The Committee on Appropriations (Book) recommended the following:

**Senate Amendment (with title amendment)**

Delete lines 267 - 721 and insert:

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

394.455 Definitions.—As used in this part, the term:
“Coordinated specialty care program” means an evidence-based program for individuals who are experiencing the early indications of serious mental illness, especially symptoms of a first psychotic episode, and which includes, but is not limited to, intensive case management, individual or group therapy, supported employment, family education and supports, and the provision of appropriate psychotropic medication as needed.

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

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

(1) As used in this section:

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

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

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

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

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

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

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

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

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

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

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

   c. A tiered receiving system that consists of multiple
entry points, some of which offer only specialized or limited
services. Each service provider shall be classified according to
its capabilities as either a designated receiving facility or
another type of service provider, such as a triage center, a
An accurate inventory of the participating service providers which specifies the capabilities and limitations of each provider and its ability to accept patients under the designated receiving system agreements and the transportation plan developed pursuant to this section shall be maintained and made available at all times to all first responders in the service area.

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

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

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

(f) Care coordination that involves coordination with other local systems and entities, public and private, which are involved with the individual, such as primary care, child welfare, behavioral health care, and criminal and juvenile justice organizations.
(g) Outpatient services.
(h) Residential services.
(i) Hospital inpatient care.
(j) Aftercare and other postdischarge services.
(k) Medication-assisted treatment and medication management.
(l) Recovery support, including, but not limited to, support for competitive employment, educational attainment, independent living skills development, family support and education, wellness management and self-care, and assistance in obtaining housing that meets the individual’s needs. Such housing may include mental health residential treatment facilities, limited mental health assisted living facilities, adult family care homes, and supportive housing. Housing provided using state funds must provide a safe and decent environment free from abuse and neglect.
(m) Care plans shall assign specific responsibility for initial and ongoing evaluation of the supervision and support needs of the individual and the identification of housing that meets such needs. For purposes of this paragraph, the term “supervision” means oversight of and assistance with compliance with the clinical aspects of an individual’s care plan.
(n) Coordinated specialty care programs.
(3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific appropriation by the Legislature, the department may award system improvement grants to managing entities based on a detailed plan to enhance services in accordance with the no-wrong-door model as defined in subsection (1) and to address specific needs identified in the assessment prepared by the
department pursuant to this section. Such a grant must be awarded through a performance-based contract that links payments to the documented and measurable achievement of system improvements.

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

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

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

394.658 Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program requirements.—
(1) The Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee, in collaboration with the Department of Children and Families, the Department of Corrections, the Department of Juvenile Justice, the Department of Elderly Affairs, and the Office of the State Courts Administrator, shall establish criteria to be used to review submitted applications and to select the county that will be awarded a 1-year planning grant or a 3-year implementation or expansion grant. A planning, implementation, or expansion grant...
may not be awarded unless the application of the county meets the established criteria.

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

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

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

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

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

(4) “Crisis services” means short-term evaluation,
stabilization, and brief intervention services provided to a
person who is experiencing an acute mental or emotional crisis,
as defined in subsection (18), or an acute substance abuse
 crisis, as defined in subsection (19), to prevent further
deterioration of the person’s mental health. Crisis services are
provided in settings such as a crisis stabilization unit, an
inpatient unit, a short-term residential treatment program, a
detoxification facility, or an addictions receiving facility; at
the site of the crisis by a mobile crisis response team; or at a
hospital on an outpatient basis.

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

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.

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

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.

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.
7. “Medication-assisted treatment for opioid use disorders” is a service that uses methadone or other medication as authorized by state and federal law, in combination with medical, rehabilitative, supportive, and counseling services in the treatment of individuals who are dependent on opioid drugs.

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.

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

397.321 Duties of the department.—The department shall:

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

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

397.4012 Exemptions from licensure.—The following are 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 or entities providing treatment services must be licensed under this chapter unless exempted from licensing as provided in this section.
(11) A facility licensed under s. 394.875 as a crisis stabilization unit.

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

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

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

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

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

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

786.1516 Immunity for providing assistance in a suicide emergency.—

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

(a) “Emergency care” means assistance or advice offered to avoid, mitigate, or attempt to mitigate the effects of a suicide emergency.

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

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

Section 14. 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
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 15. 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 commitment order and other required documents as stipulated in rule, the department must request from the jail any and all medical information pertaining to the defendant. Within 3 business days after receipt of such a request, the jail shall provide such information to the department.

(a) Within 6 months after the date of admission and at the end of any period of extended commitment, or at any time the administrator or his or her designee determines that the defendant has regained competency to proceed or no longer meets the criteria for continued commitment, the administrator or designee shall file a report with the court pursuant to the applicable Florida Rules of Criminal Procedure.
(b) A competency hearing must 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. If the defendant is receiving psychotropic medication at a mental health facility at the time he or she is discharged and transferred to the jail, the administering of such medication must continue unless the jail physician documents the need to change or discontinue it. The jail and department physicians shall collaborate to ensure that medication changes do not adversely affect the defendant’s mental health status or his or her ability to continue with court proceedings; however, the final authority regarding the administering of medication to an inmate in jail rests with the jail physician.

Section 16. 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. The department shall admit a defendant so adjudicated to an appropriate facility or program for treatment and shall retain and treat such defendant. No later than 6 months after the date of admission, prior to the end of any period of extended commitment, or at any time that the administrator or his or her designee determines 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. Within 2 business days after receipt of a commitment order and other required documents as stipulated in rule, the department must request from the jail any and all medical information pertaining to the defendant. Within 3 business days after receipt of such a request, the jail shall provide such information to the department.

(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. If the defendant is receiving psychotropic medication at a mental health facility at the time he or she is discharged and transferred to the jail, the administering of such medication must continue unless the jail physician documents the need to change or discontinue it. The jail and department physicians shall collaborate to ensure that medication changes do not adversely affect the defendant’s mental health status or his or her ability to continue with court proceedings; however, the final authority regarding the administering of medication to an inmate in jail rests with the jail physician.

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

1002.33 Charter schools.—

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

(a) By October 1, 2020, every charter school must:
1. Incorporate 2 hours of training offered pursuant to s. 1012.583. The training must be included in the existing continuing education or inservice training requirements for instructional personnel and may not add to the total hours currently required by the department. Every charter school must require all instructional personnel to participate.

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

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

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

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

(2) By October 1, 2020, every public school must A school shall be considered a “Suicide Prevention Certified School” if it:

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

(b) **Has** at least two school-based staff members certified or otherwise deemed competent in the use of a suicide screening instrument approved under subsection (1) and **has** a policy to use such suicide risk screening instrument to evaluate a student’s suicide risk before requesting the initiation of, or initiating, an involuntary examination due to concerns about that student’s suicide risk.

(3) **Every public school** that meets the criteria in subsection (2) must report its compliance **with this section** to the department. The department shall keep an updated record of all Suicide Prevention Certified Schools and shall post the list of these schools on the department’s website. Each school shall also post on its own website whether it is a Suicide Prevention Certified School, and each school district shall post on its district website a list of the Suicide Prevention Certified Schools in that district.

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

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

(3)(a)1. Except as otherwise provided in subparagraph (b)1. or paragraph (e), before the department provides psychotropic medications to a child in its custody, the prescribing physician or a psychiatric nurse, as defined in s. 394.455, shall attempt to obtain express and informed consent, as defined in s. 394.455(16) or 394.455(15) and as described in s. 394.459(3)(a),
from the child’s parent or legal guardian. The department must
take steps necessary to facilitate the inclusion of the parent
in the child’s consultation with the physician or psychiatric
nurse, as defined in s. 394.455. However, if the parental rights
of the parent have been terminated, the parent’s location or
identity is unknown or cannot reasonably be ascertained, or the
parent declines to give express and informed consent, the
department may, after consultation with the prescribing
physician or psychiatric nurse, as defined in s. 394.455, seek
court authorization to provide the psychotropic medications to
the child. Unless parental rights have been terminated and if it
is possible to do so, the department shall continue to involve
the parent in the decisionmaking process regarding the provision
of psychotropic medications. If, at any time, a parent whose
parental rights have not been terminated provides express and
informed consent to the provision of a psychotropic medication,
the requirements of this section that the department seek court
authorization do not apply to that medication until such time as
the parent no longer consents.

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

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

394.495 Child and adolescent mental health system of care;
programs and services.—
(3) Assessments must be performed by:
   (a) A professional as defined in s. 394.455(5), (7), (32), (33), (36) (35), or (37) (36); 
   (b) A professional licensed under chapter 491; or 
   (c) A person who is under the direct supervision of a qualified professional as defined in s. 394.455(5), (7), (32), (33), (36) (35), or (37) (36) or a professional licensed under chapter 491.

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

394.496 Service planning.—
(5) A professional as defined in s. 394.455(5), (7), (32), (33), (36) (35), or (37) (36) or a professional licensed under chapter 491 must be included among those persons developing the services plan.

Section 22. Paragraph (a) of subsection (1) of 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 a member of at least one of the department’s priority populations approved by the Legislature. The priority populations include:
   (a) For adult mental health services:
      1. 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 within this group are:

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(18) or 394.67(17).

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

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

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

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

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

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

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

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

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

Section 24. 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 ss. 397.311(26)(a)3., 397.311(26)(a)4., 397.311(26)(a)1., and 394.455(40) 394.455(39),

And the title is amended as follows:

Delete lines 2 - 75

and insert:
An act relating to mental health and substance abuse; amending s. 14.2019, F.S.; providing additional duties for the Statewide Office for Suicide Prevention; establishing the First Responders Suicide Deterrence Task Force adjunct to the office; specifying the task force’s purpose; providing for the composition and the duties of the task force; requiring the task force to submit reports to the Governor and the Legislature on an annual basis; providing for future repeal; amending s. 14.20195, F.S.; providing additional duties for the Suicide Prevention Coordinating Council; revising the composition of the council; amending s. 334.044, F.S.; requiring the Department of Transportation to work with the office in developing a plan relating to evidence-based suicide deterrents in certain locations; amending s. 394.455, F.S.; defining the term “coordinated specialty care program”; revising the definition of the term “mental illness”; amending s. 394.4573, F.S.; revising the requirements for the annual state behavioral health services assessment; revising the essential elements of a coordinated system of care; amending s. 394.463, F.S.; requiring that certain information be provided to the guardian or representative of a minor patient released from involuntary examination; amending s. 394.658, F.S.; revising the application criteria for the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program to include support for coordinated specialty care programs; amending s.
394.67, F.S.; defining the term “coordinated specialty care program”; amending s. 397.311, F.S.; redefining the term “medication-assisted treatment opiate addiction” as “medication-assisted treatment for opioid use disorders”; amending s. 397.321, F.S.; deleting a provision requiring the Department of Children and Families to develop a certification process by rule for community substance abuse prevention coalitions; amending s. 397.4012, F.S.; revising applicability for certain licensure exemptions; creating s. 456.0342, F.S.; providing applicability; requiring specified persons to complete certain suicide prevention education courses by a specified date; requiring certain boards to include the hours for such courses in the total hours of continuing education required for the profession; creating s. 786.1516, F.S.; defining the terms “emergency care” and “suicide emergency”; providing that persons providing certain emergency care are not liable for civil damages or penalties under certain circumstances; 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 to request a defendant’s medical information from a jail within a certain timeframe after receiving a commitment order and other required documentation; requiring the jail to provide such information within a certain timeframe; requiring the continued administration of psychotropic medication to a
defendant if he or she is receiving such medication at a mental health facility at the time that he or she is discharged and transferred to the jail; providing an exception; requiring the jail and department physicians to collaborate on a defendant’s medication changes for certain purposes; specifying that the jail physician has the final authority regarding the administering of medication to an inmate; amending ss. 1002.33 and 1012.583, F.S.; requiring charter schools and public schools, respectively, to incorporate certain training on suicide prevention in continuing education and inservice training requirements; providing that such schools must require all instructional personnel to participate in the training; requiring such schools to have a specified minimum number of staff members who are certified or deemed competent in the use of suicide screening instruments; requiring such schools to have a policy for such instruments; requiring such schools to report certain compliance to the Department of Education; conforming provisions to changes made by the act; amending ss. 39.407, 394.495, 394.496, 394.674, 394.74, 394.9085,