
573 exempt from substance abuse licensure but retains its exemption  
574 with respect to all services which are solely religious,  
575 spiritual, or ecclesiastical in nature.

576 (9) Facilities licensed under chapter 393 which, in  
577 addition to providing services to persons with developmental  
578 disabilities, also provide services to persons developmentally  
579 at risk as a consequence of exposure to alcohol or other legal  
580 or illegal drugs while in utero.

20207012e1

581 (10) DUI education and screening services provided pursuant  
582 to ss. 316.192, 316.193, 322.095, 322.271, and 322.291. Persons  
583 or entities providing treatment services must be licensed under  
584 this chapter unless exempted from licensing as provided in this  
585 section.

586 (11) A facility licensed under s. 394.875 as a crisis  
587 stabilization unit.

588

589 The exemptions from licensure in subsections (3), (4), (8), (9),  
590 and (10) ~~this section~~ do not apply to any service provider that  
591 receives an appropriation, grant, or contract from the state to  
592 operate as a service provider as defined in this chapter or to  
593 any substance abuse program regulated under ~~pursuant to~~ s.  
594 397.4014. Furthermore, this chapter may not be construed to  
595 limit the practice of a physician or physician assistant  
596 licensed under chapter 458 or chapter 459, a psychologist  
597 licensed under chapter 490, a psychotherapist licensed under  
598 chapter 491, or an advanced practice registered nurse licensed  
599 under part I of chapter 464, who provides substance abuse  
600 treatment, so long as the physician, physician assistant,  
601 psychologist, psychotherapist, or advanced practice registered  
602 nurse does not represent to the public that he or she is a  
603 licensed service provider and does not provide services to  
604 individuals under ~~pursuant to~~ part V of this chapter. Failure to  
605 comply with any requirement necessary to maintain an exempt  
606 status under this section is a misdemeanor of the first degree,  
607 punishable as provided in s. 775.082 or s. 775.083.

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

20207012e1

610 916.106 Definitions.—For the purposes of this chapter, the  
611 term:

612 (14) "Mental illness" means an impairment of the emotional  
613 processes that exercise conscious control of one's actions, or  
614 of the ability to perceive or understand reality, which  
615 impairment substantially interferes with the defendant's ability  
616 to meet the ordinary demands of living. For the purposes of this  
617 chapter, the term does not apply to defendants who have only an  
618 intellectual disability or autism or a defendant with traumatic  
619 brain injury or dementia who lacks a co-occurring mental  
620 illness, and does not include intoxication or conditions  
621 manifested only by antisocial behavior or substance abuse  
622 impairment.

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

625 916.13 Involuntary commitment of defendant adjudicated  
626 incompetent.—

627 (2) A defendant who has been charged with a felony and who  
628 has been adjudicated incompetent to proceed due to mental  
629 illness, and who meets the criteria for involuntary commitment  
630 under this chapter, may be committed to the department, and the  
631 department shall retain and treat the defendant.

632 (a) Immediately after receipt of a completed copy of the  
633 court commitment order containing all documentation required by  
634 the applicable Florida Rules of Criminal Procedure, the  
635 department shall request all medical information relating to the  
636 defendant from the jail. The jail shall provide the department  
637 with all medical information relating to the defendant within 3  
638 business days after receipt of the department's request or at

20207012e1

639 the time the defendant enters the physical custody of the  
640 department, whichever is earlier.

641 (b)~~(a)~~ Within 6 months after the date of admission and at  
642 the end of any period of extended commitment, or at any time the  
643 administrator or his or her designee determines that the  
644 defendant has regained competency to proceed or no longer meets  
645 the criteria for continued commitment, the administrator or  
646 designee shall file a report with the court pursuant to the  
647 applicable Florida Rules of Criminal Procedure.

648 (c)~~(b)~~ A competency hearing must ~~shall~~ be held within 30  
649 days after the court receives notification that the defendant is  
650 competent to proceed or no longer meets the criteria for  
651 continued commitment. The defendant must be transported to the  
652 committing court's jurisdiction for the hearing. If the  
653 defendant is receiving psychotropic medication at a mental  
654 health facility at the time he or she is discharged and  
655 transferred to the jail, the administering of such medication  
656 must continue unless the jail physician documents the need to  
657 change or discontinue it. The jail and department physicians  
658 shall collaborate to ensure that medication changes do not  
659 adversely affect the defendant's mental health status or his or  
660 her ability to continue with court proceedings; however, the  
661 final authority regarding the administering of medication to an  
662 inmate in jail rests with the jail physician.

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

665 916.15 Involuntary commitment of defendant adjudicated not  
666 guilty by reason of insanity.—

667 (3) (a) Every defendant acquitted of criminal charges by

20207012e1

668 reason of insanity and found to meet the criteria for  
669 involuntary commitment may be committed and treated in  
670 accordance with the provisions of this section and the  
671 applicable Florida Rules of Criminal Procedure.

672 (b) Immediately after receipt of a completed copy of the  
673 court commitment order containing all documentation required by  
674 the applicable Florida Rules of Criminal Procedure, the  
675 department shall request all medical information relating to the  
676 defendant from the jail. The jail shall provide the department  
677 with all medical information relating to the defendant within 3  
678 business days after receipt of the department's request or at  
679 the time the defendant enters the physical custody of the  
680 department, whichever is earlier.

681 (c) The department shall admit a defendant so adjudicated  
682 to an appropriate facility or program for treatment and shall  
683 retain and treat such defendant. No later than 6 months after  
684 the date of admission, prior to the end of any period of  
685 extended commitment, or at any time that the administrator or  
686 his or her designee determines shall have determined that the  
687 defendant no longer meets the criteria for continued commitment  
688 placement, the administrator or designee shall file a report  
689 with the court pursuant to the applicable Florida Rules of  
690 Criminal Procedure.

691 (5) The commitment hearing shall be held within 30 days  
692 after the court receives notification that the defendant no  
693 longer meets the criteria for continued commitment. The  
694 defendant must be transported to the committing court's  
695 jurisdiction for the hearing. Each defendant returning to a jail  
696 shall continue to receive the same psychotropic medications as



20207012e1

697 prescribed by the facility physician at the time of discharge  
698 from a forensic or civil facility, unless the jail physician  
699 determines there is a compelling medical reason to change or  
700 discontinue the medication for the health and safety of the  
701 defendant. If the jail physician changes or discontinues the  
702 medication and the defendant is later determined at the  
703 competency hearing to be incompetent to stand trial and is  
704 recommitted to the department, the jail physician may not change  
705 or discontinue the defendant's prescribed psychotropic  
706 medication upon the defendant's next discharge from the forensic  
707 or civil facility.

708 Section 15. Paragraph (a) of subsection (3) of section  
709 39.407, Florida Statutes, is amended to read:

710 39.407 Medical, psychiatric, and psychological examination  
711 and treatment of child; physical, mental, or substance abuse  
712 examination of person with or requesting child custody.—

713 (3) (a) 1. Except as otherwise provided in subparagraph (b) 1.  
714 or paragraph (e), before the department provides psychotropic  
715 medications to a child in its custody, the prescribing physician  
716 or a psychiatric nurse, as defined in s. 394.455, shall attempt  
717 to obtain express and informed consent, as defined in s.  
718 394.455(16) ~~s. 394.455(15)~~ and as described in s. 394.459(3) (a),  
719 from the child's parent or legal guardian. The department must  
720 take steps necessary to facilitate the inclusion of the parent  
721 in the child's consultation with the physician or psychiatric  
722 nurse, as defined in s. 394.455. However, if the parental rights  
723 of the parent have been terminated, the parent's location or  
724 identity is unknown or cannot reasonably be ascertained, or the  
725 parent declines to give express and informed consent, the

20207012e1

726 department may, after consultation with the prescribing  
727 physician or psychiatric nurse, as defined in s. 394.455, seek  
728 court authorization to provide the psychotropic medications to  
729 the child. Unless parental rights have been terminated and if it  
730 is possible to do so, the department shall continue to involve  
731 the parent in the decisionmaking process regarding the provision  
732 of psychotropic medications. If, at any time, a parent whose  
733 parental rights have not been terminated provides express and  
734 informed consent to the provision of a psychotropic medication,  
735 the requirements of this section that the department seek court  
736 authorization do not apply to that medication until such time as  
737 the parent no longer consents.

738 2. Any time the department seeks a medical evaluation to  
739 determine the need to initiate or continue a psychotropic  
740 medication for a child, the department must provide to the  
741 evaluating physician or psychiatric nurse, as defined in s.  
742 394.455, all pertinent medical information known to the  
743 department concerning that child.

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

746 394.495 Child and adolescent mental health system of care;  
747 programs and services.—

748 (3) Assessments must be performed by:

749 (a) A professional as defined in s. 394.455(5), (7), (33),  
750 ~~(32), (35), or~~ (36), or (37);

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

752 (c) A person who is under the direct supervision of a  
753 qualified professional as defined in s. 394.455(5), (7), (33),  
754 ~~(32), (35), or~~ (36), or (37) or a professional licensed under

20207012e1

755 chapter 491.

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

758 394.496 Service planning.—

759 (5) A professional as defined in s. 394.455(5), (7), (33),  
760 ~~(32), (35), or~~ (36), or (37) or a professional licensed under  
761 chapter 491 must be included among those persons developing the  
762 services plan.

763 Section 18. Paragraph (a) of subsection (1) of section  
764 394.674, Florida Statutes, is amended to read:

765 394.674 Eligibility for publicly funded substance abuse and  
766 mental health services; fee collection requirements.—

767 (1) To be eligible to receive substance abuse and mental  
768 health services funded by the department, an individual must be  
769 a member of at least one of the department's priority  
770 populations approved by the Legislature. The priority  
771 populations include:

772 (a) For adult mental health services:

773 1. Adults who have severe and persistent mental illness, as  
774 designated by the department using criteria that include  
775 severity of diagnosis, duration of the mental illness, ability  
776 to independently perform activities of daily living, and receipt  
777 of disability income for a psychiatric condition. Included  
778 within this group are:

779 a. Older adults in crisis.

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

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

20207012e1

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

785 e. Persons diagnosed as having co-occurring mental illness  
786 and substance abuse disorders.

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

789 Section 19. Paragraph (a) of subsection (3) of section  
790 394.74, Florida Statutes, is amended to read:

791 394.74 Contracts for provision of local substance abuse and  
792 mental health programs.—

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

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

800 Section 20. Subsection (6) of section 394.9085, Florida  
801 Statutes, is amended to read:

802 394.9085 Behavioral provider liability.—

803 (6) For purposes of this section, the terms "detoxification  
804 services," "addictions receiving facility," and "receiving  
805 facility" have the same meanings as those provided in ss.

806 397.311(26)(a)3. ~~ss. 397.311(26)(a)4.~~, 397.311(26)(a)1., and  
807 394.455(40) ~~394.455(39)~~, respectively.

808 Section 21. Paragraph (b) of subsection (1) of section  
809 409.972, Florida Statutes, is amended to read:

810 409.972 Mandatory and voluntary enrollment.—

811 (1) The following Medicaid-eligible persons are exempt from  
812 mandatory managed care enrollment required by s. 409.965, and

20207012e1

813 may voluntarily choose to participate in the managed medical  
814 assistance program:

815 (b) Medicaid recipients residing in residential commitment  
816 facilities operated through the Department of Juvenile Justice  
817 or a treatment facility as defined in s. 394.455(48) ~~s.~~  
818 ~~394.455(47)~~.

819 Section 22. Paragraph (e) of subsection (4) of section  
820 464.012, Florida Statutes, is amended to read:

821 464.012 Licensure of advanced practice registered nurses;  
822 fees; controlled substance prescribing.—

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

826 (e) A psychiatric nurse, who meets the requirements in s.  
827 394.455(36) ~~s. 394.455(35)~~, within the framework of an  
828 established protocol with a psychiatrist, may prescribe  
829 psychotropic controlled substances for the treatment of mental  
830 disorders.

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

833 744.2007 Powers and duties.—

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

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