By Senator Baxley

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A bill to be entitled

An act relating to substance abuse and mental health; amending s. 394.455, F.S.; revising the definition of the term "mental illness" to exclude conditions manifested by dementia or traumatic brain injury; amending s. 394.674, F.S.; revising eligibility requirements for certain substance abuse and mental health services; providing priority for specified individuals; conforming provisions to changes made by the act; amending s. 394.908, F.S.; revising the definition of the term "individuals in need"; revising distribution of funding for substance abuse and mental health services; amending s. 394.9085, F.S.; conforming a cross-reference; amending s. 397.311, F.S.; revising definitions; amending s. 397.4012, F.S.; revising entities that are exempt from certain licensing requirements; amending s. 397.4073, F.S.; providing an exemption from background screening requirements for certain peer specialists; amending s. 916.106, F.S.; revising the definition of the term "mental illness"; amending ss. 916.13 and 916.15, F.S.; requiring the Department of Children and Families to request certain medical information from jails; requiring county jails to provide such information within a specified timeframe; requiring the maintenance of psychotropic medications to specified defendants under certain circumstances; providing an exception; providing an effective date.

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

Section 1. Subsection (28) of section 394.455, Florida Statutes, is amended to read:

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

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

Section 2. Section 394.674, Florida Statutes, is amended to read:

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

- (1) To be eligible to receive substance abuse and mental health services funded by the department, an individual must be indigent, uninsured, or underinsured and meet at least one of the following criteria a member of at least one of the department's priority populations approved by the Legislature. The priority populations include:
- (a) For $\frac{\text{adult}}{\text{mental health services}}$, an individual must be:
- 1. An adult who has a serious mental illness, as defined by the department using criteria that, at a minimum, include diagnosis, prognosis, functional impairment, and receipt of

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disability income for a psychiatric condition.

- 2. An adult at risk of serious mental illness who:
- a.(I) Has a primary diagnosis of a mental disorder as

 defined in the most recent edition of the Diagnostic and

 Statistical Manual of Mental Disorders published by the American

 Psychiatric Association that is not considered a serious mental

 illness; or
- (II) Has a condition with a Z-code diagnosis code in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association; and
- b. Experiences a severe stressful event and has problems coping or has symptoms that place the individual at risk of more restrictive interventions.
- 3. A child or adolescent at risk of emotional disturbance, as defined in s. 394.492.
- 4. A child or adolescent who has an emotional disturbance, as defined in s. 394.492.
- 5. A child or adolescent who has a serious emotional disturbance or mental illness, as defined in s. 394.492.
- 6. An individual who has a primary diagnosis of mental illness and a co-occurring substance use disorder.
- 7. An individual experiencing an acute mental or emotional crisis, as defined in s. 394.67.

Adults who have severe and persistent mental illness, as designated by the department using criteria that include severity of diagnosis, duration of the mental illness, ability to independently perform activities of daily living, and receipt of disability income for a psychiatric condition. Included

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within this group are:

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- a. Older adults in crisis.
- b. Older adults who are at risk of being placed in a more restrictive environment because of their mental illness.
- c. Persons deemed incompetent to proceed or not guilty by reason of insanity under chapter 916.
 - d. Other persons involved in the criminal justice system.
- e. Persons diagnosed as having co-occurring mental illness and substance abuse disorders.
- 2. Persons who are experiencing an acute mental or emotional crisis as defined in s. 394.67(17).
- (b) For <u>substance abuse services</u>, an individual must <u>children's mental health services</u>:
- 1. <u>Have a substance use disorder that meets one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.</u>
- 2. Have a substance use disorder that meets one of the diagnostic categories specified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association as the primary diagnosis and a co-occurring mental illness or serious emotional disturbance.
- 3. Be at risk for initiating alcohol or drug use.

 Children who are at risk of emotional disturbance as defined in s. 394.492(4).
- 2. Children who have an emotional disturbance as defined in s. 394.492(5).
 - 3. Children who have a serious emotional disturbance as

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welfare involvement and parents, legal guardians, or caregivers who put children at risk due to substance abuse.

- (e) Children and adolescents under state supervision.
- (f) Individuals involved in the criminal justice system, including those deemed incompetent to proceed or not guilty by reason of insanity under chapter 916.
- (3) (2) Crisis services, as defined in s. 394.67, must, within the limitations of available state and local matching resources, be available to each individual person who is eligible for services under subsection (1), regardless of the individual's person's ability to pay for such services. An individual A person who is experiencing a mental health crisis and who does not meet the criteria for involuntary examination under s. 394.463(1), or an individual a person who is experiencing a substance abuse crisis and who does not meet the involuntary admission criteria in s. 397.675, must contribute to the cost of his or her care and treatment pursuant to the sliding fee scale developed under subsection (5) (4), unless charging a fee is contraindicated because of the crisis situation.
- $\underline{(4)}$ Mental health services, substance abuse services, and crisis services, as defined in s. 394.67, must, within the limitations of available state and local matching resources, be available to each <u>individual person</u> who is eligible for services under subsection (1). Such <u>individual person</u> must contribute to the cost of his or her care and treatment pursuant to the sliding fee scale developed under subsection (5) $\underline{(4)}$.
- $\underline{\text{(5)}}$ (4) The department shall adopt rules to implement client eligibility, client enrollment, and fee collection requirements

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for publicly funded substance abuse and mental health services.

- (a) The rules must require each provider under contract with the department or a managing entity that which enrolls eligible individuals persons into treatment to develop a sliding fee scale for individuals persons who have a net family income at or above 150 percent of the Federal Poverty Income Guidelines, unless otherwise required by state or federal law. The sliding fee scale must use the uniform schedule of discounts by which a provider under contract with the department or a managing entity discounts its established elient charges for services supported with state, federal, or local funds, using, at a minimum, factors such as family income, financial assets, and family size as declared by the individual person or the individual's person's guardian. The rules must include uniform criteria to be used by all service providers in developing the schedule of discounts for the sliding fee scale.
- (b) The rules must address the most expensive types of treatment, such as residential and inpatient treatment, in order to make it possible for an individual a client to responsibly contribute to his or her mental health or substance abuse care without jeopardizing the family's financial stability. An individual A person who is not eligible for Medicaid and whose net family income is less than 150 percent of the Federal Poverty Income Guidelines must pay a portion of his or her treatment costs which is comparable to the copayment amount required by the Medicaid program for Medicaid clients under pursuant to s. 409.9081.
- (c) The rules must require that <u>individuals</u> persons who receive financial assistance from the Federal Government because

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of a disability and are in long-term residential treatment settings contribute to their board and care costs and treatment costs and must be consistent with the provisions in s. 409.212.

(6) (5) An individual A person who meets the eligibility criteria in subsection (1) shall be served in accordance with the appropriate district substance abuse and mental health services plan specified in s. 394.75 and within available resources.

Section 3. Section 394.908, Florida Statutes, is amended to read:

394.908 Substance abuse and mental health funding equity; distribution of appropriations.—In recognition of the historical inequity in the funding of substance abuse and mental health services for the department's districts and regions and to rectify this inequity and provide for equitable funding in the future throughout the state, the following funding process shall be used:

- (1) Funding thresholds for substance abuse and mental health services in each of the current districts, statewide, shall be established based on the current number of individuals in need per district of substance abuse and mental health services, respectively.
- (2) "Individuals in need" means those persons who <u>meet</u> eligibility criteria under s. 394.674 fit the profile of the respective priority populations and require mental health or substance abuse services.
- (3) Any additional funding beyond the 2005-2006 fiscal year base appropriation for <u>substance abuse</u> alcohol, drug abuse, and mental health services shall be allocated to districts for

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substance abuse and mental health services based on:

(a) Epidemiological estimates of disabilities that apply to individuals in need the respective priority populations.

- (b) A pro rata share distribution that ensures districts below the statewide average funding level per individual in each priority population of "individuals in need" receive funding necessary to achieve equity.
- (4) Priority populations for Individuals in need shall be displayed for each district and distributed concurrently with the approved operating budget. The display by priority population shall show: The annual number of individuals served based on prior year actual numbers, the annual cost per individual served, and the estimated number of the total priority population for individuals in need.
- (5) The annual cost per individual served shall be defined as the total actual funding for mental health or substance abuse services each priority population divided by the number of individuals receiving mental health or substance abuse services served in the priority population for that year.

Section 4. Subsection (6) of section 394.9085, Florida Statutes, is amended to read:

394.9085 Behavioral provider liability.-

(6) For purposes of this section, the terms "detoxification services," "addictions receiving facility," and "receiving facility" have the same meanings as those provided in <u>ss. 397.311(26)(a)3.</u> <u>ss. 397.311(26)(a)4.</u>, 397.311(26)(a)1., and 394.455(39), respectively.

Section 5. Paragraph (a) of subsection (26) of section 397.311, Florida Statutes, is amended to read:

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

- (26) Licensed service components include a comprehensive continuum of accessible and quality substance abuse prevention, intervention, and clinical treatment services, including the following services:
- (a) "Clinical treatment" means a professionally directed, deliberate, and planned regimen of services and interventions that are designed to reduce or eliminate the misuse of drugs and alcohol and promote a healthy, drug-free lifestyle. As defined by rule, "clinical treatment services" include, but are not limited to, the following licensable service components:
- 1. "Addictions receiving facility" is a secure, acute care facility that provides, at a minimum, detoxification and stabilization services; is operated 24 hours per day, 7 days per week; and is designated by the department to serve individuals found to be substance use impaired as described in s. 397.675 who meet the placement criteria for this component.
- 2. "Day or night treatment" is a service provided in a nonresidential environment, with a structured schedule of treatment and rehabilitative services.
- 3. "Day or night treatment with community housing" means a program intended for individuals who can benefit from living independently in peer community housing while participating in treatment services for a minimum of 5 hours a day for a minimum of 25 hours per week.
- 3.4. "Detoxification" is a service involving subacute care that is provided on an inpatient or an outpatient basis to assist individuals to withdraw from the physiological and

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psychological effects of substance abuse and who meet the placement criteria for this component.

- 4.5. "Intensive inpatient treatment" includes a planned regimen of evaluation, observation, medical monitoring, and clinical protocols delivered through an interdisciplinary team approach provided 24 hours per day, 7 days per week, in a highly structured, live-in environment.
- 5.6. "Intensive outpatient treatment" is a service that provides individual or group counseling in a more structured environment, is of higher intensity and duration than outpatient treatment, and is provided to individuals who meet the placement criteria for this component.
- <u>6.7.</u> "Medication-assisted treatment for <u>opioid use</u> <u>disorders</u> opiate addiction" is a service that uses methadone or other medication as authorized by state and federal law, in combination with medical, rehabilitative, <u>supportive</u>, and counseling services in the treatment of individuals who are dependent on opioid drugs.
- 7.8. "Outpatient treatment" is a service that provides individual, group, or family counseling by appointment during scheduled operating hours for individuals who meet the placement criteria for this component.
- 8.9. "Residential treatment" is a service provided in a structured live-in environment within a nonhospital setting on a 24-hours-per-day, 7-days-per-week basis, and is intended for individuals who meet the placement criteria for this component.
- Section 6. Section 397.4012, Florida Statutes, is amended to read:
 - 397.4012 Exemptions from licensure.—The following are

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exempt from the licensing provisions of this chapter:

- (1) A hospital or hospital-based component licensed under chapter 395.
 - (2) A nursing home facility as defined in s. 400.021.
- (3) A substance abuse education program established pursuant to s. 1003.42.
- (4) A facility or institution operated by the Federal Government.
- (5) A physician or physician assistant licensed under chapter 458 or chapter 459.
 - (6) A psychologist licensed under chapter 490.
- (7) A social worker, marriage and family therapist, or mental health counselor licensed under chapter 491.
- (8) A legally cognizable church or nonprofit religious organization or denomination providing substance abuse services, including prevention services, which are solely religious, spiritual, or ecclesiastical in nature. A church or nonprofit religious organization or denomination providing any of the licensed service components itemized under s. 397.311(26) is not exempt from substance abuse licensure but retains its exemption with respect to all services which are solely religious, spiritual, or ecclesiastical in nature.
- (9) Facilities licensed under chapter 393 which, in addition to providing services to persons with developmental disabilities, also provide services to persons developmentally at risk as a consequence of exposure to alcohol or other legal or illegal drugs while in utero.
- (10) DUI education and screening services provided pursuant to ss. 316.192, 316.193, 322.095, 322.271, and 322.291. Persons

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349 or entities providing treatment services must be licensed under 350 this chapter unless exempted from licensing as provided in this 351 section. 352 (11) A facility licensed under s. 394.875 as a crisis 353 stabilization unit. 354 355 The exemptions from licensure in subsections (3), (4), (8), (9), 356 and (10) this section do not apply to any service provider that 357 receives an appropriation, grant, or contract from the state to 358 operate as a service provider as defined in this chapter or to 359 any substance abuse program regulated under pursuant to s. 360 397.4014. Furthermore, this chapter may not be construed to 361 limit the practice of a physician or physician assistant 362 licensed under chapter 458 or chapter 459, a psychologist licensed under chapter 490, a psychotherapist licensed under 363 364 chapter 491, or an advanced practice registered nurse licensed 365 under part I of chapter 464, who provides substance abuse 366 treatment, so long as the physician, physician assistant, 367 psychologist, psychotherapist, or advanced practice registered 368 nurse does not represent to the public that he or she is a 369 licensed service provider and does not provide services to 370 individuals under pursuant to part V of this chapter. Failure to 371 comply with any requirement necessary to maintain an exempt 372 status under this section is a misdemeanor of the first degree, 373 punishable as provided in s. 775.082 or s. 775.083.

(1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND

397.4073 Background checks of service provider personnel.-

Section 7. Paragraph (a) of subsection (1) of section

397.4073, Florida Statutes, is amended to read:

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EXCEPTIONS.-

(a) For all individuals screened on or after July 1, 2019, background checks shall apply as follows:

- 1. All owners, directors, chief financial officers, and clinical supervisors of service providers are subject to level 2 background screening as provided under s. 408.809 and chapter 435. Inmate substance abuse programs operated directly or under contract with the Department of Corrections are exempt from this requirement.
- 2. All service provider personnel who have direct contact with children receiving services or with adults who are developmentally disabled receiving services are subject to level 2 background screening as provided under s. 408.809 and chapter 435.
- 3. All peer specialists who have direct contact with individuals receiving services are subject to level 2 background screening as provided under s. 408.809 and chapter 435. Peer specialists employed or certified before July 1, 2019, are exempt from this requirement if, at the time of their employment or certification, the department knew about any disqualifying offenses of the peer specialist.

Section 8. Subsection (14) of section 916.106, Florida Statutes, is amended to read:

- 916.106 Definitions.—For the purposes of this chapter, the term:
- (14) "Mental illness" means an impairment of the emotional processes that exercise conscious control of one's actions, or of the ability to perceive or understand reality, which impairment substantially interferes with the defendant's ability

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

Section 9. Paragraph (b) of subsection (2) of section 916.13, Florida Statutes, is amended to read:

916.13 Involuntary commitment of defendant adjudicated incompetent.—

- (2) A defendant who has been charged with a felony and who has been adjudicated incompetent to proceed due to mental illness, and who meets the criteria for involuntary commitment under this chapter, may be committed to the department, and the department shall retain and treat the defendant. Within 2 business days after receipt of a completed copy of the court commitment order containing all documentation required by the applicable Florida Rules of Criminal Procedure, the department shall request all medical information relating to the defendant from the jail. The jail shall provide the department with all medical information relating to the defendant within 3 business days after receipt of the department's request.
- (b) A competency hearing shall be held within 30 days after the court receives notification that the defendant is competent to proceed or no longer meets the criteria for continued commitment. The defendant must be transported to the committing court's jurisdiction for the hearing. Each defendant returning to a jail shall continue to receive the same psychotropic

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

Section 10. Subsections (3) and (5) of section 916.15, Florida Statutes, are amended to read:

- 916.15 Involuntary commitment of defendant adjudicated not guilty by reason of insanity.—
- (3) Every defendant acquitted of criminal charges by reason of insanity and found to meet the criteria for involuntary commitment may be committed and treated in accordance with the provisions of this section and the applicable Florida Rules of Criminal Procedure. Within 2 business days after receipt of a completed copy of the court commitment order containing all documentation required by the applicable Florida Rules of Criminal Procedure, the department shall request all medical information relating to the defendant from the jail. The jail shall provide the department with all medical information relating to the defendant within 3 business days after receipt of the department's request. The department shall admit a defendant so adjudicated to an appropriate facility or program for treatment and shall retain and treat such defendant. No

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later than 6 months after the date of admission, <u>before</u> prior to the end of any period of extended commitment, or at any time the administrator or designee <u>determines</u> shall have determined that the defendant no longer meets the criteria for continued commitment placement, the administrator or designee shall file a report with the court pursuant to the applicable Florida Rules of Criminal Procedure.

(5) The commitment hearing shall be held within 30 days after the court receives notification that the defendant no longer meets the criteria for continued commitment. The defendant must be transported to the committing court's jurisdiction for the hearing. Each defendant returning to a jail shall continue to receive the same psychotropic medications as prescribed by the facility physician at the time of discharge from a forensic or civil facility, unless the jail physician determines there is a compelling medical reason to change or discontinue the medication for the health and safety of the defendant. If the jail physician changes or discontinues the medication and the defendant is later determined at the competency hearing to be incompetent to stand trial and is recommitted to the department, the jail physician may not change or discontinue the defendant's prescribed psychotropic medication upon the defendant's next discharge from the forensic or civil facility.

Section 11. This act shall take effect July 1, 2020.