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1
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

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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.—

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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.

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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

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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

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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.~~

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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.

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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.

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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:

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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

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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

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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

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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

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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

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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.

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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

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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.