

By the Committees on Appropriations; Judiciary; and
Appropriations

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1
2 A bill to be entitled
3 An act relating to mental health and substance abuse;
4 amending ss. 29.004, 39.001, 39.507, and 39.521, F.S.;
5 conforming provisions to changes made by the act;
6 amending s. 381.0056, F.S.; revising the definition of
7 the term "emergency health needs"; requiring school
8 health services plans to include notification
9 requirements when a student is removed from school,
10 school transportation, or a school-sponsored activity
11 for involuntary examination; amending s. 394.453,
12 F.S.; providing legislative intent regarding the
13 development of programs related to substance abuse
14 impairment by the Department of Children and Families;
15 expanding legislative intent related to a guarantee of
16 dignity and human rights to all individuals who are
17 admitted to substance abuse treatment facilities;
18 amending s. 394.455, F.S.; defining and redefining
19 terms; deleting terms; amending s. 394.457, F.S.;
20 adding substance abuse services as a program focus for
21 which the Department of Children and Families is
22 responsible; deleting a requirement that the
23 department establish minimum standards for personnel
24 employed in mental health programs and provide
25 orientation and training materials; amending s.
26 394.4573, F.S.; deleting a term; adding substance
27 abuse care as an element of the continuity of care
28 management system that the department must establish;
29 deleting duties and measures of performance of the

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30 department regarding the continuity of care management
31 system; amending s. 394.459, F.S.; extending a right
32 to dignity to all individuals held for examination or
33 admitted for mental health or substance abuse
34 treatment; providing procedural requirements that must
35 be followed to detain without consent an individual
36 who has a substance abuse impairment but who has not
37 been charged with a criminal offense; providing that
38 individuals held for examination or admitted for
39 treatment at a facility have a right to certain
40 evaluation and treatment procedures; removing
41 provisions regarding express and informed consent for
42 medical procedures requiring the use of a general
43 anesthetic or electroconvulsive treatment; requiring
44 facilities to have written procedures for reporting
45 events that place individuals receiving services at
46 risk of harm; requiring service providers to provide
47 information concerning advance directives to
48 individuals receiving services; amending s. 394.4597,
49 F.S.; specifying certain persons who are prohibited
50 from being selected as an individual's representative;
51 providing certain rights to representatives; amending
52 s. 394.4598, F.S.; specifying certain persons who are
53 prohibited from being appointed as an individual's
54 guardian advocate; providing guidelines for decisions
55 of guardian advocates; amending s. 394.4599, F.S.;
56 including health care surrogates and proxies as
57 individuals who may act on behalf of an individual
58 involuntarily admitted to a facility; requiring a

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59 receiving facility to give notice immediately of the
60 whereabouts of a minor who is being held involuntarily
61 to the minor's parent, guardian, caregiver, or
62 guardian advocate; providing circumstances when
63 notification may be delayed; requiring the receiving
64 facility to make continuous attempts to notify;
65 authorizing the receiving facility to seek assistant
66 from law enforcement under certain circumstances;
67 requiring the receiving facility to document
68 notification attempts in the minor's clinical record;
69 amending s. 394.4615, F.S.; adding a condition under
70 which the clinical record of an individual must be
71 released to the state attorney; providing for the
72 release of information from the clinical record to law
73 enforcement agencies under certain circumstances;
74 amending s. 394.462, F.S.; providing that a person in
75 custody for a felony other than a forcible felony must
76 be transported to the nearest receiving facility for
77 examination; providing that a law enforcement officer
78 may transport an individual meeting the criteria for
79 voluntary admission to a mental health receiving
80 facility, addictions receiving facility, or
81 detoxification facility at the individual's request;
82 amending s. 394.4625, F.S.; providing criteria for the
83 examination and treatment of an individual who is
84 voluntarily admitted to a facility; providing criteria
85 for the release or discharge of the individual;
86 providing that a voluntarily admitted individual who
87 is released or discharged and who is currently charged

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88 with a crime shall be returned to the custody of a law
89 enforcement officer; providing procedures for
90 transferring an individual to voluntary status and
91 involuntary status; amending s. 394.463, F.S.;
92 providing for the involuntary examination of a person
93 for a substance abuse impairment; providing for the
94 transportation of an individual for an involuntary
95 examination; providing that a certificate for an
96 involuntary examination must contain certain
97 information; providing criteria and procedures for the
98 release of an individual held for involuntary
99 examination from receiving or treatment facilities;
100 amending s. 394.4655, F.S.; adding substance abuse
101 impairment as a condition to which criteria for
102 involuntary outpatient placement apply; providing
103 guidelines for an attorney representing an individual
104 subject to proceedings for involuntary outpatient
105 placement; providing guidelines for the state attorney
106 in prosecuting a petition for involuntary placement;
107 requiring the court to consider certain information
108 when determining whether to appoint a guardian
109 advocate for the individual; requiring the court to
110 inform the individual and his or her representatives
111 of the individual's right to an independent expert
112 examination with regard to proceedings for involuntary
113 outpatient placement; amending s. 394.467, F.S.;
114 adding substance abuse impairment as a condition to
115 which criteria for involuntary inpatient placement
116 apply; adding addictions receiving facilities and

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117 detoxification facilities as identified receiving
118 facilities; providing for first and second medical
119 opinions in proceedings for placement for treatment of
120 substance abuse impairment; providing guidelines for
121 attorney representation of an individual subject to
122 proceedings for involuntary inpatient placement;
123 providing guidelines for the state attorney in
124 prosecuting a petition for involuntary placement;
125 setting standards for the court to accept a waiver of
126 the individual's rights; requiring the court to
127 consider certain testimony regarding the individual's
128 prior history in proceedings; requiring the Division
129 of Administrative Hearings to inform the individual
130 and his or her representatives of the right to an
131 independent expert examination; amending s. 394.4672,
132 F.S.; providing authority of facilities of the United
133 States Department of Veterans Affairs to conduct
134 certain examinations and provide certain treatments;
135 amending s. 394.47891, F.S.; expanding eligibility
136 criteria for military veterans' and servicemembers'
137 court programs; creating s. 394.47892, F.S.;
138 authorizing counties to fund treatment-based mental
139 health court programs; providing legislative intent;
140 providing that pretrial program participation is
141 voluntary; specifying criteria that a court must
142 consider before sentencing a person to a
143 postadjudicatory treatment-based mental health court
144 program; requiring a judge presiding over a
145 postadjudicatory treatment-based mental health court

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146 program to hear a violation of probation or community
147 control under certain circumstances; providing that
148 treatment-based mental health court programs may
149 include specified programs; requiring a judicial
150 circuit with a treatment-based mental health court
151 program to establish a coordinator position, subject
152 to annual appropriation by the Legislature; providing
153 county funding requirements for treatment-based mental
154 health court programs; authorizing the chief judge of
155 a judicial circuit to appoint an advisory committee
156 for the treatment-based mental health court program;
157 specifying membership of the committee; amending s.
158 394.656, F.S.; revising the composition and duties of
159 the Criminal Justice, Mental Health, and Substance
160 Abuse Statewide Grant Review Committee within the
161 Department of Children and Families; requiring the
162 department to create a grant review and selection
163 committee; prescribing duties of the committee;
164 authorizing a designated not-for-profit community
165 provider to apply for certain grants; amending s.
166 394.875, F.S.; removing a limitation on the number of
167 beds in crisis stabilization units; amending s.
168 394.9082, F.S.; defining the term "public receiving
169 facility"; requiring the department to establish
170 specified standards and protocols with respect to the
171 administration of the crisis stabilization services
172 utilization database; directing managing entities to
173 require public receiving facilities to submit
174 utilization data on a periodic basis; providing

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175 requirements for the data; requiring managing entities
176 to periodically submit aggregate data to the
177 department; requiring the department to adopt rules;
178 requiring the department to annually submit a report
179 to the Governor and the Legislature; prescribing
180 report requirements; providing an appropriation to
181 implement the database; providing a directive to the
182 Division of Law Revision and Information; creating s.
183 765.4015, F.S.; providing a short title; creating s.
184 765.402, F.S.; providing legislative findings;
185 creating s. 765.403, F.S.; defining terms; creating s.
186 765.405, F.S.; authorizing an adult with capacity to
187 execute a mental health or substance abuse treatment
188 advance directive; providing a presumption of validity
189 if certain requirements are met; specifying provisions
190 that an advance directive may include; creating s.
191 765.406, F.S.; providing for execution of the mental
192 health or substance abuse treatment advance directive;
193 establishing requirements for a valid mental health or
194 substance abuse treatment advance directive; providing
195 that a mental health or substance abuse treatment
196 advance directive is valid upon execution even if a
197 part of the advance directive takes effect at a later
198 date; allowing a mental health or substance abuse
199 treatment advance directive to be revoked, in whole or
200 in part, or to expire under its own terms; specifying
201 that a mental health or substance abuse treatment
202 advance directive does not or may not serve specified
203 purposes; creating s. 765.407, F.S.; providing

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204 circumstances under which a mental health or substance
205 abuse treatment advance directive may be revoked;
206 providing circumstances under which a principal may
207 waive specific directive provisions without revoking
208 the advance directive; creating s. 765.410, F.S.;
209 prohibiting criminal prosecution of a health care
210 facility, provider, or surrogate who acts pursuant to
211 a mental health or substance abuse treatment decision;
212 creating s. 765.411, F.S.; providing for recognition
213 of a mental health and substance abuse treatment
214 advance directive executed in another state if it
215 complies with the laws of this state; creating s.
216 916.185, F.S.; providing legislative findings and
217 intent; defining terms; creating the Forensic Hospital
218 Diversion Pilot Program; requiring the Department of
219 Children and Families to implement a Forensic Hospital
220 Diversion Pilot Program in five specified judicial
221 circuits; providing eligibility criteria for
222 participation in the pilot program; providing
223 legislative intent concerning the training of judges;
224 authorizing the department to adopt rules; directing
225 the Office of Program Policy Analysis and Government
226 Accountability to submit a report to the Governor and
227 the Legislature; creating s. 944.805, F.S.; defining
228 the terms "department" and "nonviolent offender";
229 requiring the Department of Corrections to develop and
230 administer a reentry program for nonviolent offenders
231 which is intended to divert nonviolent offenders from
232 long periods of incarceration; requiring that the

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233 program include intensive substance abuse treatment
234 and rehabilitation programs; providing for the minimum
235 length of service in the program; providing that any
236 portion of a sentence before placement in the program
237 does not count as progress toward program completion;
238 identifying permissible locations for the operation of
239 a reentry program; specifying eligibility criteria for
240 a nonviolent offender's participation in the reentry
241 program; requiring the department to screen and select
242 eligible offenders for the program based on specified
243 considerations; requiring the department to notify a
244 nonviolent offender's sentencing court to obtain
245 approval before the nonviolent offender is placed in
246 the reentry program; requiring the department to
247 notify the state attorney that an offender is being
248 considered for placement in the program; authorizing
249 the state attorney to file objections to placing the
250 offender in the reentry program within a specified
251 period; authorizing the sentencing court to consider
252 certain factors when deciding whether to approve an
253 offender for placement in a reentry program; requiring
254 the sentencing court to notify the department of the
255 court's decision to approve or disapprove the
256 requested placement within a specified period;
257 requiring a nonviolent offender to undergo an
258 educational assessment and a complete substance abuse
259 assessment if admitted into the reentry program;
260 requiring an offender to be enrolled in an adult
261 education program in specified circumstances;

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262 requiring that assessments of vocational skills and
263 future career education be provided to an offender;
264 requiring that certain reevaluation be made
265 periodically; providing that a participating
266 nonviolent offender is subject to the disciplinary
267 rules of the department; specifying the reasons for
268 which an offender may be terminated from the reentry
269 program; requiring that the department submit a report
270 to the sentencing court at least 30 days before a
271 nonviolent offender is scheduled to complete the
272 reentry program; specifying the issues to be addressed
273 in the report; authorizing a court to schedule a
274 hearing to consider any modification to an imposed
275 sentence; requiring the sentencing court to issue an
276 order modifying the sentence imposed and placing a
277 nonviolent offender on drug offender probation if the
278 nonviolent offender's performance is satisfactory;
279 authorizing the court to revoke probation and impose
280 the original sentence in specified circumstances;
281 authorizing the court to require an offender to
282 complete a postadjudicatory drug court program in
283 specified circumstances; directing the department to
284 implement the reentry program using available
285 resources; authorizing the department to enter into
286 contracts with qualified individuals, agencies, or
287 corporations for services for the reentry program;
288 requiring offenders to abide by department conduct
289 rules; authorizing the department to impose
290 administrative or protective confinement as necessary;

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291 providing that the section does not create a right to
292 placement in the reentry program or any right to
293 placement or early release under supervision of any
294 type; providing that the section does not create a
295 cause of action related to the program; authorizing
296 the department to establish a system of incentives
297 within the reentry program which the department may
298 use to promote participation in rehabilitative
299 programs and the orderly operation of institutions and
300 facilities; requiring the department to develop a
301 system for tracking recidivism, including, but not
302 limited to, rearrests and recommitment of nonviolent
303 offenders who successfully complete the reentry
304 program, and to report on recidivism in an annual
305 report; requiring the department to submit an annual
306 report to the Governor and Legislature detailing the
307 extent of implementation of the reentry program,
308 specifying requirements for the report; requiring the
309 department to adopt rules; providing that specified
310 provisions are not severable; amending s. 948.08,
311 F.S.; expanding the definition of the term "veteran"
312 for purposes of eligibility requirements for a
313 pretrial intervention program; amending s. 948.16,
314 F.S.; expanding the definition of the term "veteran"
315 for purposes of eligibility requirements for a
316 misdemeanor pretrial veterans' treatment intervention
317 program; amending s. 948.21, F.S.; authorizing a court
318 to impose certain conditions on certain probationers
319 or community controllees; amending ss. 1002.20 and

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320 1002.33, F.S.; requiring public school and charter
321 school principals or their designees to provide notice
322 of the whereabouts of a student removed from school,
323 school transportation, or a school-sponsored activity
324 for involuntary examination; providing circumstances
325 under which notification may be delayed; requiring
326 district school boards and charter school governing
327 boards to develop notification policies and
328 procedures; amending ss. 39.407, 394.4612, 394.495,
329 394.496, 394.499, 394.67, 394.674, 394.9085, 397.311,
330 397.702, 397.94, 402.3057, 409.1757, 409.972, 744.704,
331 and 790.065, F.S.; conforming cross-references;
332 repealing ss. 397.601, 397.675, 397.6751, 397.6752,
333 397.6758, 397.6759, 397.677, 397.6771, 397.6772,
334 397.6773, 397.6774, 397.6775, 397.679, 397.6791,
335 397.6793, 397.6795, 397.6797, 397.6798, 397.6799,
336 397.681, 397.6811, 397.6814, 397.6815, 397.6818,
337 397.6819, 397.6821, 397.6822, 397.693, 397.695,
338 397.6951, 397.6955, 397.6957, 397.697, 397.6971,
339 397.6975, and 397.6977, F.S.; reenacting ss.
340 394.4685(1), and 394.469(2), F.S., to incorporate the
341 amendment made to s. 394.4599, F.S., in references
342 thereto; providing effective dates.

343

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

345

346 Section 1. Paragraph (e) is added to subsection (10) of
347 section 29.004, Florida Statutes, to read:

348 29.004 State courts system.—For purposes of implementing s.

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349 14, Art. V of the State Constitution, the elements of the state
350 courts system to be provided from state revenues appropriated by
351 general law are as follows:

352 (10) Case management. Case management includes:

353 (e) Service referral, coordination, monitoring, and
354 tracking for treatment-based mental health court programs under
355 s. 394.47892.

356

357 Case management may not include costs associated with the
358 application of therapeutic jurisprudence principles by the
359 courts. Case management also may not include case intake and
360 records management conducted by the clerk of court.

361 Section 2. Subsection (6) of section 39.001, Florida
362 Statutes, is amended to read:

363 39.001 Purposes and intent; personnel standards and
364 screening.—

365 (6) MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES.—

366 (a) The Legislature recognizes that early referral and
367 comprehensive treatment can help combat mental illnesses and
368 substance abuse disorders in families and that treatment is
369 cost-effective.

370 (b) The Legislature establishes the following goals for the
371 state related to mental illness and substance abuse treatment
372 services in the dependency process:

373 1. To ensure the safety of children.

374 2. To prevent and remediate the consequences of mental
375 illnesses and substance abuse disorders on families involved in
376 protective supervision or foster care and reduce the occurrences
377 of mental illnesses and substance abuse disorders, including

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378 alcohol abuse or related disorders, for families who are at risk
379 of being involved in protective supervision or foster care.

380 3. To expedite permanency for children and reunify healthy,
381 intact families, when appropriate.

382 4. To support families in recovery.

383 (c) The Legislature finds that children in the care of the
384 state's dependency system need appropriate health care services,
385 that the impact of mental illnesses and substance abuse
386 disorders on health indicates the need for health care services
387 to include treatment for mental health and substance abuse
388 disorders ~~services~~ to children and parents where appropriate,
389 and that it is in the state's best interest that such children
390 be provided the services they need to enable them to become and
391 remain independent of state care. In order to provide these
392 services, the state's dependency system must have the ability to
393 identify and provide appropriate intervention and treatment for
394 children with personal or family-related mental illness and
395 substance abuse problems.

396 (d) It is the intent of the Legislature to encourage the
397 use of the treatment-based mental health court program model
398 established under s. 394.47892 and drug court program model
399 established by s. 397.334 and authorize courts to assess
400 children and persons who have custody or are requesting custody
401 of children where good cause is shown to identify and address
402 mental illnesses and substance abuse disorders ~~problems~~ as the
403 court deems appropriate at every stage of the dependency
404 process. Participation in treatment, including a treatment-based
405 mental health court program or a treatment-based drug court
406 program, may be required by the court following adjudication.

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407 Participation in assessment and treatment before ~~prior to~~
408 adjudication is ~~shall be~~ voluntary, except as provided in s.
409 39.407(16).

410 (e) It is therefore the purpose of the Legislature to
411 provide authority for the state to contract with mental health
412 service providers and community substance abuse treatment
413 providers for the development and operation of specialized
414 support and overlay services for the dependency system, which
415 will be fully implemented and used as resources permit.

416 (f) Participation in a treatment-based mental health court
417 program or a ~~the~~ treatment-based drug court program does not
418 divest any public or private agency of its responsibility for a
419 child or adult, but is intended to enable these agencies to
420 better meet their needs through shared responsibility and
421 resources.

422 Section 3. Subsection (10) of section 39.507, Florida
423 Statutes, is amended to read:

424 39.507 Adjudicatory hearings; orders of adjudication.—

425 (10) After an adjudication of dependency, or a finding of
426 dependency where adjudication is withheld, the court may order a
427 person who has custody or is requesting custody of the child to
428 submit to a mental health or substance abuse disorder assessment
429 or evaluation. The assessment or evaluation must be administered
430 by a qualified professional, as defined in s. 397.311. The court
431 may also require such person to participate in and comply with
432 treatment and services identified as necessary, including, when
433 appropriate and available, participation in and compliance with
434 a treatment-based mental health court program established under
435 s. 394.47892 or a treatment-based drug court program established

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436 under s. 397.334. In addition to supervision by the department,
437 the court, including the treatment-based mental health court
438 program or treatment-based drug court program, may oversee the
439 progress and compliance with treatment by a person who has
440 custody or is requesting custody of the child. The court may
441 impose appropriate available sanctions for noncompliance upon a
442 person who has custody or is requesting custody of the child or
443 make a finding of noncompliance for consideration in determining
444 whether an alternative placement of the child is in the child's
445 best interests. Any order entered under this subsection may be
446 made only upon good cause shown. This subsection does not
447 authorize placement of a child with a person seeking custody,
448 other than the parent or legal custodian, who requires mental
449 health or substance abuse disorder treatment.

450 Section 4. Paragraph (b) of subsection (1) of section
451 39.521, Florida Statutes, is amended to read:

452 39.521 Disposition hearings; powers of disposition.—

453 (1) A disposition hearing shall be conducted by the court,
454 if the court finds that the facts alleged in the petition for
455 dependency were proven in the adjudicatory hearing, or if the
456 parents or legal custodians have consented to the finding of
457 dependency or admitted the allegations in the petition, have
458 failed to appear for the arraignment hearing after proper
459 notice, or have not been located despite a diligent search
460 having been conducted.

461 (b) When any child is adjudicated by a court to be
462 dependent, the court having jurisdiction of the child has the
463 power by order to:

464 1. Require the parent and, when appropriate, the legal

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465 custodian and the child to participate in treatment and services
466 identified as necessary. The court may require the person who
467 has custody or who is requesting custody of the child to submit
468 to a mental health or substance abuse disorder assessment or
469 evaluation. The assessment or evaluation must be administered by
470 a qualified professional, as defined in s. 397.311. The court
471 may also require such person to participate in and comply with
472 treatment and services identified as necessary, including, when
473 appropriate and available, participation in and compliance with
474 a treatment-based mental health court program established under
475 s. 394.47892 or treatment-based drug court program established
476 under s. 397.334. In addition to supervision by the department,
477 the court, including the treatment-based mental health court
478 program or treatment-based drug court program, may oversee the
479 progress and compliance with treatment by a person who has
480 custody or is requesting custody of the child. The court may
481 impose appropriate available sanctions for noncompliance upon a
482 person who has custody or is requesting custody of the child or
483 make a finding of noncompliance for consideration in determining
484 whether an alternative placement of the child is in the child's
485 best interests. Any order entered under this subparagraph may be
486 made only upon good cause shown. This subparagraph does not
487 authorize placement of a child with a person seeking custody of
488 the child, other than the child's parent or legal custodian, who
489 requires mental health or substance abuse disorder treatment.

490 2. Require, if the court deems necessary, the parties to
491 participate in dependency mediation.

492 3. Require placement of the child either under the
493 protective supervision of an authorized agent of the department

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494 in the home of one or both of the child's parents or in the home
495 of a relative of the child or another adult approved by the
496 court, or in the custody of the department. Protective
497 supervision continues until the court terminates it or until the
498 child reaches the age of 18, whichever date is first. Protective
499 supervision shall be terminated by the court whenever the court
500 determines that permanency has been achieved for the child,
501 whether with a parent, another relative, or a legal custodian,
502 and that protective supervision is no longer needed. The
503 termination of supervision may be with or without retaining
504 jurisdiction, at the court's discretion, and shall in either
505 case be considered a permanency option for the child. The order
506 terminating supervision by the department shall set forth the
507 powers of the custodian of the child and shall include the
508 powers ordinarily granted to a guardian of the person of a minor
509 unless otherwise specified. Upon the court's termination of
510 supervision by the department, no further judicial reviews are
511 required, so long as permanency has been established for the
512 child.

513 Section 5. Subsection (2) and paragraph (a) of subsection
514 (4) of section 381.0056, Florida Statutes, are amended to read:

515 381.0056 School health services program.—

516 (2) As used in this section, the term:

517 (a) "Emergency health needs" means onsite evaluation,
518 management, and aid for illness or injury pending the student's
519 return to the classroom or release to a parent, guardian,
520 designated friend, law enforcement officer, or designated health
521 care provider.

522 (b) "Entity" or "health care entity" means a unit of local

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523 government or a political subdivision of the state; a hospital
524 licensed under chapter 395; a health maintenance organization
525 certified under chapter 641; a health insurer authorized under
526 the Florida Insurance Code; a community health center; a migrant
527 health center; a federally qualified health center; an
528 organization that meets the requirements for nonprofit status
529 under s. 501(c) (3) of the Internal Revenue Code; a private
530 industry or business; or a philanthropic foundation that agrees
531 to participate in a public-private partnership with a county
532 health department, local school district, or school in the
533 delivery of school health services, and agrees to the terms and
534 conditions for the delivery of such services as required by this
535 section and as documented in the local school health services
536 plan.

537 (c) "Invasive screening" means any screening procedure in
538 which the skin or any body orifice is penetrated.

539 (d) "Physical examination" means a thorough evaluation of
540 the health status of an individual.

541 (e) "School health services plan" means the document that
542 describes the services to be provided, the responsibility for
543 provision of the services, the anticipated expenditures to
544 provide the services, and evidence of cooperative planning by
545 local school districts and county health departments.

546 (f) "Screening" means presumptive identification of unknown
547 or unrecognized diseases or defects by the application of tests
548 that can be given with ease and rapidity to apparently healthy
549 persons.

550 (4) (a) Each county health department shall develop, jointly
551 with the district school board and the local school health

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552 advisory committee, a school health services plan.~~;~~ and The plan
553 must include, at a minimum, provisions for all of the following:

- 554 1. Health appraisal;
- 555 2. Records review;
- 556 3. Nurse assessment;
- 557 4. Nutrition assessment;
- 558 5. A preventive dental program;
- 559 6. Vision screening;
- 560 7. Hearing screening;
- 561 8. Scoliosis screening;
- 562 9. Growth and development screening;
- 563 10. Health counseling;
- 564 11. Referral and followup of suspected or confirmed health
565 problems by the local county health department;
- 566 12. Meeting emergency health needs in each school;
- 567 13. County health department personnel to assist school
568 personnel in health education curriculum development;
- 569 14. Referral of students to appropriate health treatment,
570 in cooperation with the private health community whenever
571 possible;
- 572 15. Consultation with a student's parent or guardian
573 regarding the need for health attention by the family physician,
574 dentist, or other specialist when definitive diagnosis or
575 treatment is indicated;
- 576 16. Maintenance of records on incidents of health problems,
577 corrective measures taken, and such other information as may be
578 needed to plan and evaluate health programs; except, however,
579 that provisions in the plan for maintenance of health records of
580 individual students must be in accordance with s. 1002.22;

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581 17. Health information which will be provided by the school
582 health nurses, when necessary, regarding the placement of
583 students in exceptional student programs and the reevaluation at
584 periodic intervals of students placed in such programs; and

585 18. Notification to the local nonpublic schools of the
586 school health services program and the opportunity for
587 representatives of the local nonpublic schools to participate in
588 the development of the cooperative health services plan.

589 19. Immediate notification to a student's parent, guardian,
590 or caregiver if the student is removed from school, school
591 transportation, or a school-sponsored activity and taken to a
592 receiving facility for an involuntary examination pursuant to s.
593 394.463, including any requirements established under ss.
594 1002.20(3) and 1002.33(9), as applicable.

595 Section 6. Section 394.453, Florida Statutes, is amended to
596 read:

597 394.453 Legislative intent.—It is the intent of the
598 Legislature to authorize and direct the Department of Children
599 and Families to evaluate, research, plan, and recommend to the
600 Governor and the Legislature programs designed to reduce the
601 occurrence, severity, duration, and disabling aspects of mental,
602 emotional, and behavioral disorders and substance abuse
603 impairment. It is the intent of the Legislature that treatment
604 programs for such disorders shall include, but not be limited
605 to, comprehensive health, social, educational, and
606 rehabilitative services for individuals ~~to persons~~ requiring
607 intensive short-term and continued treatment in order to
608 encourage them to assume responsibility for their treatment and
609 recovery. It is intended that such individuals ~~persons~~ be

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610 provided with emergency service and temporary detention for
 611 evaluation if ~~when~~ required; that they be admitted to treatment
 612 facilities if ~~on a voluntary basis when~~ extended or continuing
 613 care is needed and unavailable in the community; that
 614 involuntary placement be provided only if ~~when~~ expert evaluation
 615 determines that it is necessary; that any involuntary treatment
 616 or examination be accomplished in a setting that ~~which~~ is
 617 clinically appropriate and most likely to facilitate the
 618 individual's ~~person's~~ return to the community as soon as
 619 possible; and that ~~individual~~ dignity and human rights be
 620 guaranteed to all individuals ~~persons~~ who are admitted to mental
 621 health and substance abuse treatment facilities or who are being
 622 held under s. 394.463. It is the further intent of the
 623 Legislature that the least restrictive means of intervention be
 624 employed based on the individual's ~~individual~~ needs ~~of each~~
 625 ~~person,~~ within the scope of available services. It is the policy
 626 of this state that the use of restraint and seclusion ~~on clients~~
 627 is justified only as an emergency safety measure to be used in
 628 response to imminent danger to the individual ~~client~~ or others.
 629 It is, therefore, the intent of the Legislature to achieve an
 630 ongoing reduction in the use of restraint and seclusion in
 631 programs and facilities serving individuals ~~persons~~ with mental
 632 illness or with a substance abuse impairment.

633 Section 7. Effective July 1, 2016, section 394.455, Florida
 634 Statutes, is reordered and amended to read:

635 394.455 Definitions.—As used in this part, unless the
 636 context clearly requires otherwise, the term:

637 (1) "Addictions receiving facility" means a secure, acute
 638 care facility that, at a minimum, provides detoxification and

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639 stabilization services; is operated 24 hours per day, 7 days a
640 week; and is designated by the department to serve individuals
641 found to have substance abuse impairment as defined in
642 subsection (44) who qualify for services under this section.

643 (2)~~(1)~~ "Administrator" means the chief administrative
644 officer of a receiving or treatment facility or his or her
645 designee.

646 (3) "Adult" means an individual who is 18 years of age or
647 older, or who has had the disability of nonage removed pursuant
648 to s. 743.01 or s. 743.015.

649 (4) "Advanced registered nurse practitioner" means any
650 person licensed in this state to practice professional nursing
651 who is certified in advanced or specialized nursing practice
652 under s. 464.012.

653 (36)~~(2)~~ "Clinical Psychologist" means a psychologist as
654 defined in s. 490.003(7) ~~with 3 years of postdoctoral experience~~
655 ~~in the practice of clinical psychology, inclusive of the~~
656 ~~experience required for licensure~~, or a psychologist employed by
657 a facility operated by the United States Department of Veterans
658 Affairs that qualifies as a receiving or treatment facility
659 under this part.

660 (5)~~(3)~~ "Clinical record" means all parts of the record
661 required to be maintained and includes all medical records,
662 progress notes, charts, and admission and discharge data, and
663 all other information recorded by a facility staff which
664 pertains to an individual's ~~the patient's~~ hospitalization or
665 treatment.

666 (6)~~(4)~~ "Clinical social worker" means a person licensed as
667 a clinical social worker under s. 491.005 or s. 491.006 or a

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668 person employed as a clinical social worker by a facility
669 operated by the United States Department of Veterans Affairs or
670 the United States Department of Defense under ~~chapter 491~~.

671 (7)~~(5)~~ "Community facility" means a a ~~any~~ community service
672 provider contracting with the department to furnish substance
673 abuse or mental health services under part IV of this chapter.

674 (8)~~(6)~~ "Community mental health center or clinic" means a
675 publicly funded, not-for-profit center that ~~which~~ contracts with
676 the department for the provision of inpatient, outpatient, day
677 treatment, or emergency services.

678 (9)~~(7)~~ "Court," unless otherwise specified, means the
679 circuit court.

680 (10)~~(8)~~ "Department" means the Department of Children and
681 Families.

682 (11) "Detoxification facility" means a facility licensed to
683 provide detoxification services under chapter 397.

684 (12) "Electronic means" means a form of telecommunication
685 that requires all parties to maintain visual as well as audio
686 communication.

687 (13)~~(9)~~ "Express and informed consent" means consent
688 voluntarily given in writing, by a competent individual ~~person~~,
689 after sufficient explanation and disclosure of the subject
690 matter involved to enable the individual ~~person~~ to make a
691 knowing and willful decision without any element of force,
692 fraud, deceit, duress, or other form of constraint or coercion.

693 (14)~~(10)~~ "Facility" means any hospital, community facility,
694 public or private facility, or receiving or treatment facility
695 providing for the evaluation, diagnosis, care, treatment,
696 training, or hospitalization of individuals ~~persons~~ who appear

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697 to have ~~a mental illness~~ or who have been diagnosed as having a
698 mental illness or substance abuse impairment. The term
699 "Facility" does not include a ~~any~~ program or entity licensed
700 under ~~pursuant to~~ chapter 400 or chapter 429.

701 (15) "Governmental facility" means a facility owned,
702 operated, or administered by the Department of Corrections or
703 the United States Department of Veterans Affairs.

704 (16) ~~(11)~~ "Guardian" means the natural guardian of a minor,
705 or a person appointed by a court to act on behalf of a ward's
706 person if the ward is a minor or has been adjudicated
707 incapacitated.

708 (17) ~~(12)~~ "Guardian advocate" means a person appointed by a
709 court to make decisions regarding mental health or substance
710 abuse treatment on behalf of an individual ~~a patient~~ who has
711 been found incompetent to consent to treatment pursuant to this
712 part. ~~The guardian advocate may be granted specific additional~~
713 ~~powers by written order of the court, as provided in this part.~~

714 (18) ~~(13)~~ "Hospital" means a hospital ~~facility as defined in~~
715 ~~s. 395.002 and~~ licensed under chapter 395 and part II of chapter
716 408.

717 (19) ~~(14)~~ "Incapacitated" means that an individual ~~a person~~
718 has been adjudicated incapacitated pursuant to part V of chapter
719 744 and a guardian of the person has been appointed.

720 (20) ~~(15)~~ "Incompetent to consent to treatment" means that
721 an individual's ~~a person's~~ judgment is so affected by a ~~his or~~
722 ~~her~~ mental illness, a substance abuse impairment, or other
723 medical or organic cause that he or she ~~the person~~ lacks the
724 capacity to make a well-reasoned, willful, and knowing decision
725 concerning his or her medical, ~~or~~ mental health, or substance

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726 abuse treatment.

727 (21) "Involuntary examination" means an examination
728 performed under s. 394.463 to determine whether an individual
729 qualifies for involuntary outpatient placement under s. 394.4655
730 or involuntary inpatient placement under s. 394.467.

731 (22) "Involuntary placement" means involuntary outpatient
732 placement under s. 394.4655 or involuntary inpatient placement
733 in a receiving or treatment facility under s. 394.467.

734 (23)~~(16)~~ "Law enforcement officer" means a law enforcement
735 officer as defined in s. 943.10.

736 (24) "Marriage and family therapist" means a person
737 licensed to practice marriage and family therapy under s.
738 491.005 or s. 491.006 or a person employed as a marriage and
739 family therapist by a facility operated by the United States
740 Department of Veterans Affairs or the United States Department
741 of Defense.

742 (25) "Mental health counselor" means a person licensed to
743 practice mental health counseling under s. 491.005 or s. 491.006
744 or a person employed as a mental health counselor by a facility
745 operated by the United States Department of Veterans Affairs or
746 the United States Department of Defense.

747 (26)~~(17)~~ "Mental health overlay program" means a mobile
748 service that ~~which~~ provides an independent examination for
749 voluntary admission ~~admissions~~ and a range of supplemental
750 onsite services to an individual who has ~~persons with~~ a mental
751 illness in a residential setting such as a nursing home,
752 assisted living facility, adult family-care home, or
753 nonresidential setting such as an adult day care center.
754 Independent examinations provided ~~pursuant to this part~~ through

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755 a mental health overlay program must ~~only~~ be provided only under
756 contract with the department ~~for this service~~ or must be
757 attached to a public receiving facility that is also a community
758 mental health center.

759 (28) ~~(18)~~ "Mental illness" means an impairment of the mental
760 or emotional processes that exercise conscious control of one's
761 actions or of the ability to perceive or understand reality,
762 which impairment substantially interferes with the individual's
763 ~~person's~~ ability to meet the ordinary demands of living. For the
764 purposes of this part, the term does not include a developmental
765 disability as defined in chapter 393, intoxication, or
766 conditions manifested only by antisocial behavior or substance
767 abuse impairment.

768 (29) "Minor" means an individual who is 17 years of age or
769 younger and who has not had the disabilities of nonage removed
770 pursuant to s. 743.01 or s. 743.015.

771 (30) ~~(19)~~ "Mobile crisis response service" means a
772 nonresidential crisis service ~~attached to a public receiving~~
773 ~~facility and~~ available 24 hours a day, 7 days a week, ~~through~~
774 which provides immediate intensive assessments and
775 interventions, including screening for admission into a mental
776 health receiving facility, an addictions receiving facility, or
777 a detoxification facility, take place for the purpose of
778 identifying appropriate treatment services.

779 ~~(20) "Patient" means any person who is held or accepted for~~
780 ~~mental health treatment.~~

781 (31) ~~(21)~~ "Physician" means a medical practitioner licensed
782 under chapter 458 or chapter 459 ~~who has experience in the~~
783 ~~diagnosis and treatment of mental and nervous disorders~~ or a

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784 physician employed by a facility operated by the United States
785 Department of Veterans Affairs or the United States Department
786 of Defense ~~which qualifies as a receiving or treatment facility~~
787 ~~under this part.~~

788 (32) "Physician assistant" means a person licensed under
789 chapter 458 or chapter 459 who has experience in the diagnosis
790 and treatment of mental disorders or a person employed as a
791 physician assistant by a facility operated by the United States
792 Department of Veterans Affairs or the United States Department
793 of Defense.

794 (33)~~(22)~~ "Private facility" means any hospital or facility
795 operated by a for-profit or not-for-profit corporation or
796 association that provides mental health or substance abuse
797 services and is not a public facility.

798 (34)~~(23)~~ "Psychiatric nurse" means an advanced ~~a~~ registered
799 nurse practitioner certified under s. 464.012 ~~licensed under~~
800 ~~part I of chapter 464~~ who has a master's or doctoral degree ~~or a~~
801 ~~doctorate~~ in psychiatric nursing, holds a national advanced
802 practice certification as a psychiatric-mental health advanced
803 practice nurse, and has 2 years of post-master's clinical
804 experience under the supervision of a physician; or a person
805 employed as a psychiatric nurse by a facility operated by the
806 United States Department of Veterans Affairs or the United
807 States Department of Defense.

808 (35)~~(24)~~ "Psychiatrist" means a medical practitioner
809 licensed under chapter 458 or chapter 459 ~~who has primarily~~
810 ~~diagnosed and treated mental and nervous disorders for at least~~
811 ~~a period of not less than 3 years, inclusive of psychiatric~~
812 residency, or a person employed as a psychiatrist by a facility

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813 operated by the United States Department of Veterans Affairs or
814 the United States Department of Defense.

815 (37)~~(25)~~ "Public facility" means any facility that has
816 contracted with the department to provide mental health or
817 substance abuse services to all individuals ~~persons~~, regardless
818 of their ability to pay, and is receiving state funds for such
819 purpose.

820 (27)~~(26)~~ "Mental health receiving facility" means any
821 public or private facility designated by the department to
822 receive and hold individuals in involuntary status ~~involuntary~~
823 ~~patients under emergency conditions or for psychiatric~~
824 evaluation and to provide ~~short-term~~ treatment. The term does
825 not include a county jail.

826 (38)~~(27)~~ "Representative" means a person selected pursuant
827 to s. 394.4597(2) ~~to receive notice of proceedings during the~~
828 ~~time a patient is held in or admitted to a receiving or~~
829 ~~treatment facility.~~

830 (39)~~(28)~~ (a) "Restraint" means a physical device, method, or
831 drug used to control behavior.

832 (a) A physical restraint is any manual method or physical
833 or mechanical device, material, or equipment attached or
834 adjacent to an ~~the~~ individual's body so that he or she cannot
835 easily remove the restraint and which restricts freedom of
836 movement or normal access to one's body.

837 (b) A drug used as a restraint is a medication used to
838 control an individual's ~~the person's~~ behavior or to restrict his
839 or her freedom of movement and is not part of the standard
840 treatment regimen for an individual having ~~of a person with a~~
841 diagnosed mental illness ~~who is a client of the department.~~

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842 Physically holding an individual ~~a person~~ during a procedure to
843 forcibly administer psychotropic medication is a physical
844 restraint.

845 (c) Restraint does not include physical devices, such as
846 orthopedically prescribed appliances, surgical dressings and
847 bandages, supportive body bands, or other physical holding ~~when~~
848 necessary for routine physical examinations and tests; ~~or~~ for
849 purposes of orthopedic, surgical, or other similar medical
850 treatment; ~~when used~~ to provide support for the achievement of
851 functional body position or proper balance; or ~~when used~~ to
852 protect an individual ~~a person~~ from falling out of bed.

853 (40) "School psychologist" has the same meaning as defined
854 in s. 490.003.

855 (41) ~~(29)~~ "Seclusion" means the physical segregation ~~of a~~
856 ~~person in any fashion~~ or involuntary isolation of an individual
857 ~~a person~~ in a room or area from which the individual person is
858 prevented from leaving. The prevention may be by physical
859 barrier or by a staff member who is acting in a manner, or who
860 is physically situated, so as to prevent the individual person
861 from leaving the room or area. For purposes of this chapter, the
862 term does not mean isolation due to an individual's ~~a person's~~
863 medical condition or symptoms.

864 (42) ~~(30)~~ "Secretary" means the Secretary of Children and
865 Families.

866 (43) "Service provider" means a mental health receiving
867 facility, any facility licensed under chapter 397, a treatment
868 facility, an entity under contract with the department to
869 provide mental health or substance abuse services, a community
870 mental health center or clinic, a psychologist, a clinical

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871 social worker, a marriage and family therapist, a mental health
872 counselor, a physician, a psychiatrist, an advanced registered
873 nurse practitioner, or a psychiatric nurse.

874 (44) "Substance abuse impairment" means a condition
875 involving the use of alcoholic beverages or any psychoactive or
876 mood-altering substance in such a manner as to induce mental,
877 emotional, or physical problems and cause socially dysfunctional
878 behavior.

879 (45) "Substance abuse qualified professional" has the same
880 meaning as the term "qualified professional" as defined in s.
881 397.311.

882 (46)~~(31)~~ "Transfer evaluation" means the process, as
883 approved by the appropriate district office of the department,
884 in which an individual whereby a person who is being considered
885 for placement in a state treatment facility is first evaluated
886 for appropriateness of admission to a treatment the facility.
887 The transfer evaluation shall be conducted by the department, by
888 a ~~community-based~~ public receiving facility, or by another
889 service provider as authorized by the department, or by a
890 community mental health center or clinic if the public receiving
891 facility is not a community mental health center or clinic.

892 (47)~~(32)~~ "Treatment facility" means a any state-owned,
893 state-operated, or state-supported hospital, center, or clinic
894 designated by the department for extended treatment and
895 hospitalization of individuals who have a mental illness, beyond
896 that provided for by a receiving facility or a, of persons who
897 have a mental illness, including facilities of the United States
898 Government, and any private facility designated by the
899 department when rendering such services to a person pursuant to

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900 ~~the provisions of this part. Patients treated in facilities of~~
901 ~~the United States Government shall be solely those whose care is~~
902 ~~the responsibility of the United States Department of Veterans~~
903 ~~Affairs.~~

904 ~~(33) "Service provider" means any public or private~~
905 ~~receiving facility, an entity under contract with the Department~~
906 ~~of Children and Families to provide mental health services, a~~
907 ~~clinical psychologist, a clinical social worker, a marriage and~~
908 ~~family therapist, a mental health counselor, a physician, a~~
909 ~~psychiatric nurse as defined in subsection (23), or a community~~
910 ~~mental health center or clinic as defined in this part.~~

911 ~~(34) "Involuntary examination" means an examination~~
912 ~~performed under s. 394.463 to determine if an individual~~
913 ~~qualifies for involuntary inpatient treatment under s.~~
914 ~~394.467(1) or involuntary outpatient treatment under s.~~
915 ~~394.4655(1).~~

916 ~~(35) "Involuntary placement" means either involuntary~~
917 ~~outpatient treatment pursuant to s. 394.4655 or involuntary~~
918 ~~inpatient treatment pursuant to s. 394.467.~~

919 ~~(36) "Marriage and family therapist" means a person~~
920 ~~licensed as a marriage and family therapist under chapter 491.~~

921 ~~(37) "Mental health counselor" means a person licensed as a~~
922 ~~mental health counselor under chapter 491.~~

923 ~~(38) "Electronic means" means a form of telecommunication~~
924 ~~that requires all parties to maintain visual as well as audio~~
925 ~~communication.~~

926 Section 8. Effective July 1, 2016, section 394.457, Florida
927 Statutes, is amended to read:

928 394.457 Operation and administration.-

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929 (1) ADMINISTRATION.—The Department of Children and Families
930 is designated the “Mental Health Authority” of Florida. The
931 department and the Agency for Health Care Administration shall
932 exercise executive and administrative supervision over all
933 ~~mental health~~ facilities, programs, and services.

934 (2) RESPONSIBILITIES OF THE DEPARTMENT.—The department is
935 responsible for:

936 (a) The planning, evaluation, and implementation of a
937 complete and comprehensive statewide ~~program of~~ mental health
938 and substance abuse program, including community services,
939 receiving and treatment facilities, child services, research,
940 and training as authorized and approved by the Legislature,
941 based on the annual program budget of the department. The
942 department is also responsible for the coordination of efforts
943 with other departments and divisions of the state government,
944 county and municipal governments, and private agencies concerned
945 with and providing mental health and substance abuse services.
946 It is responsible for establishing standards, providing
947 technical assistance, and supervising ~~exercising supervision of~~
948 mental health and substance abuse programs of, and the treatment
949 of individuals ~~patients~~ at, community facilities, other
950 facilities serving individuals ~~for persons~~ who have a mental
951 illness or substance abuse impairment, and any agency or
952 facility providing services under ~~to patients pursuant to~~ this
953 part.

954 (b) The publication and distribution of an information
955 handbook to facilitate understanding of this part, the policies
956 and procedures involved in the implementation of this part, and
957 the responsibilities of the various providers of services under

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958 this part. It shall stimulate research by public and private
959 agencies, institutions of higher learning, and hospitals in the
960 interest of the elimination and amelioration of mental illness.

961 (3) POWER TO CONTRACT.—The department may contract to
962 provide, and be provided with, services and facilities in order
963 to carry out its responsibilities under this part with the
964 following agencies: public and private hospitals; receiving and
965 treatment facilities; clinics; laboratories; departments,
966 divisions, and other units of state government; the state
967 colleges and universities; the community colleges; private
968 colleges and universities; counties, municipalities, and any
969 other governmental unit, including facilities of the United
970 States Government; and any other public or private entity which
971 provides or needs facilities or services. Baker Act funds for
972 community inpatient, crisis stabilization, short-term
973 residential treatment, and screening services must be allocated
974 to each county pursuant to the department's funding allocation
975 methodology. Notwithstanding s. 287.057(3)(e), contracts for
976 community-based Baker Act services for inpatient, crisis
977 stabilization, short-term residential treatment, and screening
978 provided under this part, other than those with other units of
979 government, to be provided for the department must be awarded
980 using competitive sealed bids if the county commission of the
981 county receiving the services makes a request to the
982 department's district office by January 15 of the contracting
983 year. The district may not enter into a competitively bid
984 contract under this provision if such action will result in
985 increases of state or local expenditures for Baker Act services
986 within the district. Contracts for these Baker Act services

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987 using competitive sealed bids are effective for 3 years. The
988 department shall adopt rules establishing minimum standards for
989 such contracted services and facilities and shall make periodic
990 audits and inspections to assure that the contracted services
991 are provided and meet the standards of the department.

992 (4) APPLICATION FOR AND ACCEPTANCE OF GIFTS AND GRANTS.—The
993 department may apply for and accept any funds, grants, gifts, or
994 services made available to it by any agency or department of the
995 Federal Government or any other public or private agency or
996 person ~~individual~~ in aid of mental health and substance abuse
997 programs. All such moneys must ~~shall~~ be deposited in the State
998 Treasury and ~~shall be~~ disbursed as provided by law.

999 (5) RULES.—The department shall adopt rules:

1000 (a) Establishing ~~The department shall adopt rules~~
1001 ~~establishing~~ forms and procedures relating to the rights and
1002 privileges of individuals being examined or treated at ~~patients~~
1003 ~~seeking mental health treatment from~~ facilities under this part.

1004 (b) ~~The department shall adopt rules~~ Necessary for the
1005 implementation and administration of ~~the provisions of this~~
1006 ~~part.~~, and A program subject to ~~the provisions of this part~~ may
1007 ~~shall not be permitted to~~ operate unless rules designed to
1008 ensure the protection of the health, safety, and welfare of the
1009 individuals examined and ~~patients~~ treated under ~~through~~ such
1010 program have been adopted. Such rules ~~adopted under this~~
1011 ~~subsection~~ must include provisions governing the use of
1012 restraint and seclusion which are consistent with recognized
1013 best practices and professional judgment; prohibit inherently
1014 dangerous restraint or seclusion procedures; establish
1015 limitations on the use and duration of restraint and seclusion;

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1016 establish measures to ensure the safety of program participants
1017 and staff during an incident of restraint or seclusion;
1018 establish procedures for staff to follow before, during, and
1019 after incidents of restraint or seclusion; establish
1020 professional qualifications ~~of~~ and training for staff who may
1021 order or be engaged in the use of restraint or seclusion; and
1022 establish mandatory reporting, data collection, and data
1023 dissemination procedures and requirements. Such rules ~~adopted~~
1024 ~~under this subsection~~ must require that each instance of the use
1025 of restraint or seclusion be documented in the clinical record
1026 of the individual who has been restrained or secluded patient.

1027 (c) Establishing ~~The department shall adopt rules~~
1028 ~~establishing~~ minimum standards for services provided by a mental
1029 health overlay program or a mobile crisis response service.

1030 ~~(6) PERSONNEL.—~~

1031 ~~(a) The department shall, by rule, establish minimum~~
1032 ~~standards of education and experience for professional and~~
1033 ~~technical personnel employed in mental health programs,~~
1034 ~~including members of a mobile crisis response service.~~

1035 ~~(b) The department shall design and distribute appropriate~~
1036 ~~materials for the orientation and training of persons actively~~
1037 ~~engaged in implementing the provisions of this part relating to~~
1038 ~~the involuntary examination and placement of persons who are~~
1039 ~~believed to have a mental illness.~~

1040 (6) ~~(7)~~ PAYMENT FOR CARE OF PATIENTS.—Fees and fee
1041 collections for patients in state-owned, state-operated, or
1042 state-supported treatment facilities shall be according to s.
1043 402.33.

1044 Section 9. Section 394.4573, Florida Statutes, is amended

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1045 to read:

1046 394.4573 Continuity of care management system; measures of
1047 performance; reports.—

1048 (1) For the purposes of this section, the term:

1049 (a) "Case management" means those activities aimed at
1050 assessing ~~client~~ needs, planning services, linking the service
1051 system ~~to a client~~, coordinating the various system components,
1052 monitoring service delivery, and evaluating the effect of
1053 service delivery.

1054 (b) "Case manager" means a person ~~an individual~~ who works
1055 with clients~~,~~ and their families and significant others~~,~~ to
1056 provide case management.

1057 (c) "Client manager" means an employee of the department
1058 who is assigned to specific provider agencies and geographic
1059 areas to ensure that the full range of needed services is
1060 available to clients.

1061 ~~(d) "Continuity of care management system" means a system~~
1062 ~~that assures, within available resources, that clients have~~
1063 ~~access to the full array of services within the mental health~~
1064 ~~services delivery system.~~

1065 (2) The department shall ensure the establishment of ~~is~~
1066 ~~directed to implement~~ a continuity of care management system for
1067 the provision of mental health and substance abuse care in
1068 compliance with s. 394.9082. ~~, through the provision of client~~
1069 ~~and case management, including clients referred from state~~
1070 ~~treatment facilities to community mental health facilities. Such~~
1071 ~~system shall include a network of client managers and case~~
1072 ~~managers throughout the state designed to:~~

1073 ~~(a) Reduce the possibility of a client's admission or~~

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1074 ~~readmission to a state treatment facility.~~

1075 ~~(b) Provide for the creation or designation of an agency in~~
1076 ~~each county to provide single intake services for each person~~
1077 ~~seeking mental health services. Such agency shall provide~~
1078 ~~information and referral services necessary to ensure that~~
1079 ~~clients receive the most appropriate and least restrictive form~~
1080 ~~of care, based on the individual needs of the person seeking~~
1081 ~~treatment. Such agency shall have a single telephone number,~~
1082 ~~operating 24 hours per day, 7 days per week, where practicable,~~
1083 ~~at a central location, where each client will have a central~~
1084 ~~record.~~

1085 ~~(c) Advocate on behalf of the client to ensure that all~~
1086 ~~appropriate services are afforded to the client in a timely and~~
1087 ~~dignified manner.~~

1088 ~~(d) Require that any public receiving facility initiating a~~
1089 ~~patient transfer to a licensed hospital for acute care mental~~
1090 ~~health services not accessible through the public receiving~~
1091 ~~facility shall notify the hospital of such transfer and send all~~
1092 ~~records relating to the emergency psychiatric or medical~~
1093 ~~condition.~~

1094 ~~(3) The department is directed to develop and include in~~
1095 ~~contracts with service providers measures of performance with~~
1096 ~~regard to goals and objectives as specified in the state plan.~~
1097 ~~Such measures shall use, to the extent practical, existing data~~
1098 ~~collection methods and reports and shall not require, as a~~
1099 ~~result of this subsection, additional reports on the part of~~
1100 ~~service providers. The department shall plan monitoring visits~~
1101 ~~of community mental health facilities with other state, federal,~~
1102 ~~and local governmental and private agencies charged with~~

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1103 ~~monitoring such facilities.~~

1104 Section 10. Effective July 1, 2016, section 394.459,
1105 Florida Statutes, is amended to read:

1106 394.459 Rights of individuals receiving treatment and
1107 services ~~patients.~~

1108 (1) RIGHT TO ~~INDIVIDUAL~~ DIGNITY.—It is the policy of this
1109 state that the ~~individual~~ dignity of all individuals held for
1110 examination or admitted for mental health or substance abuse
1111 treatment ~~the patient shall~~ be respected at all times and upon
1112 all occasions, including ~~any occasion~~ when the individual
1113 ~~patient~~ is taken into custody, held, or transported. Procedures,
1114 facilities, vehicles, and restraining devices used ~~utilized~~ for
1115 criminals or those accused of a crime ~~may shall~~ not be used in
1116 connection with individuals ~~persons~~ who have a mental illness or
1117 substance abuse impairment, except for the protection of that
1118 individual ~~the patient~~ or others. An individual ~~Persons~~ who has
1119 ~~have~~ a mental illness but who has ~~are~~ not been charged with a
1120 criminal offense ~~may shall~~ not be detained or incarcerated in
1121 the jails of this state. An individual ~~A person~~ who is receiving
1122 treatment for mental illness or substance abuse ~~may shall~~ not be
1123 deprived of his or her ~~any~~ constitutional rights. However, if
1124 such individual ~~a person~~ is adjudicated incapacitated, his or
1125 her rights may be limited to the same extent that the rights of
1126 any incapacitated individual ~~person~~ are limited by law.

1127 (2) PROTECTIVE CUSTODY WITHOUT CONSENT FOR SUBSTANCE ABUSE
1128 IMPAIRMENT.—An individual who has a substance abuse impairment
1129 but who has not been charged with a criminal offense may be
1130 placed in protective custody without his or her consent, subject
1131 to the limitations specified in this subsection. If it has been

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1132 determined that a hospital, an addictions receiving facility, or
1133 a licensed detoxification facility is the most appropriate
1134 placement for the individual, law enforcement may implement
1135 protective custody measures as specified in this subsection.

1136 (a) An individual meets the criteria for placement in
1137 protective custody if there is a good faith reason to believe
1138 that the individual is impaired by substance abuse, has lost the
1139 power of self-control with respect to substance use because of
1140 such impairment, and:

1141 1. Has inflicted, or threatened or attempted to inflict, or
1142 unless admitted is likely to inflict, physical harm on himself
1143 or herself or another; or

1144 2. Is in need of substance abuse services and, by reason of
1145 substance abuse impairment, is incapacitated and unable to make
1146 a rational decision with regard thereto. However, mere refusal
1147 to seek or obtain such services does not constitute evidence of
1148 lack of judgment with respect to his or her need for such
1149 services.

1150 (b) If an individual who is in circumstances that justify
1151 protective custody as described in paragraph (a) fails or
1152 refuses to consent to assistance and a law enforcement officer
1153 has determined that a hospital, an addictions receiving
1154 facility, or a licensed detoxification facility is the most
1155 appropriate place for such individual, the officer may, after
1156 giving due consideration to the expressed wishes of the
1157 individual:

1158 1. Take the individual to a hospital, an addictions
1159 receiving facility, or a licensed detoxification facility
1160 against the individual's will but without using unreasonable

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1161 force; or

1162 2. In the case of an adult, detain the individual for his
1163 or her own protection in any municipal or county jail or other
1164 appropriate detention facility.

1165
1166 Detention under this paragraph is not to be considered an arrest
1167 for any purpose, and an entry or other record may not be made to
1168 indicate that the individual has been detained or charged with
1169 any crime. The officer in charge of the detention facility must
1170 notify the nearest appropriate licensed service provider within
1171 8 hours after detention that the individual has been detained.
1172 The detention facility must arrange, as necessary, for
1173 transportation of the individual to an appropriate licensed
1174 service provider with an available bed. Individuals detained
1175 under this paragraph must be assessed by an attending physician
1176 without unnecessary delay and within a 72-hour period to
1177 determine the need for further services.

1178 (c) The nearest relative of a minor in protective custody
1179 must be notified by the law enforcement officer, as must the
1180 nearest relative of an adult, unless the adult requests that
1181 there be no notification.

1182 (d) An individual who is in protective custody must be
1183 released by a qualified professional when any of the following
1184 circumstances occur:

1185 1. The individual no longer meets the protective custody
1186 criteria set out in paragraph (a);

1187 2. A 72-hour period has elapsed since the individual was
1188 taken into custody; or

1189 3. The individual has consented voluntarily to readmission

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1190 at the facility of the licensed service provider.

1191 (e) An individual may be detained in protective custody
1192 beyond the 72-hour period if a petitioner has initiated
1193 proceedings for involuntary assessment or treatment. The timely
1194 filing of the petition authorizes the service provider to retain
1195 physical custody of the individual pending further order of the
1196 court.

1197 (3)-(2) RIGHT TO TREATMENT.-An individual held for
1198 examination or admitted for mental illness or substance abuse
1199 treatment:

1200 (a) May ~~A person shall~~ not be denied treatment for mental
1201 illness or substance abuse impairment, and services may shall
1202 not be delayed at a mental health receiving facility, addictions
1203 receiving facility, detoxification facility, or treatment
1204 facility because of inability to pay. However, every reasonable
1205 effort to collect appropriate reimbursement for the cost of
1206 providing mental health or substance abuse services from
1207 individuals to persons able to pay for services, including
1208 insurance or third-party payments by third-party payers, shall
1209 be made by facilities providing services under pursuant to this
1210 part.

1211 (b) Shall be provided ~~It is further the policy of the state~~
1212 ~~that~~ the least restrictive appropriate available treatment,
1213 which must be utilized based on the individual's individual
1214 needs and best interests of the patient and consistent with the
1215 optimum improvement of the individual's patient's condition.

1216 (c) Shall ~~Each person who remains at a receiving or~~
1217 ~~treatment facility for more than 12 hours shall~~ be given a
1218 physical examination by a health practitioner authorized by law

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1219 to give such examinations, and a mental health or substance
1220 abuse evaluation, as appropriate, by a psychiatrist,
1221 psychologist, psychiatric nurse, or qualified substance abuse
1222 professional, within 24 hours after arrival at such facility if
1223 the individual has not been released or discharged pursuant to
1224 s. 394.463(2) (h) or s. 394.469. The physical examination and
1225 mental health evaluation must be documented in the clinical
1226 record. The physical and mental health examinations shall
1227 include efforts to identify indicators of substance abuse
1228 impairment, substance abuse intoxication, and substance abuse
1229 withdrawal.

1230 (d) Shall ~~Every patient in a facility shall~~ be afforded the
1231 opportunity to participate in activities designed to enhance
1232 self-image and the beneficial effects of other treatments, as
1233 determined by the facility.

1234 (e) Shall, not more than 5 days after admission to a
1235 facility, ~~each patient shall~~ have and receive an individualized
1236 treatment plan in writing, which the individual patient has had
1237 an opportunity to assist in preparing and to review before ~~prior~~
1238 ~~to its~~ implementation. The plan must ~~shall~~ include a space for
1239 the individual's patient's comments and signature.

1240 ~~(4)(3)~~ RIGHT TO EXPRESS AND INFORMED ~~PATIENT~~ CONSENT.—

1241 ~~(a)1.~~ Each individual patient entering treatment shall be
1242 asked to give express and informed consent for admission or
1243 treatment.

1244 (a) If the individual patient has been adjudicated
1245 incapacitated or found to be incompetent to consent to
1246 treatment, express and informed consent must ~~to treatment shall~~
1247 be sought from his or her ~~instead from the patient's~~ guardian,

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1248 ~~or guardian advocate, or health care surrogate or proxy.~~ If the
1249 individual patient is a minor, express and informed consent for
1250 admission or treatment must be obtained ~~shall also be requested~~
1251 ~~from the patient's guardian. Express and informed consent for~~
1252 ~~admission or treatment of a patient under 18 years of age shall~~
1253 ~~be required~~ from the minor's patient's guardian, unless the
1254 minor is seeking outpatient crisis intervention services under
1255 s. 394.4784. ~~Express and informed consent for admission or~~
1256 ~~treatment given by a patient who is under 18 years of age shall~~
1257 ~~not be a condition of admission when the patient's guardian~~
1258 ~~gives express and informed consent for the patient's admission~~
1259 ~~pursuant to s. 394.463 or s. 394.467.~~

1260 (b)~~2~~. Before giving express and informed consent, the
1261 following information shall be provided and explained in plain
1262 language to the individual and patient, ~~or to his or her the~~
1263 ~~patient's~~ guardian if the individual patient is an adult 18
1264 ~~years of age or older~~ and has been adjudicated incapacitated, ~~or~~
1265 to his or her the patient's guardian advocate if the individual
1266 ~~patient~~ has been found to be incompetent to consent to
1267 treatment, to the health care surrogate or proxy, or to both the
1268 individual patient and the guardian if the individual patient is
1269 a minor: the reason for admission or treatment; the proposed
1270 treatment ~~and~~; the purpose of such the treatment ~~to be provided~~;
1271 the common risks, benefits, and side effects of the proposed
1272 treatment thereof; the specific dosage range of for the
1273 medication, if when applicable; alternative treatment
1274 modalities; the approximate length of care; the potential
1275 effects of stopping treatment; how treatment will be monitored;
1276 and that any consent given for treatment may be revoked orally

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1277 or in writing before or during the treatment period by the
1278 individual receiving the treatment ~~patient~~ or by a person who is
1279 legally authorized to make health care decisions on the
1280 individual's behalf ~~of the patient~~.

1281 ~~(b) In the case of medical procedures requiring the use of~~
1282 ~~a general anesthetic or electroconvulsive treatment, and prior~~
1283 ~~to performing the procedure, express and informed consent shall~~
1284 ~~be obtained from the patient if the patient is legally~~
1285 ~~competent, from the guardian of a minor patient, from the~~
1286 ~~guardian of a patient who has been adjudicated incapacitated, or~~
1287 ~~from the guardian advocate of the patient if the guardian~~
1288 ~~advocate has been given express court authority to consent to~~
1289 ~~medical procedures or electroconvulsive treatment as provided~~
1290 ~~under s. 394.4598.~~

1291 (c) When the department is the legal guardian of a patient,
1292 or is the custodian of a patient whose physician is unwilling to
1293 perform a medical procedure, including an electroconvulsive
1294 treatment, based solely on the patient's consent and whose
1295 guardian or guardian advocate is unknown or unlocatable, the
1296 court shall hold a hearing to determine the medical necessity of
1297 the medical procedure. The patient shall be physically present,
1298 unless the patient's medical condition precludes such presence,
1299 represented by counsel, and provided the right and opportunity
1300 to be confronted with, and to cross-examine, all witnesses
1301 alleging the medical necessity of such procedure. In such
1302 proceedings, the burden of proof by clear and convincing
1303 evidence shall be on the party alleging the medical necessity of
1304 the procedure.

1305 (d) The administrator of a receiving or treatment facility

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1306 may, upon the recommendation of the patient's attending
 1307 physician, authorize emergency medical treatment, including a
 1308 surgical procedure, if such treatment is deemed lifesaving, or
 1309 if the situation threatens serious bodily harm to the patient,
 1310 and permission of the patient or the patient's guardian or
 1311 guardian advocate cannot be obtained.

1312 (5)~~(4)~~ QUALITY OF TREATMENT.-

1313 (a) Each individual ~~patient~~ shall receive services,
 1314 ~~including, for a patient placed under s. 394.4655~~ shall receive,
 1315 ~~those services that are included in the court order which are~~
 1316 ~~suited to his or her needs, and which shall be~~ administered
 1317 skillfully, safely, and humanely with full respect for the
 1318 individual's ~~patient's~~ dignity and personal integrity. Each
 1319 individual ~~patient~~ shall receive such medical, vocational,
 1320 social, educational, substance abuse, and rehabilitative
 1321 services as his or her condition requires in order to live
 1322 successfully in the community. In order to achieve this goal,
 1323 the department shall ~~is directed to~~ coordinate its mental health
 1324 and substance abuse programs with all other programs of the
 1325 department and other state agencies.

1326 (b) Facilities shall develop and maintain, in a form that
 1327 is accessible to and readily understandable by individuals held
 1328 for examination or admitted for mental health or substance abuse
 1329 treatment ~~patients~~ and consistent with rules adopted by the
 1330 department, ~~the following:~~

1331 1. Criteria, procedures, and required staff training for
 1332 the any use of close or elevated levels of supervision, ~~of~~
 1333 restraint, seclusion, or isolation, ~~or of~~ emergency treatment
 1334 orders, and ~~for the use of~~ bodily control and physical

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1335 management techniques.

1336 2. Procedures for documenting, monitoring, and requiring
1337 clinical review of all uses of the procedures described in
1338 subparagraph 1. and for documenting and requiring review of any
1339 incidents resulting in injury to individuals receiving services
1340 ~~patients~~.

1341 3. A system for investigating, tracking, managing, and
1342 responding to complaints by individuals ~~persons~~ receiving
1343 services or persons ~~individuals~~ acting on their behalf.

1344 (c) Facilities shall have written procedures for reporting
1345 events that place individuals receiving services at risk of
1346 harm. Such events must be reported to the managing entity in the
1347 facility's region and the department as soon as reasonably
1348 possible after discovery and include, but are not limited to:

1349 1. The death, regardless of cause or manner, of an
1350 individual examined or treated at a facility that occurs while
1351 the individual is at the facility or that occurs within 72 hours
1352 after release, if the death is known to the facility
1353 administrator.

1354 2. An injury sustained, or allegedly sustained, at a
1355 facility, by an individual examined or treated at the facility
1356 and caused by an accident, self-inflicted injury, assault, act
1357 of abuse, neglect, or suicide attempt, if the injury requires
1358 medical treatment by a licensed health care practitioner in an
1359 acute care medical facility.

1360 3. The unauthorized departure or absence of an individual
1361 from a facility in which he or she has been held for involuntary
1362 examination or involuntary placement.

1363 4. A disaster or crisis situation such as a tornado,

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1364 hurricane, kidnapping, riot, or hostage situation that
1365 jeopardizes the health, safety, or welfare of individuals
1366 examined or treated in a facility.

1367 5. An allegation of sexual battery upon an individual
1368 examined or treated in a facility.

1369 (d)~~(e)~~ A facility may not use seclusion or restraint for
1370 punishment, to compensate for inadequate staffing, or for the
1371 convenience of staff. Facilities shall ensure that all staff are
1372 made aware of these restrictions ~~on the use of seclusion and~~
1373 ~~restraint and shall make and maintain records that which~~
1374 demonstrate that this information has been conveyed to each
1375 ~~individual~~ staff member ~~members~~.

1376 (6)~~(5)~~ COMMUNICATION, ABUSE REPORTING, AND VISITS.—

1377 (a) Each individual ~~person receiving services~~ in a facility
1378 providing mental health services under this part has the right
1379 to communicate freely and privately with persons outside the
1380 facility unless it is determined that such communication is
1381 likely to be harmful to the individual ~~person~~ or others. Each
1382 facility shall make available ~~as soon as reasonably possible to~~
1383 ~~persons receiving services~~ a telephone that allows for free
1384 local calls and access to a long-distance service to the
1385 individual as soon as reasonably possible. A facility is not
1386 required to pay the costs of the individual's ~~a patient's~~ long-
1387 distance calls. The telephone must ~~shall~~ be readily accessible
1388 ~~to the patient~~ and ~~shall be~~ placed so that the individual
1389 ~~patient~~ may use it to communicate privately and confidentially.
1390 The facility may establish reasonable rules for the use of the
1391 ~~this~~ telephone which, ~~provided that the rules~~ do not interfere
1392 with an individual's ~~a patient's~~ access to a telephone to report

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1393 abuse pursuant to paragraph (e).

1394 (b) Each individual ~~patient~~ admitted to a facility under
1395 ~~the provisions of~~ this part shall be allowed to receive, send,
1396 and mail sealed, unopened correspondence; and the individual's
1397 ~~no patient's~~ incoming or outgoing correspondence may not ~~shall~~
1398 be opened, delayed, held, or censored by the facility unless
1399 there is reason to believe that it contains items or substances
1400 that ~~which~~ may be harmful to the individual ~~patient~~ or others,
1401 in which case the administrator may direct reasonable
1402 examination of such mail and may regulate the disposition of
1403 such items or substances.

1404 (c) Each facility shall allow ~~must permit~~ immediate access
1405 to an individual ~~any patient~~, subject to the ~~patient's~~ right to
1406 deny or withdraw consent at any time, by the individual, or by
1407 the individual's ~~patient's~~ family members, guardian, guardian
1408 advocate, health care surrogate or proxy, representative,
1409 ~~Florida statewide or local advocacy council~~, or attorneys
1410 ~~attorney~~, unless such access would be detrimental to the
1411 individual ~~patient~~. If the ~~a~~ ~~patient's~~ right to communicate or
1412 to receive visitors is restricted by the facility, written
1413 notice of such restriction and the reasons for the restriction
1414 shall be served on the individual and ~~patient~~, the individual's
1415 ~~patient's~~ attorney, and ~~the patient's~~ guardian, guardian
1416 advocate, health care surrogate or proxy, or representative; and
1417 such restriction, and the reasons for the restriction, must
1418 ~~shall~~ be recorded in on the ~~patient's~~ clinical record ~~with the~~
1419 ~~reasons therefor~~. The restriction must ~~of a patient's right to~~
1420 ~~communicate or to receive visitors shall~~ be reviewed at least
1421 every 7 days. The right to communicate or receive visitors may

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1422 ~~shall~~ not be restricted as a means of punishment. This ~~Nothing~~
 1423 ~~in this~~ paragraph may not ~~shall~~ be construed to limit the
 1424 provisions of paragraph (d).

1425 (d) Each facility shall establish reasonable rules, which
 1426 must be the least restrictive possible, governing visitors,
 1427 visiting hours, and the use of telephones by individuals
 1428 ~~patients in the least restrictive possible manner.~~ An individual
 1429 has ~~Patients shall have~~ the right to contact and to receive
 1430 communication from his or her attorney ~~their attorneys~~ at any
 1431 reasonable time.

1432 (e) Each individual ~~patient~~ receiving mental health or
 1433 substance abuse treatment ~~in any facility~~ shall have ready
 1434 access to a telephone in order to report ~~an~~ alleged abuse. The
 1435 facility staff shall orally and in writing inform each
 1436 individual ~~patient~~ of the procedure for reporting abuse and
 1437 shall make every reasonable effort to present the information in
 1438 a language the individual ~~patient~~ understands. A written copy of
 1439 that procedure, including the telephone number of the central
 1440 abuse hotline and reporting forms, must ~~shall~~ be posted in plain
 1441 view.

1442 (f) The department shall adopt rules providing a procedure
 1443 for reporting abuse. ~~Facility staff shall be required,~~ As a
 1444 condition of employment, facility staff shall ~~to~~ become familiar
 1445 with the requirements and procedures for ~~the~~ reporting ~~of~~ abuse.

1446 (7) ~~(6)~~ CARE AND CUSTODY OF PERSONAL EFFECTS ~~OF PATIENTS.~~ A
 1447 facility shall respect the rights of an individual with regard A
 1448 ~~patient's right~~ to the possession of his or her clothing and
 1449 personal effects ~~shall be respected.~~ The facility may take
 1450 temporary custody of such effects if ~~when~~ required for medical

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1451 and safety reasons. The ~~A patient's~~ clothing and personal
1452 effects shall be inventoried upon their removal into temporary
1453 custody. Copies of this inventory shall be given to the
1454 individual patient and to his or her ~~the patient's~~ guardian,
1455 guardian advocate, health care surrogate or proxy, or
1456 representative and shall be recorded in the ~~patient's~~ clinical
1457 record. This inventory may be amended upon the request of the
1458 individual patient or his or her ~~the patient's~~ guardian,
1459 guardian advocate, health care surrogate or proxy, or
1460 representative. The inventory and any amendments ~~to it~~ must be
1461 witnessed by two members of the facility staff and by the
1462 individual patient, if he or she is able. All of the ~~a patient's~~
1463 clothing and personal effects held by the facility shall be
1464 returned to the individual patient immediately upon his or her
1465 ~~the~~ discharge or transfer ~~of the patient~~ from the facility,
1466 unless such return would be detrimental to the individual
1467 ~~patient~~. If personal effects are not returned ~~to the patient~~,
1468 the reason must be documented in the clinical record along with
1469 the disposition of the clothing and personal effects, which may
1470 be given instead to the individual's patient's guardian,
1471 guardian advocate, health care surrogate or proxy, or
1472 representative. As soon as practicable after an emergency
1473 transfer ~~of a patient~~, the individual's ~~patient's~~ clothing and
1474 personal effects shall be transferred to the individual's
1475 ~~patient's~~ new location, together with a copy of the inventory
1476 and any amendments, unless an alternate plan is approved by the
1477 individual patient, if he or she is able, and by his or her ~~the~~
1478 ~~patient's~~ guardian, guardian advocate, health care surrogate or
1479 proxy, or representative.

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1480 (8)~~(7)~~ VOTING IN PUBLIC ELECTIONS.—A patient who is
1481 eligible to vote according to the laws of the state has the
1482 right to vote in the primary and general elections. The
1483 department shall establish rules to enable patients to obtain
1484 voter registration forms, applications for absentee ballots, and
1485 absentee ballots.

1486 (9)~~(8)~~ HABEAS CORPUS.—

1487 (a) At any time, and without notice, an individual ~~a person~~
1488 held or admitted for mental health or substance abuse
1489 examination or placement in a receiving or treatment facility,
1490 or a relative, friend, guardian, guardian advocate, health care
1491 surrogate or proxy, representative, or attorney, or the
1492 department, on behalf of such individual ~~person~~, may petition
1493 for a writ of habeas corpus to question the cause and legality
1494 of such detention and request that the court order a return to
1495 the writ in accordance with chapter 79. Each individual ~~patient~~
1496 held in a facility shall receive a written notice of the right
1497 to petition for a writ of habeas corpus.

1498 (b) At any time, and without notice, an individual held or
1499 admitted for mental health or substance abuse examination or
1500 placement ~~a person who is a patient~~ in a ~~receiving or treatment~~
1501 facility, or a relative, friend, guardian, guardian advocate,
1502 health care surrogate or proxy, representative, or attorney, or
1503 the department, on behalf of such individual ~~person~~, may file a
1504 petition in the circuit court in the county where the individual
1505 ~~patient~~ is being held alleging that he or she ~~the patient~~ is
1506 being unjustly denied a right or privilege granted under this
1507 part ~~herein~~ or that a procedure authorized under this part
1508 ~~herein~~ is being abused. Upon the filing of such a petition, the

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1509 court ~~may shall have the authority to~~ conduct a judicial inquiry
1510 and ~~to~~ issue an ~~any~~ order ~~needed~~ to correct an abuse of ~~the~~
1511 ~~provisions of~~ this part.

1512 (c) The administrator of any ~~receiving or treatment~~
1513 facility receiving a petition under this subsection shall file
1514 the petition with the clerk of the court on the next court
1515 working day.

1516 (d) A ~~No~~ fee may not ~~shall~~ be charged for ~~the~~ filing ~~of~~ a
1517 petition under this subsection.

1518 (10) ~~(9)~~ VIOLATIONS.—The department shall report to the
1519 Agency for Health Care Administration any violation of the
1520 rights or privileges of patients, or of any procedures provided
1521 under this part, by any facility or professional licensed or
1522 regulated by the agency. The agency is authorized to impose any
1523 sanction authorized for violation of this part, based solely on
1524 the investigation and findings of the department.

1525 (11) ~~(10)~~ LIABILITY FOR VIOLATIONS.—Any person who violates
1526 or abuses any rights or privileges of patients provided by this
1527 part is liable for damages as determined by law. Any person who
1528 acts in good faith in compliance with the provisions of this
1529 part is immune from civil or criminal liability for his or her
1530 actions in connection with the admission, diagnosis, treatment,
1531 or discharge of a patient to or from a facility. However, this
1532 section does not relieve any person from liability if such
1533 person commits negligence.

1534 (12) ~~(11)~~ RIGHT TO PARTICIPATE IN TREATMENT AND DISCHARGE
1535 PLANNING.—The patient shall have the opportunity to participate
1536 in treatment and discharge planning and shall be notified in
1537 writing of his or her right, upon discharge from the facility,

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1538 to seek treatment from the professional or agency of the
1539 patient's choice.

1540 (13) ADVANCE DIRECTIVES.—All service providers under this
1541 part shall provide information concerning advance directives to
1542 individuals and assist those who are competent and willing to
1543 complete an advance directive. The directive may include
1544 instructions regarding mental health or substance abuse care.
1545 Service providers under this part shall honor the advance
1546 directive of individuals they serve, or shall request the
1547 transfer of the individual as required under s. 765.1105.

1548 (14)~~(12)~~ POSTING OF NOTICE OF RIGHTS OF PATIENTS.—Each
1549 facility shall post a notice listing and describing, in the
1550 language and terminology that the persons to whom the notice is
1551 addressed can understand, the rights provided in this section.
1552 This notice shall include a statement that provisions of the
1553 federal Americans with Disabilities Act apply and the name and
1554 telephone number of a person to contact for further information.
1555 This notice shall be posted in a place readily accessible to
1556 patients and in a format easily seen by patients. This notice
1557 shall include the telephone numbers of the Florida local
1558 advocacy council and Advocacy Center for Persons with
1559 Disabilities, Inc.

1560 Section 11. Section 394.4597, Florida Statutes, is amended
1561 to read:

1562 394.4597 Persons to be notified; appointment of a patient's
1563 representative.—

1564 (1) VOLUNTARY ADMISSION PATIENTS.—At the time an individual
1565 a patient is voluntarily admitted to a receiving or treatment
1566 facility, the individual shall be asked to identify a person to

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1567 be notified in case of an emergency, and the identity and
1568 contact information of that a person ~~to be notified in case of~~
1569 an emergency shall be entered in the individual's patient's
1570 clinical record.

1571 (2) INVOLUNTARY ADMISSION PATIENTS.-

1572 (a) At the time an individual ~~a patient~~ is admitted to a
1573 facility for involuntary examination or placement, or when a
1574 petition for involuntary placement is filed, the names,
1575 addresses, and telephone numbers of the individual's patient's
1576 guardian or guardian advocate, health care surrogate, or proxy,
1577 or representative if he or she ~~the patient~~ has no guardian, and
1578 the individual's patient's attorney shall be entered in the
1579 patient's clinical record.

1580 (b) If the individual ~~patient~~ has no guardian, guardian
1581 advocate, health care surrogate, or proxy, he or she ~~the patient~~
1582 shall be asked to designate a representative. If the individual
1583 patient is unable or unwilling to designate a representative,
1584 the facility shall select a representative.

1585 (c) The individual ~~patient~~ shall be consulted with regard
1586 to the selection of a representative by the receiving or
1587 treatment facility and may ~~shall have authority to~~ request that
1588 the ~~any such~~ representative be replaced.

1589 (d) If ~~When~~ the receiving or treatment facility selects a
1590 representative, first preference shall be given to a health care
1591 surrogate, if one has been previously selected ~~by the patient.~~
1592 If the individual ~~patient~~ has not previously selected a health
1593 care surrogate, the selection, except for good cause documented
1594 in the individual's patient's clinical record, shall be made
1595 from the following list in the order of listing:

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- 1596 1. The individual's ~~patient's~~ spouse.
- 1597 2. An adult child of the individual ~~patient~~.
- 1598 3. A parent of the individual ~~patient~~.
- 1599 4. The adult next of kin of the individual ~~patient~~.
- 1600 5. An adult friend of the individual ~~patient~~.
- 1601 ~~6. The appropriate Florida local advocacy council as~~
- 1602 ~~provided in s. 402.166.~~
- 1603 (e) The following persons are prohibited from selection as
- 1604 an individual's representative:
- 1605 1. A professional providing clinical services to the
- 1606 individual under this part;
- 1607 2. The licensed professional who initiated the involuntary
- 1608 examination of the individual, if the examination was initiated
- 1609 by professional certificate;
- 1610 3. An employee, administrator, or board member of the
- 1611 facility providing the examination of the individual;
- 1612 4. An employee, administrator, or board member of a
- 1613 treatment facility providing treatment of the individual;
- 1614 5. A person providing any substantial professional services
- 1615 to the individual, including clinical and nonclinical services;
- 1616 6. A creditor of the individual;
- 1617 7. A person subject to an injunction for protection against
- 1618 domestic violence under s. 741.30, whether the order of
- 1619 injunction is temporary or final, and for which the individual
- 1620 was the petitioner; and
- 1621 8. A person subject to an injunction for protection against
- 1622 repeat violence, sexual violence, or dating violence under s.
- 1623 784.046, whether the order of injunction is temporary or final,
- 1624 and for which the individual was the petitioner.

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1625 ~~(e) A licensed professional providing services to the~~
1626 ~~patient under this part, an employee of a facility providing~~
1627 ~~direct services to the patient under this part, a department~~
1628 ~~employee, a person providing other substantial services to the~~
1629 ~~patient in a professional or business capacity, or a creditor of~~
1630 ~~the patient shall not be appointed as the patient's~~
1631 ~~representative.~~

1632 (f) The representative selected by the individual or
1633 designated by the facility has the right to:

- 1634 1. Receive notice of the individual's admission;
- 1635 2. Receive notice of proceedings affecting the individual;
- 1636 3. Have immediate access to the individual unless such
1637 access is documented to be detrimental to the individual;
- 1638 4. Receive notice of any restriction of the individual's
1639 right to communicate or receive visitors;
- 1640 5. Receive a copy of the inventory of personal effects upon
1641 the individual's admission and to request an amendment to the
1642 inventory at any time;
- 1643 6. Receive disposition of the individual's clothing and
1644 personal effects if not returned to the individual, or to
1645 approve an alternate plan;
- 1646 7. Petition on behalf of the individual for a writ of
1647 habeas corpus to question the cause and legality of the
1648 individual's detention or to allege that the individual is being
1649 unjustly denied a right or privilege granted under this part, or
1650 that a procedure authorized under this part is being abused;
- 1651 8. Apply for a change of venue for the individual's
1652 involuntary placement hearing for the convenience of the parties
1653 or witnesses or because of the individual's condition;

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1654 9. Receive written notice of any restriction of the
1655 individual's right to inspect his or her clinical record;

1656 10. Receive notice of the release of the individual from a
1657 receiving facility where an involuntary examination was
1658 performed;

1659 11. Receive a copy of any petition for the individual's
1660 involuntary placement filed with the court; and

1661 12. Be informed by the court of the individual's right to
1662 an independent expert evaluation pursuant to involuntary
1663 placement procedures.

1664 Section 12. Effective July 1, 2016, section 394.4598,
1665 Florida Statutes, is amended to read:

1666 394.4598 Guardian advocate.—

1667 (1) The administrator may petition the court for the
1668 appointment of a guardian advocate based upon the opinion of a
1669 psychiatrist that an individual held for examination or admitted
1670 for mental health or substance abuse treatment ~~the patient is~~
1671 ~~incompetent to consent to treatment.~~ If the court finds that the
1672 individual ~~a patient~~ is incompetent to consent to treatment and
1673 has not been adjudicated incapacitated and a guardian having
1674 ~~with the~~ authority to consent to mental health or substance
1675 abuse treatment has not been appointed, it shall appoint a
1676 guardian advocate. The individual ~~patient~~ has the right to have
1677 an attorney represent him or her at the hearing. If the
1678 individual ~~person~~ is indigent, the court shall appoint the
1679 office of the public defender to represent him or her at the
1680 hearing. The individual ~~patient~~ has the right to testify, cross-
1681 examine witnesses, and present witnesses. The proceeding must
1682 ~~shall~~ be recorded ~~either~~ electronically or stenographically, and

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1683 testimony shall be ~~provided~~ under oath. One of the professionals
1684 authorized to give an opinion in support of a petition for
1685 involuntary placement, as described in s. 394.4655 or s.
1686 394.467, shall ~~must~~ testify. The ~~A~~ guardian advocate shall ~~must~~
1687 meet the qualifications of a guardian pursuant to ~~contained in~~
1688 part IV of chapter 744, ~~except that a professional referred to~~
1689 ~~in this part, an employee of the facility providing direct~~
1690 ~~services to the patient under this part, a departmental~~
1691 ~~employee, a facility administrator, or member of the Florida~~
1692 ~~local advocacy council shall not be appointed. A person who is~~
1693 ~~appointed as a guardian advocate must agree to the appointment.~~
1694 A person may not be appointed as a guardian advocate unless he
1695 or she agrees to the appointment.

1696 (2) The following persons are prohibited from being
1697 appointed as an individual's guardian advocate:

1698 (a) A professional providing clinical services to the
1699 individual under this part;

1700 (b) The licensed professional who initiated the involuntary
1701 examination of the individual, if the examination was initiated
1702 by professional certificate;

1703 (c) An employee, administrator, or board member of the
1704 facility providing the examination of the individual;

1705 (d) An employee, administrator, or board member of a
1706 treatment facility providing treatment of the individual;

1707 (e) A person providing any substantial professional
1708 services to the individual, including clinical and nonclinical
1709 services;

1710 (f) A creditor of the individual;

1711 (g) A person subject to an injunction for protection

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1712 against domestic violence under s. 741.30, whether the order of
1713 injunction is temporary or final, and for which the individual
1714 was the petitioner; and

1715 (h) A person subject to an injunction for protection
1716 against repeat violence, sexual violence, or dating violence
1717 under s. 784.046, whether the order of injunction is temporary
1718 or final, and for which the individual was the petitioner.

1719 (3)(2) A facility requesting appointment of a guardian
1720 advocate must, prior to the appointment, provide the prospective
1721 guardian advocate with information about the duties and
1722 responsibilities of guardian advocates, including the
1723 information about the ethics of medical decisionmaking. Before
1724 asking a guardian advocate to give consent to treatment for an
1725 individual held for examination or admitted for mental health or
1726 substance abuse treatment a patient, the facility shall provide
1727 to the guardian advocate sufficient information to allow so that
1728 the guardian advocate to can decide whether to give express and
1729 informed consent to the treatment, including information that
1730 the treatment is essential to the care of the individual
1731 patient, and that the treatment does not present an unreasonable
1732 risk of serious, hazardous, or irreversible side effects. Before
1733 giving consent to treatment, the guardian advocate must meet and
1734 talk with the individual patient and the individual's patient's
1735 physician face to face in person, if at all possible, and by
1736 telephone, if not. The guardian advocate shall make every effort
1737 to make decisions regarding treatment that he or she believes
1738 the individual would have made under the circumstances if the
1739 individual were capable of making such a decision. The decision
1740 of the guardian advocate may be reviewed by the court, upon

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1741 petition of the individual's ~~patient's~~ attorney, the
1742 individual's ~~patient's~~ family, or the facility administrator.

1743 ~~(4)(3) Prior to~~ A guardian advocate must attend at least a
1744 4-hour training course approved by the court before exercising
1745 his or her authority, ~~the guardian advocate shall attend a~~
1746 ~~training course approved by the court.~~ This training course, ~~of~~
1747 ~~not less than 4 hours,~~ must include, at minimum, information
1748 about an the individual's ~~patient~~ rights, psychotropic
1749 medications, diagnosis of mental illness or substance abuse
1750 impairment, the ethics of medical decisionmaking, and the duties
1751 of guardian advocates. This training course shall take the place
1752 of the training required for guardians appointed pursuant to
1753 chapter 744.

1754 ~~(5)(4)~~ The information to be supplied to prospective
1755 guardian advocates before ~~prior to~~ their appointment and the
1756 training course for guardian advocates must be developed and
1757 completed through a course developed by the department and
1758 approved by the chief judge of the circuit court and taught by a
1759 court-approved organization. Court-approved organizations may
1760 include, but need ~~are~~ not be limited to, community ~~or junior~~
1761 colleges, guardianship organizations, and the local bar
1762 association or The Florida Bar. The court may, ~~in its~~
1763 ~~discretion,~~ waive some or all of the training requirements for
1764 guardian advocates or impose additional requirements. The court
1765 shall make its decision on a case-by-case basis and, in making
1766 its decision, shall consider the experience and education of the
1767 guardian advocate, the duties assigned to the guardian advocate,
1768 and the needs of the individual subject to involuntary placement
1769 patient.

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1770 (6)~~(5)~~ In selecting a guardian advocate, the court shall
1771 give preference to a health care surrogate, if one has already
1772 been designated by the individual held for examination or
1773 admitted for mental health or substance abuse treatment ~~patient~~.
1774 If the individual ~~patient~~ has not previously selected a health
1775 care surrogate, except for good cause documented in the court
1776 record, the selection shall be made from the following list in
1777 the order of listing:

- 1778 (a) The individual's ~~patient's~~ spouse.
1779 (b) An adult child of the individual ~~patient~~.
1780 (c) A parent of the individual ~~patient~~.
1781 (d) The adult next of kin of the individual ~~patient~~.
1782 (e) An adult friend of the individual ~~patient~~.
1783 (f) An adult trained and willing to serve as guardian
1784 advocate for the individual ~~patient~~.

1785 (7)~~(6)~~ If a guardian with the authority to consent to
1786 medical treatment has not already been appointed or if the
1787 individual held for examination or admitted for mental health or
1788 substance abuse treatment ~~patient~~ has not already designated a
1789 health care surrogate, the court may authorize the guardian
1790 advocate to consent to medical treatment, as well as mental
1791 health and substance abuse treatment. Unless otherwise limited
1792 by the court, a guardian advocate with authority to consent to
1793 medical treatment shall have the same authority to make health
1794 care decisions and be subject to the same restrictions as a
1795 proxy appointed under part IV of chapter 765. Unless the
1796 guardian advocate has sought and received express court approval
1797 in proceeding separate from the proceeding to determine the
1798 competence of the patient to consent to medical treatment, the

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1799 guardian advocate may not consent to:

1800 (a) Abortion.

1801 (b) Sterilization.

1802 (c) Electroconvulsive treatment.

1803 (d) Psychosurgery.

1804 (e) Experimental treatments that have not been approved by
1805 a federally approved institutional review board in accordance
1806 with 45 C.F.R. part 46 or 21 C.F.R. part 56.

1807

1808 In making a medical treatment decision under this subsection,
1809 the court shall ~~must~~ base its decision on evidence that the
1810 treatment or procedure is essential to the care of the
1811 individual patient and that the treatment does not present an
1812 unreasonable risk of serious, hazardous, or irreversible side
1813 effects. The court shall follow the procedures set forth in
1814 subsection (1) of this section.

1815 ~~(8)-(7)~~ The guardian advocate shall be discharged when the
1816 individual for whom he or she is appointed patient is discharged
1817 from an order for involuntary outpatient ~~placement~~ or
1818 involuntary inpatient placement or when the individual patient
1819 is transferred from involuntary to voluntary status. The court
1820 ~~or a hearing officer~~ shall consider the competence of the
1821 individual patient pursuant to subsection (1) and may consider
1822 an involuntarily placed individual's patient's competence to
1823 consent to treatment at any hearing. Upon sufficient evidence,
1824 the court may restore, or the magistrate or administrative law
1825 judge hearing officer may recommend that the court restore, the
1826 individual's patient's competence. A copy of the order restoring
1827 competence or the certificate of discharge containing the

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1828 restoration of competence shall be provided to the individual
1829 ~~patient~~ and the guardian advocate.

1830 Section 13. Section 394.4599, Florida Statutes, is amended
1831 to read:

1832 394.4599 Notice.—

1833 (1) VOLUNTARY ADMISSION PATIENTS.—Notice of an individual's
1834 a voluntary ~~patient's~~ admission shall ~~only~~ be given only at the
1835 request of the individual patient, except that, in an emergency,
1836 notice shall be given as determined by the facility.

1837 (2) INVOLUNTARY ADMISSION PATIENTS.—

1838 (a) Whenever notice is required to be given under this
1839 part, such notice shall be given to the individual patient and
1840 the individual's patient's guardian, guardian advocate, health
1841 care surrogate or proxy, attorney, and representative.

1842 1. When notice is required to be given to an individual a
1843 ~~patient~~, it shall be given both orally and in writing, in the
1844 language and terminology that the individual patient can
1845 understand, and, if needed, the facility shall provide an
1846 interpreter for the individual patient.

1847 2. Notice to an individual's a patient's guardian, guardian
1848 advocate, health care surrogate or proxy, attorney, and
1849 representative shall be given by ~~United States mail and by~~
1850 ~~registered or certified~~ mail with the date, time, and method of
1851 notice delivery documented in receipts attached to the patient's
1852 clinical record. Hand delivery by a facility employee may be
1853 used as an alternative, with the date and time of delivery
1854 documented in the clinical record. If notice is given by a state
1855 attorney or an attorney for the department, a certificate of
1856 service is ~~shall be~~ sufficient to document service.

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1857 (b) A receiving facility shall give prompt notice of the
1858 whereabouts of an individual ~~a patient~~ who is being
1859 involuntarily held for examination to the individual's guardian,
1860 guardian advocate, health care surrogate or proxy, attorney or
1861 representative, by telephone or in person within 24 hours after
1862 the individual's ~~patient's~~ arrival at the facility, ~~unless the~~
1863 ~~patient requests that no notification be made.~~ Contact attempts
1864 shall be documented in the individual's ~~patient's~~ clinical
1865 record and shall begin as soon as reasonably possible after the
1866 individual's ~~patient's~~ arrival. ~~Notice that a patient is being~~
1867 ~~admitted as an involuntary patient shall be given to the Florida~~
1868 ~~local advocacy council no later than the next working day after~~
1869 ~~the patient is admitted.~~

1870 (c)1. A receiving facility shall give notice of the
1871 whereabouts of a minor who is being involuntarily held for
1872 examination pursuant to s. 394.463 to the minor's parent,
1873 guardian, caregiver, or guardian advocate, in person or by
1874 telephone or other form of electronic communication, immediately
1875 after the minor's arrival at the facility. The facility may not
1876 delay notification for no more than 24 hours after the minor's
1877 arrival if the facility has submitted a report to the central
1878 abuse hotline, pursuant to s. 39.201, based upon knowledge or
1879 suspicion of abuse, abandonment, or neglect and if the facility
1880 deems a delay in notification to be in the minor's best
1881 interest.

1882 2. The receiving facility shall attempt to notify the
1883 minor's parent, guardian, caregiver, or guardian advocate until
1884 the receiving facility receives confirmation from the parent,
1885 guardian, caregiver, or guardian advocate, verbally, by

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1886 telephone or other form of electronic communication, or by
1887 recorded message, that notification has been received. Attempts
1888 to notify the parent, guardian, caregiver, or guardian advocate
1889 must be repeated at least once each hour during the first 12
1890 hours after the minor's arrival and once every 24 hours
1891 thereafter and must continue until such confirmation is
1892 received, unless the minor is released at the end of the 72-hour
1893 examination period, or until a petition for involuntary
1894 placement is filed with the court pursuant to s. 394.463(2)(i).
1895 The receiving facility may seek assistance from a law
1896 enforcement agency to notify the minor's parent, guardian,
1897 caregiver, or guardian advocate if the facility has not
1898 received, within the first 24 hours after the minor's arrival, a
1899 confirmation by the parent, guardian, caregiver, or guardian
1900 advocate that notification has been received. The receiving
1901 facility must document notification attempts in the minor's
1902 clinical record.

1903 (d)-(e) The written notice of the filing of the petition for
1904 involuntary placement of an individual being held must contain
1905 the following:

1906 1. Notice that the petition has been filed with the circuit
1907 court in the county in which the individual patient is
1908 hospitalized and the address of such court.

1909 2. Notice that the office of the public defender has been
1910 appointed to represent the individual patient in the proceeding,
1911 if the individual patient is not otherwise represented by
1912 counsel.

1913 3. The date, time, and place of the hearing and the name of
1914 each examining expert and every other person expected to testify

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1915 in support of continued detention.

1916 4. Notice that the individual patient, the individual's
1917 patient's guardian, guardian advocate, health care surrogate or
1918 proxy, or representative, or the administrator may apply for a
1919 change of venue for the convenience of the parties or witnesses
1920 or because of the condition of the individual patient.

1921 5. Notice that the individual patient is entitled to an
1922 independent expert examination and, if the individual patient
1923 cannot afford such an examination, that the court will provide
1924 for one.

1925 (e)~~(d)~~ A treatment facility shall provide notice of an
1926 individual's ~~a patient's~~ involuntary admission on the next
1927 regular working day after the individual's patient's arrival at
1928 the facility.

1929 (f)~~(e)~~ When an individual ~~a patient~~ is to be transferred
1930 from one facility to another, notice shall be given by the
1931 facility where the individual patient is located before ~~prior to~~
1932 the transfer.

1933 Section 14. Effective July 1, 2016, subsections (1), (2),
1934 (3), and (10) of section 394.4615, Florida Statutes, are amended
1935 to read:

1936 394.4615 Clinical records; confidentiality.—

1937 (1) A clinical record shall be maintained for each
1938 individual held for examination or admitted for treatment under
1939 this part patient. The record shall include data pertaining to
1940 admission and such other information as may be required under
1941 rules of the department. A clinical record is confidential and
1942 exempt from ~~the provisions of~~ s. 119.07(1). Unless waived by
1943 express and informed consent of the individual, ~~by the patient~~

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1944 or his or her ~~the patient's~~ guardian, ~~or~~ guardian advocate,
1945 health care surrogate or proxy, or, if the individual patient is
1946 deceased, by his or her guardian, guardian advocate, health care
1947 surrogate or proxy, by his or her ~~the patient's~~ personal
1948 representative or the family member who stands next in line of
1949 intestate succession, the confidential status of the clinical
1950 record shall not be lost by either authorized or unauthorized
1951 disclosure to any person, organization, or agency.

1952 (2) The clinical record of an individual held for
1953 examination or admitted for treatment under this part shall be
1954 released if ~~when~~:

1955 (a) The individual patient or the individual's patient's
1956 guardian, guardian advocate, health care surrogate or proxy, or
1957 representative authorizes the release. The guardian, ~~or~~ guardian
1958 advocate, health care surrogate or proxy shall be provided
1959 access to the appropriate clinical records ~~of the patient~~. The
1960 individual patient or the patient's guardian, or guardian
1961 advocate, health care surrogate or proxy may authorize the
1962 release of information and clinical records to appropriate
1963 persons to ensure the continuity of the individual's patient's
1964 health ~~care~~ or mental health or substance abuse care.

1965 (b) The individual patient is represented by counsel and
1966 the records are needed by the individual's patient's counsel for
1967 adequate representation.

1968 (c) A petition for involuntary inpatient placement is filed
1969 and the records are needed by the state attorney to evaluate the
1970 allegations set forth in the petition or to prosecute the
1971 petition. However, the state attorney may not use clinical
1972 records obtained under this part for the purpose of criminal

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1973 investigation or prosecution, or for any other purpose not
1974 authorized by this part.

1975 (d)~~(e)~~ The court orders such release. In determining
1976 whether there is good cause for disclosure, the court shall
1977 weigh the need for the information to be disclosed against the
1978 possible harm of disclosure to the individual ~~person~~ to whom
1979 such information pertains.

1980 (e)~~(d)~~ The individual ~~patient~~ is committed to, or is to be
1981 returned to, the Department of Corrections ~~from the Department~~
1982 ~~of Children and Families,~~ and the Department of Corrections
1983 requests such records. These records shall be furnished without
1984 charge to the Department of Corrections.

1985 (3) Information from the clinical record may be released in
1986 the following circumstances:

1987 (a) When a patient has declared an intention to harm other
1988 persons. When such declaration has been made, the administrator
1989 may authorize the release of sufficient information to provide
1990 adequate warning to law enforcement agencies and to the person
1991 threatened with harm by the patient.

1992 (b) When the administrator of the facility or secretary of
1993 the department deems release to a qualified researcher as
1994 defined in administrative rule, an aftercare treatment provider,
1995 or an employee or agent of the department is necessary for
1996 treatment of the patient, maintenance of adequate records,
1997 compilation of treatment data, aftercare planning, or evaluation
1998 of programs.

1999
2000 For the purpose of determining whether a person meets the
2001 criteria for involuntary outpatient placement or for preparing

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2002 the proposed treatment plan pursuant to s. 394.4655, the
 2003 clinical record may be released to the state attorney, the
 2004 public defender or the patient's private legal counsel, the
 2005 court, and to the appropriate mental health professionals,
 2006 including the service provider identified in s. 394.4655(7)(b)
 2007 ~~s. 394.4655(6)(b)2.~~, in accordance with state and federal law.

2008 (10) An individual held for examination or admitted for
 2009 treatment ~~Patients~~ shall have reasonable access to his or her
 2010 ~~their~~ clinical records, unless such access is determined by the
 2011 individual's ~~patient's~~ physician to be harmful to the individual
 2012 ~~patient~~. If the individual's ~~patient's~~ right to inspect his or
 2013 her clinical record is restricted by the facility, written
 2014 notice of such restriction shall be given to the individual
 2015 ~~patient~~ and the individual's ~~patient's~~ guardian, guardian
 2016 advocate, health care surrogate or proxy, or attorney, and
 2017 representative. In addition, the restriction shall be recorded
 2018 in the clinical record, together with the reasons for it. The
 2019 restriction of an individual's ~~a patient's~~ right to inspect his
 2020 or her clinical record shall expire after 7 days but may be
 2021 renewed, after review, for subsequent 7-day periods.

2022 Section 15. Effective July 1, 2016, subsection (1) of
 2023 section 394.462, Florida Statutes, is amended to read:

2024 394.462 Transportation.—

2025 (1) TRANSPORTATION TO A RECEIVING OR DETOXIFICATION
 2026 FACILITY.—

2027 (a) Each county shall designate a single law enforcement
 2028 agency within the county, or portions thereof, to take an
 2029 individual ~~a person~~ into custody upon the entry of an ex parte
 2030 order or the execution of a certificate for involuntary

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2031 examination by an authorized professional and to transport that
2032 individual ~~person~~ to the nearest receiving facility for
2033 examination. The designated law enforcement agency may decline
2034 to transport the individual ~~person~~ to a receiving or
2035 detoxification facility only if:

2036 1. The county jurisdiction designated by the county has
2037 contracted ~~on an annual basis~~ with an emergency medical
2038 transport service or private transport company for
2039 transportation of individuals ~~persons~~ to receiving facilities
2040 ~~pursuant to this section at the sole cost of the county;~~ and

2041 2. The law enforcement agency and the emergency medical
2042 transport service or private transport company agree that the
2043 continued presence of law enforcement personnel is not necessary
2044 for the safety of the individuals being transported ~~person~~ or
2045 others.

2046 3. The jurisdiction designated by the county may seek
2047 reimbursement for transportation expenses. The party responsible
2048 for payment for such transportation is the person receiving the
2049 transportation. The county shall seek reimbursement from the
2050 following sources in the following order:

2051 a. From an insurance company, health care corporation, or
2052 other source, if the individual being transported ~~person~~
2053 ~~receiving the transportation~~ is covered by an insurance policy
2054 or subscribes to a health care corporation or other source for
2055 payment of such expenses.

2056 b. From the individual being transported ~~person receiving~~
2057 ~~the transportation~~.

2058 c. From a financial settlement for medical care, treatment,
2059 hospitalization, or transportation payable or accruing to the

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2060 injured party.

2061 (b) Any company that transports a patient pursuant to this
2062 subsection is considered an independent contractor and is solely
2063 liable for the safe and dignified transportation of the patient.
2064 Such company must be insured and provide no less than \$100,000
2065 in liability insurance with respect to the transportation of
2066 patients.

2067 (c) Any company that contracts with a governing board of a
2068 county to transport patients shall comply with the applicable
2069 rules of the department to ensure the safety and dignity of the
2070 patients.

2071 (d) When a law enforcement officer takes custody of a
2072 person pursuant to this part, the officer may request assistance
2073 from emergency medical personnel if such assistance is needed
2074 for the safety of the officer or the person in custody.

2075 (e) When a member of a mental health overlay program or a
2076 mobile crisis response service is a professional authorized to
2077 initiate an involuntary examination pursuant to s. 394.463 and
2078 that professional evaluates a person and determines that
2079 transportation to a receiving facility is needed, the service,
2080 at its discretion, may transport the person to the facility or
2081 may call on the law enforcement agency or other transportation
2082 arrangement best suited to the needs of the patient.

2083 (f) When a ~~any~~ law enforcement officer has custody of a
2084 person, based on either noncriminal or minor criminal behavior,
2085 a misdemeanor, or a felony other than a forcible felony as
2086 defined in s. 776.08, who ~~that~~ meets the statutory guidelines
2087 for involuntary examination under this part, the law enforcement
2088 officer shall transport the individual ~~person~~ to the nearest

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2089 receiving facility for examination.

2090 (g) When any law enforcement officer has arrested a person
2091 for a forcible felony as defined in s. 776.08 and it appears
2092 that the person meets the criteria ~~statutory guidelines~~ for
2093 involuntary examination ~~or placement~~ under this part, such
2094 person shall first be processed in the same manner as any other
2095 criminal suspect. The law enforcement agency shall thereafter
2096 immediately notify the nearest public receiving facility, which
2097 shall be responsible for promptly arranging for the examination
2098 and treatment of the person. A receiving facility may ~~is~~ not
2099 ~~required to~~ admit a person charged with a forcible felony as
2100 defined in s. 776.08 ~~crime~~ for whom the facility determines and
2101 documents that it is unable to provide adequate security, but
2102 shall provide ~~mental health~~ examination and treatment to the
2103 person at the location where he or she is held.

2104 (h) If the appropriate law enforcement officer believes
2105 that a person has an emergency medical condition as defined in
2106 s. 395.002, the person may be first transported to a hospital
2107 for emergency medical treatment, regardless of whether the
2108 hospital is a designated receiving facility.

2109 (i) The costs of transportation, evaluation,
2110 hospitalization, and treatment incurred under this subsection by
2111 persons who have been arrested for violations of any state law
2112 or county or municipal ordinance may be recovered as provided in
2113 s. 901.35.

2114 (j) The nearest receiving facility must accept persons
2115 brought by law enforcement officers for involuntary examination.

2116 (k) Each law enforcement agency shall develop a memorandum
2117 of understanding with each receiving facility within the law

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2118 enforcement agency's jurisdiction which reflects a single set of
 2119 protocols for the safe and secure transportation of the person
 2120 and transfer of custody of the person. These protocols must also
 2121 address crisis intervention measures.

2122 (l) When a jurisdiction has entered into a contract with an
 2123 emergency medical transport service or a private transport
 2124 company for transportation of persons to receiving facilities,
 2125 such service or company shall be given preference for
 2126 transportation of persons from nursing homes, assisted living
 2127 facilities, adult day care centers, or adult family-care homes,
 2128 unless the behavior of the person being transported is such that
 2129 transportation by a law enforcement officer is necessary.

2130 (m) Nothing in this section shall be construed to limit
 2131 emergency examination and treatment of incapacitated persons
 2132 provided in accordance with the provisions of s. 401.445.

2133 (n) Upon the request of an individual who appears to meet
 2134 criteria for voluntary admission under s. 394.4625(1)(a), a law
 2135 enforcement officer may transport him or her to a mental health
 2136 receiving facility, addictions receiving facility, or
 2137 detoxification facility.

2138 Section 16. Effective July 1, 2016, subsections (1), (2),
 2139 (4), and (5) of section 394.4625, Florida Statutes, are amended
 2140 to read:

2141 394.4625 Voluntary admissions.—

2142 (1) EXAMINATION AND TREATMENT AUTHORITY TO RECEIVE
 2143 PATIENTS.—

2144 (a) In order to be voluntarily admitted to a facility A
 2145 facility may receive for observation, diagnosis, or treatment:
 2146 any person 18 years of age or older making application by

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2147 ~~express and informed consent for admission or any person age 17~~
2148 ~~or under for whom such application is made by his or her~~
2149 ~~guardian. If found to~~

2150 1. An individual must show evidence of mental illness or
2151 substance abuse impairment, to be competent to provide express
2152 and informed consent, and to be suitable for treatment, such
2153 person 18 years of age or older may be admitted to the facility.
2154 ~~A person age 17 or under may be admitted only after a hearing to~~
2155 ~~verify the voluntariness of the consent.~~

2156 2. An individual must be suitable for treatment by the
2157 facility.

2158 3. An adult must provide, and be competent to provide,
2159 express and informed consent.

2160 4. A minor's guardian must provide express and informed
2161 consent, in conjunction with the consent of the minor. However,
2162 a minor may be admitted to an addictions receiving facility or
2163 detoxification facility by his or her own consent without his or
2164 her guardian's consent, if a physician documents in the clinical
2165 record that the minor has a substance abuse impairment. If the
2166 minor is admitted by his or her own consent and without the
2167 consent of his or her guardian, the facility must request the
2168 minor's permission to notify an adult family member or friend of
2169 the minor's voluntary admission into the facility.

2170 a. The consent of the minor is an affirmative agreement by
2171 the minor to remain at the facility for examination and
2172 treatment, and failure to object does not constitute consent.

2173 b. The minor's consent must be verified through a clinical
2174 assessment that is documented in the clinical record and
2175 conducted within 12 hours after arrival at the facility by a

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2176 licensed professional authorized to initiate an involuntary
2177 examination pursuant to s. 394.463.

2178 c. In verifying the minor's consent, and using language
2179 that is appropriate to the minor's age, experience, maturity,
2180 and condition, the examining professional must provide the minor
2181 with an explanation as to why the minor will be examined and
2182 treated, what the minor can expect while in the facility, and
2183 when the minor may expect to be released. The examining
2184 professional must determine and document that the minor is able
2185 to understand the information.

2186 d. Unless the minor's consent is verified pursuant to this
2187 section, a petition for involuntary inpatient placement shall be
2188 filed with the court within 1 court working day after his or her
2189 arrival or the minor must be released to his or her guardian.

2190 (b) A mental health overlay program or a mobile crisis
2191 response service or a licensed professional who is authorized to
2192 initiate an involuntary examination pursuant to s. 394.463 and
2193 is employed by a community mental health center or clinic must,
2194 pursuant to district procedure approved by the respective
2195 district administrator, conduct an initial assessment of the
2196 ability of the following persons to give express and informed
2197 consent to treatment before such persons may be admitted
2198 voluntarily:

2199 1. A person 60 years of age or older for whom transfer is
2200 being sought from a nursing home, assisted living facility,
2201 adult day care center, or adult family-care home, when such
2202 person has been diagnosed as suffering from dementia.

2203 2. A person 60 years of age or older for whom transfer is
2204 being sought from a nursing home pursuant to s. 400.0255(12).

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2205 3. A person for whom all decisions concerning medical
2206 treatment are currently being lawfully made by the health care
2207 surrogate or proxy designated under chapter 765.

2208 (c) When an initial assessment of the ability of a person
2209 to give express and informed consent to treatment is required
2210 under this section, and a mobile crisis response service does
2211 not respond to the request for an assessment within 2 hours
2212 after the request is made or informs the requesting facility
2213 that it will not be able to respond within 2 hours after the
2214 request is made, the requesting facility may arrange for
2215 assessment by any licensed professional authorized to initiate
2216 an involuntary examination pursuant to s. 394.463 who is not
2217 employed by or under contract with, and does not have a
2218 financial interest in, either the facility initiating the
2219 transfer or the receiving facility to which the transfer may be
2220 made.

2221 (d) A facility may not admit as a voluntary patient a
2222 person who has been adjudicated incapacitated, unless the
2223 condition of incapacity has been judicially removed. If a
2224 facility admits as a voluntary patient a person who is later
2225 determined to have been adjudicated incapacitated, and the
2226 condition of incapacity had not been removed by the time of the
2227 admission, the facility must either discharge the patient or
2228 transfer the patient to involuntary status.

2229 (e) The health care surrogate or proxy of an individual on
2230 ~~a voluntary status patient~~ may not consent to the provision of
2231 mental health treatment or substance abuse treatment for that
2232 individual ~~the patient~~. An individual on voluntary status ~~A~~
2233 ~~voluntary patient~~ who is unwilling or unable to provide express

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2234 and informed consent to mental health treatment must ~~either~~ be
2235 discharged or transferred to involuntary status.

2236 (f) Within 24 hours after admission of a voluntary patient,
2237 the admitting physician shall document in the patient's clinical
2238 record that the patient is able to give express and informed
2239 consent for admission. If the patient is not able to give
2240 express and informed consent for admission, the facility shall
2241 either discharge the patient or transfer the patient to
2242 involuntary status pursuant to subsection (5).

2243 (2) RELEASE OR DISCHARGE OF VOLUNTARY PATIENTS.-

2244 (a) A facility shall discharge a voluntary patient:

2245 1. Who has sufficiently improved so that retention in the
2246 facility is no longer desirable. A patient may also be
2247 discharged to the care of a community facility.

2248 2. Who revokes consent to admission or requests discharge.
2249 A voluntary patient or a relative, friend, or attorney of the
2250 patient may request discharge either orally or in writing at any
2251 time following admission to the facility. The patient must be
2252 discharged within 24 hours of the request, unless the request is
2253 rescinded or the patient is transferred to involuntary status
2254 pursuant to this section. The 24-hour time period may be
2255 extended by a treatment facility when necessary for adequate
2256 discharge planning, but shall not exceed 3 days exclusive of
2257 weekends and holidays. If the patient, or another on the
2258 patient's behalf, makes an oral request for discharge to a staff
2259 member, such request shall be immediately entered in the
2260 patient's clinical record. If the request for discharge is made
2261 by a person other than the patient, the discharge may be
2262 conditioned upon the express and informed consent of the

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2263 patient.

2264 (b) A voluntary patient who has been admitted to a facility
2265 and who refuses to consent to or revokes consent to treatment
2266 shall be discharged within 24 hours after such refusal or
2267 revocation, unless transferred to involuntary status pursuant to
2268 this section or unless the refusal or revocation is freely and
2269 voluntarily rescinded by the patient.

2270 (c) An individual on voluntary status who is currently
2271 charged with a crime shall be returned to the custody of a law
2272 enforcement officer upon release or discharge from a facility,
2273 unless the individual has been released from law enforcement
2274 custody by posting of a bond, by a pretrial conditional release,
2275 or by other judicial release.

2276 (4) TRANSFER TO VOLUNTARY STATUS.—An individual on
2277 involuntary status ~~patient~~ who has been assessed and certified
2278 by a physician or psychologist as competent to provide express
2279 and informed consent and who applies to be transferred to
2280 voluntary status shall be transferred to voluntary status
2281 immediately, unless the individual ~~patient~~ ~~has been charged with~~
2282 ~~a crime, or~~ has been involuntarily placed for treatment by a
2283 court pursuant to s. 394.467 and continues to meet the criteria
2284 for involuntary placement. When transfer to voluntary status
2285 occurs, notice shall be given as provided in s. 394.4599.

2286 (5) TRANSFER TO INVOLUNTARY STATUS.—If an individual on
2287 ~~When a~~ voluntary status ~~patient~~, or an authorized person on the
2288 individual's ~~patient's~~ behalf, makes a request for discharge,
2289 the request for discharge, unless freely and voluntarily
2290 rescinded, must be communicated to a physician, ~~clinical~~
2291 psychologist, or psychiatrist as quickly as possible within, ~~but~~

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2292 ~~not later than~~ 12 hours after the request is made. If the
2293 individual patient meets the criteria for involuntary placement,
2294 the individual must be transferred to a designated receiving
2295 facility and the administrator of the receiving facility where
2296 the individual is held must file with the court a petition for
2297 involuntary placement, within 2 court working days after the
2298 request ~~for discharge~~ is made. If the petition is not filed
2299 within 2 court working days, the individual must ~~patient shall~~
2300 be discharged. Pending the filing of the petition, the
2301 individual patient may be held and emergency mental health
2302 treatment rendered in the least restrictive manner, upon the
2303 written order of a physician, if it is determined that such
2304 treatment is necessary for the safety of the individual patient
2305 or others.

2306 Section 17. Effective July 1, 2016, section 394.463,
2307 Florida Statutes, is amended to read:

2308 394.463 Involuntary examination.-

2309 (1) CRITERIA.—A person may be subject to an ~~taken to a~~
2310 ~~receiving facility for~~ involuntary examination if there is
2311 reason to believe that he or she ~~the person~~ has a mental illness
2312 or substance abuse impairment and because of this ~~his or her~~
2313 mental illness or substance abuse impairment:

2314 (a)1. The person has refused voluntary examination after
2315 conscientious explanation and disclosure of the purpose of the
2316 examination; or

2317 2. The person is unable to determine for himself or herself
2318 whether examination is necessary; and

2319 (b)1. Without care or treatment, the person is likely to
2320 suffer from neglect or refuse to care for himself or herself;

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2321 such neglect or refusal poses a real and present threat of
2322 substantial harm to his or her well-being; and it is not
2323 apparent that such harm may be avoided through the help of
2324 willing family members or friends or the provision of other
2325 services; or

2326 2. There is a substantial likelihood that without care or
2327 treatment the person will cause serious bodily harm to himself
2328 or herself or others in the near future, as evidenced by recent
2329 behavior.

2330 (2) INVOLUNTARY EXAMINATION.—

2331 (a) An involuntary examination may be initiated by any one
2332 of the following means:

2333 1. A court may enter an ex parte order stating that an
2334 individual ~~a person~~ appears to meet the criteria for involuntary
2335 examination, giving the findings on which that conclusion is
2336 based. The ex parte order for involuntary examination must be
2337 based on sworn testimony, written or oral, which includes
2338 specific facts that support the finding that the criteria have
2339 been met. Any behavior relied on for the issuance of an ex parte
2340 order must have occurred within the preceding 7 calendar days.
2341 The order must specify whether the individual must be taken to a
2342 mental health facility, detoxification facility, or addictions
2343 receiving facility. ~~If other less restrictive means are not~~
2344 ~~available, such as voluntary appearance for outpatient~~
2345 ~~evaluation,~~ A law enforcement officer, or other designated agent
2346 of the court, shall take the individual ~~person~~ into custody and
2347 deliver him or her to the nearest ~~receiving~~ facility of the type
2348 specified in the order for involuntary examination. However, if
2349 the county in which the individual is taken into custody has a

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2350 transportation exception plan specifying a central receiving
2351 facility, the law enforcement officer shall transport the
2352 individual to the central receiving facility pursuant to the
2353 plan. The ~~order of the court order must shall~~ be made a part of
2354 the ~~patient's~~ clinical record. A No fee may not shall be charged
2355 for the filing of an order under this subsection. Any ~~receiving~~
2356 facility accepting the individual patient based on the court's
2357 ~~this~~ order must send a copy of the order to the Agency for
2358 Health Care Administration on the next working day. The order is
2359 ~~shall be~~ valid only until executed or, if not executed, for the
2360 period specified in the order itself. If no time limit is
2361 specified in the order, the order is shall be valid for 7 days
2362 after the date it that the order was signed.

2363 2. A law enforcement officer shall take a person who
2364 appears to meet the criteria for involuntary examination into
2365 custody and deliver ~~the person or have~~ him or her ~~delivered~~ to
2366 the nearest mental health receiving facility, addictions
2367 receiving facility, or detoxification facility, whichever the
2368 officer determines is most appropriate for examination. However,
2369 if the county in which the individual taken into custody has a
2370 transportation exception plan specifying a central receiving
2371 facility, the law enforcement officer shall transport the
2372 individual to the central receiving facility pursuant to the
2373 plan. The officer shall complete execute a written report
2374 detailing the circumstances under which the individual person
2375 was taken into custody., ~~and~~ The report shall be made a part of
2376 the patient's clinical record. Any receiving facility or
2377 detoxification facility accepting the individual patient based
2378 on the this report must send a copy of the report to the Agency

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2379 for Health Care Administration on the next working day.

2380 3. A physician, clinical psychologist, psychiatric nurse,
2381 mental health counselor, marriage and family therapist, or
2382 clinical social worker may execute a certificate stating that he
2383 or she has examined the individual ~~a person~~ within the preceding
2384 48 hours and finds that the individual ~~person~~ appears to meet
2385 the criteria for involuntary examination and stating the
2386 observations upon which that conclusion is based. The
2387 certificate must specify whether the individual is to be taken
2388 to a mental health receiving facility, an addictions receiving
2389 facility, or a detoxification facility, and must include
2390 specific facts supporting the conclusion that the individual
2391 would benefit from services provided by the type of facility
2392 specified. ~~If other less restrictive means are not available,~~
2393 ~~such as voluntary appearance for outpatient evaluation,~~ A law
2394 enforcement officer shall take the individual ~~person~~ named in
2395 the certificate into custody and deliver him or her to the
2396 nearest ~~receiving~~ facility of the type specified in the
2397 certificate for involuntary examination. However, if the county
2398 in which the individual is taken into custody has a
2399 transportation exception plan specifying a central receiving
2400 facility, the law enforcement officer shall transport the
2401 individual to the central receiving facility pursuant to the
2402 plan. A law enforcement officer may only take an individual into
2403 custody on the basis of a certificate within 7 calendar days
2404 after execution of the certificate. The law enforcement officer
2405 shall complete ~~execute~~ a written report detailing the
2406 circumstances under which the individual ~~person~~ was taken into
2407 custody. The report and certificate shall be made a part of the

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2408 ~~patient's~~ clinical record. Any ~~receiving~~ facility accepting the
2409 individual patient based on the this certificate must send a
2410 copy of the certificate to the Agency for Health Care
2411 Administration on the next working day.

2412 (b) An individual may ~~A person shall~~ not be removed from a
2413 ~~any~~ program or residential placement licensed under chapter 400
2414 or chapter 429 and transported to a receiving facility for
2415 involuntary examination unless an ex parte order, a professional
2416 certificate, or a law enforcement officer's report is first
2417 prepared. If the condition of the individual person is such that
2418 preparation of a law enforcement officer's report is not
2419 practicable before removal, the report must shall be completed
2420 as soon as possible after removal, but ~~in any case~~ before the
2421 individual person is transported to a receiving facility. A
2422 receiving facility admitting an individual a person for
2423 involuntary examination who is not accompanied by the required
2424 ex parte order, professional certificate, or law enforcement
2425 officer's report must shall notify the Agency for Health Care
2426 Administration of such admission by certified mail by no later
2427 ~~than~~ the next working day. ~~The provisions of this paragraph do~~
2428 ~~not apply when transportation is provided by the patient's~~
2429 ~~family or guardian.~~

2430 (c) A law enforcement officer acting in accordance with an
2431 ex parte order issued pursuant to this subsection may serve and
2432 execute such order on any day of the week, at any time of the
2433 day or night.

2434 (d) A law enforcement officer acting in accordance with an
2435 ex parte order issued pursuant to this subsection may use such
2436 reasonable physical force as is necessary to gain entry to the

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2437 premises, and any dwellings, buildings, or other structures
2438 located on the premises, and to take custody of the person who
2439 is the subject of the ex parte order.

2440 (e) Petitions and The Agency for Health Care Administration
2441 ~~shall receive and maintain the copies of ex parte orders,~~
2442 involuntary outpatient placement orders, involuntary outpatient
2443 placement petitions and orders issued pursuant to s. 394.4655,
2444 involuntary inpatient placement petitions and orders issued
2445 pursuant to s. 394.467, professional certificates, and law
2446 enforcement officers' reports are. ~~These documents shall be~~
2447 ~~considered part of the clinical record,~~ governed by ~~the~~
2448 ~~provisions of~~ s. 394.4615. The agency shall prepare annual
2449 reports analyzing the data obtained from these documents,
2450 without information identifying individuals held for examination
2451 or admitted for mental health and substance abuse treatment
2452 ~~patients,~~ and shall provide copies of reports to the department,
2453 the President of the Senate, the Speaker of the House of
2454 Representatives, and the minority leaders of the Senate and the
2455 House of Representatives.

2456 (f) An individual held for examination ~~A patient~~ shall be
2457 examined by a physician, a ~~or~~ clinical psychologist, or a
2458 psychiatric nurse performing within the framework of an
2459 established protocol with a psychiatrist at a receiving facility
2460 without unnecessary delay and may, upon the order of a
2461 physician, be given emergency mental health or substance abuse
2462 treatment if it is determined that such treatment is necessary
2463 for the safety of the individual patient or others. ~~The patient~~
2464 ~~may not be released by the receiving facility or its contractor~~
2465 ~~without the documented approval of a psychiatrist, a clinical~~

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2466 ~~psychologist, or, if the receiving facility is a hospital, the~~
2467 ~~release may also be approved by an attending emergency~~
2468 ~~department physician with experience in the diagnosis and~~
2469 ~~treatment of mental and nervous disorders and after completion~~
2470 ~~of an involuntary examination pursuant to this subsection.~~
2471 ~~However, a patient may not be held in a receiving facility for~~
2472 ~~involuntary examination longer than 72 hours.~~

2473 (g) An individual may not be held for involuntary
2474 examination for more than 72 hours from the time of the
2475 individual's arrival at the facility, except that this period
2476 may be extended by 48 hours if a physician documents in the
2477 clinical record that the individual has ongoing symptoms of
2478 substance intoxication or substance withdrawal and the
2479 individual would likely experience significant clinical benefit
2480 from detoxification services. This determination must be made
2481 based on a face-to-face examination conducted by the physician
2482 no less than 48 hours and not more than 72 hours after the
2483 individual's arrival at the facility. Based on the individual's
2484 needs, one of the following actions must be taken within the
2485 involuntary examination period:

2486 1. The individual shall be released with the approval of a
2487 psychiatrist or clinical psychologist. However, if the
2488 examination is conducted in a receiving facility that is owned
2489 or operated by a hospital or health system, an emergency
2490 department physician or a psychiatric nurse performing within
2491 the framework of an established protocol with a psychiatrist may
2492 approve the release. A psychiatric nurse may not approve the
2493 release of a patient when the involuntary examination has been
2494 initiated by a psychiatrist, unless the release is approved by

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2495 the initiating psychiatrist.

2496 2. The individual shall be asked to provide express and
2497 informed consent for voluntary admission if a physician or
2498 psychologist has determined that the individual is competent to
2499 consent to treatment; or

2500 3. A petition for involuntary placement shall be completed
2501 and filed in the circuit court by the receiving facility
2502 administrator if involuntary outpatient or inpatient placement
2503 is deemed necessary. If the 72-hour period ends on a weekend or
2504 legal holiday, the petition must be filed by the next working
2505 day. If inpatient placement is deemed necessary, the least
2506 restrictive treatment consistent with the optimum improvement of
2507 the individual's condition must be made available.

2508 (h) An individual released from a receiving or treatment
2509 facility on a voluntary or involuntary basis who is currently
2510 charged with a crime shall be returned to the custody of law
2511 enforcement, unless the individual has been released from law
2512 enforcement custody by posting of a bond, by a pretrial
2513 conditional release, or by other judicial release.

2514 (i) If an individual ~~A person~~ for whom an involuntary
2515 examination has been initiated ~~who~~ is being evaluated or treated
2516 at a hospital for an emergency medical condition specified in s.
2517 395.002 ~~the involuntary examination period must be examined by a~~
2518 ~~receiving facility within 72 hours. The 72-hour period begins~~
2519 when the individual ~~patient~~ arrives at the hospital and ceases
2520 when ~~a the attending~~ physician documents that the individual
2521 patient ~~has an emergency medical condition. The 72-hour period~~
2522 resumes when the physician documents that the emergency medical
2523 condition has stabilized or does not exist. ~~If the patient is~~

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2524 ~~examined at a hospital providing emergency medical services by a~~
2525 ~~professional qualified to perform an involuntary examination and~~
2526 ~~is found as a result of that examination not to meet the~~
2527 ~~criteria for involuntary outpatient placement pursuant to s.~~
2528 ~~394.4655(1) or involuntary inpatient placement pursuant to s.~~
2529 ~~394.467(1), the patient may be offered voluntary placement, if~~
2530 ~~appropriate, or released directly from the hospital providing~~
2531 ~~emergency medical services. The finding by the professional that~~
2532 ~~the patient has been examined and does not meet the criteria for~~
2533 ~~involuntary inpatient placement or involuntary outpatient~~
2534 ~~placement must be entered into the patient's clinical record.~~
2535 ~~Nothing in this paragraph is intended to prevent A hospital~~
2536 ~~providing emergency medical services may transfer an individual~~
2537 ~~from appropriately transferring a patient to another hospital~~
2538 ~~before prior to stabilization if, provided the requirements of~~
2539 ~~s. 395.1041(3)(c) are have been met. One of the following~~
2540 ~~actions must occur within 12 hours after a physician documents~~
2541 ~~that the individual's emergency medical condition has stabilized~~
2542 ~~or does not exist:~~

2543 ~~(h) One of the following must occur within 12 hours after~~
2544 ~~the patient's attending physician documents that the patient's~~
2545 ~~medical condition has stabilized or that an emergency medical~~
2546 ~~condition does not exist:~~

2547 ~~1. The individual shall be examined by a physician,~~
2548 ~~psychiatric nurse or psychologist and, if found not to meet the~~
2549 ~~criteria for involuntary examination pursuant to s. 394.463,~~
2550 ~~shall be released directly from the hospital providing the~~
2551 ~~emergency medical services. The results of the examination,~~
2552 ~~including the final disposition, shall be entered into the~~

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2553 clinical records; or

2554 2. The individual shall be transferred to a receiving
2555 facility for examination if appropriate medical and mental
2556 health treatment is available. However, the receiving facility
2557 must be notified of the transfer within 2 hours after the
2558 individual's condition has been stabilized or after
2559 determination that an emergency medical condition does not
2560 exist. The patient must be examined by a designated receiving
2561 facility and released; or

2562 ~~2. The patient must be transferred to a designated~~
2563 ~~receiving facility in which appropriate medical treatment is~~
2564 ~~available. However, the receiving facility must be notified of~~
2565 ~~the transfer within 2 hours after the patient's condition has~~
2566 ~~been stabilized or after determination that an emergency medical~~
2567 ~~condition does not exist.~~

2568 ~~(i) Within the 72-hour examination period or, if the 72~~
2569 ~~hours ends on a weekend or holiday, no later than the next~~
2570 ~~working day thereafter, one of the following actions must be~~
2571 ~~taken, based on the individual needs of the patient:~~

2572 ~~1. The patient shall be released, unless he or she is~~
2573 ~~charged with a crime, in which case the patient shall be~~
2574 ~~returned to the custody of a law enforcement officer;~~

2575 ~~2. The patient shall be released, subject to the provisions~~
2576 ~~of subparagraph 1., for voluntary outpatient treatment;~~

2577 ~~3. The patient, unless he or she is charged with a crime,~~
2578 ~~shall be asked to give express and informed consent to placement~~
2579 ~~as a voluntary patient, and, if such consent is given, the~~
2580 ~~patient shall be admitted as a voluntary patient; or~~

2581 ~~4. A petition for involuntary placement shall be filed in~~

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2582 ~~the circuit court when outpatient or inpatient treatment is~~
2583 ~~deemed necessary. When inpatient treatment is deemed necessary,~~
2584 ~~the least restrictive treatment consistent with the optimum~~
2585 ~~improvement of the patient's condition shall be made available.~~
2586 ~~When a petition is to be filed for involuntary outpatient~~
2587 ~~placement, it shall be filed by one of the petitioners specified~~
2588 ~~in s. 394.4655(3)(a). A petition for involuntary inpatient~~
2589 ~~placement shall be filed by the facility administrator.~~

2590 (3) NOTICE OF RELEASE.—Notice of the release shall be given
2591 to the individual's ~~patient's~~ guardian, health care surrogate or
2592 proxy, or representative, to any person who executed a
2593 certificate admitting the individual ~~patient~~ to the receiving
2594 facility, and to any court that ~~which~~ ordered the individual's
2595 examination ~~patient's~~ evaluation.

2596 Section 18. Effective July 1, 2016, section 394.4655,
2597 Florida Statutes, is amended to read:

2598 394.4655 Involuntary outpatient placement.—

2599 (1) CRITERIA FOR INVOLUNTARY OUTPATIENT PLACEMENT.—An
2600 individual ~~A person~~ may be ordered to involuntary outpatient
2601 placement upon a finding of the court ~~that~~ by clear and
2602 convincing evidence that:

2603 (a) The individual is an adult ~~person is 18 years of age or~~
2604 ~~elder~~;

2605 (b) The individual ~~person~~ has a mental illness or substance
2606 abuse impairment;

2607 (c) The individual ~~person~~ is unlikely to survive safely in
2608 the community without supervision, based on a clinical
2609 determination;

2610 (d) The individual ~~person~~ has a history of lack of

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2611 compliance with treatment for mental illness or substance abuse
2612 impairment;

2613 (e) The individual ~~person~~ has:

2614 1. Within ~~At least twice within~~ the immediately preceding
2615 36 months, been involuntarily admitted to a receiving or
2616 treatment facility ~~as defined in s. 394.455~~, or has received
2617 mental health or substance abuse services in a forensic or
2618 correctional facility. The 36-month period does not include any
2619 period during which the individual ~~person~~ was admitted or
2620 incarcerated; or

2621 2. Engaged in one or more acts of serious violent behavior
2622 toward self or others, or attempts at serious bodily harm to
2623 himself or herself or others, within the preceding 36 months;

2624 (f) Due to ~~The person is, as a result of~~ his or her mental
2625 illness or substance abuse impairment, the individual is,
2626 unlikely to voluntarily participate in the recommended treatment
2627 plan and ~~either he or she~~ has refused voluntary placement for
2628 treatment after sufficient and conscientious explanation and
2629 disclosure of the purpose of placement for treatment or ~~he or~~
2630 ~~she~~ is unable to determine for himself or herself whether
2631 placement is necessary;

2632 (g) In view of the individual's ~~person's~~ treatment history
2633 and current behavior, the individual ~~person~~ is in need of
2634 involuntary outpatient placement in order to prevent a relapse
2635 or deterioration that would be likely to result in serious
2636 bodily harm to self ~~himself or herself~~ or others, or a
2637 substantial harm to his or her well-being as set forth in s.
2638 394.463(1);

2639 (h) It is likely that the individual ~~person~~ will benefit

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2640 from involuntary outpatient placement; and

2641 (i) All available, less restrictive alternatives that ~~would~~
2642 offer an opportunity for improvement of his or her condition
2643 have been judged to be inappropriate or unavailable.

2644 (2) INVOLUNTARY OUTPATIENT PLACEMENT.—

2645 (a)~~1.~~ An individual ~~A patient~~ who is being recommended for
2646 involuntary outpatient placement by the administrator of the
2647 receiving facility where he or she ~~the patient~~ has been examined
2648 may be retained by the facility after adherence to the notice
2649 procedures provided in s. 394.4599.

2650 1. The recommendation must be supported by the opinion of a
2651 psychiatrist and the second opinion of a ~~clinical~~ psychologist
2652 or another psychiatrist, both of whom have personally examined
2653 the individual ~~patient~~ within the preceding 72 hours, that the
2654 criteria for involuntary outpatient placement are met. However,
2655 in a county having a population of fewer than 50,000, if the
2656 administrator certifies that a psychiatrist or clinical
2657 psychologist is not available to provide the second opinion, the
2658 second opinion may be provided by a ~~licensed~~ physician who has
2659 postgraduate training and experience in diagnosis and treatment
2660 of mental and nervous disorders or by a psychiatric nurse. Any
2661 second opinion authorized in this subparagraph may be conducted
2662 through a face-to-face examination, in person or by electronic
2663 means. Such recommendation must be entered on an involuntary
2664 outpatient placement certificate that authorizes the receiving
2665 facility to retain the individual ~~patient~~ pending completion of
2666 a hearing. The certificate shall be made a part of the patient's
2667 clinical record.

2668 2. If the individual ~~patient~~ has been stabilized and no

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2669 longer meets the criteria for involuntary examination pursuant
2670 to s. 394.463(1), he or she ~~the patient~~ must be released from
2671 the receiving facility while awaiting the hearing for
2672 involuntary outpatient placement.

2673 3. Before filing a petition for involuntary outpatient
2674 treatment, the administrator of the ~~a~~ receiving facility or a
2675 designated department representative must identify the service
2676 provider that will have primary responsibility for service
2677 provision under an order for involuntary outpatient placement,
2678 unless the individual ~~person~~ is otherwise participating in
2679 outpatient psychiatric treatment and is not in need of public
2680 financing for that treatment, in which case the individual, if
2681 eligible, may be ordered to involuntary treatment pursuant to
2682 the existing psychiatric treatment relationship.

2683 4.3. The service provider shall prepare a written proposed
2684 treatment plan in consultation with the individual being held
2685 ~~patient~~ or his or her ~~the patient's~~ guardian advocate, if
2686 appointed, for the court's consideration for inclusion in the
2687 involuntary outpatient placement order. The service provider
2688 shall ~~also~~ provide a copy of the proposed treatment plan to the
2689 individual ~~patient~~ and the administrator of the receiving
2690 facility. The treatment plan must specify the nature and extent
2691 of the individual's ~~patient's~~ mental illness or substance abuse
2692 impairment, address the reduction of symptoms that necessitate
2693 involuntary outpatient placement, and include measurable goals
2694 and objectives for the services and treatment that are provided
2695 to treat the individual's ~~person's~~ mental illness or substance
2696 abuse impairment and assist the individual ~~person~~ in living and
2697 functioning in the community or to prevent a relapse or

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2698 deterioration. Service providers may select and supervise other
2699 providers ~~individuals~~ to implement specific aspects of the
2700 treatment plan. The services in the treatment plan must be
2701 deemed clinically appropriate by a physician, ~~clinical~~
2702 psychologist, psychiatric nurse, mental health counselor,
2703 marriage and family therapist, or clinical social worker who
2704 consults with, or is employed or contracted by, the service
2705 provider. The service provider must certify to the court in the
2706 proposed treatment plan whether sufficient services for
2707 improvement and stabilization are currently available and
2708 whether the service provider agrees to provide those services.
2709 If the service provider certifies that the services in the
2710 proposed treatment plan are not available, the petitioner may
2711 not file the petition.

2712 (b) If an individual ~~a patient~~ in involuntary inpatient
2713 placement meets the criteria for involuntary outpatient
2714 placement, the administrator of the treatment facility may,
2715 before the expiration of the period during which the treatment
2716 facility is authorized to retain the individual ~~patient~~,
2717 recommend involuntary outpatient placement.

2718 1. The recommendation must be supported by the opinion of a
2719 psychiatrist and the second opinion of a ~~clinical~~ psychologist
2720 or another psychiatrist, both of whom have personally examined
2721 the individual ~~patient~~ within the preceding 72 hours, that the
2722 criteria for involuntary outpatient placement are met. However,
2723 in a county having a population of fewer than 50,000, if the
2724 administrator certifies that a psychiatrist or ~~clinical~~
2725 psychologist is not available to provide the second opinion, the
2726 second opinion may be provided by a licensed physician who has

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2727 postgraduate training and experience in diagnosis and treatment
2728 of mental and nervous disorders or by a psychiatric nurse. Any
2729 second opinion authorized in this subparagraph may be conducted
2730 through a face-to-face examination, in person or by electronic
2731 means. Such recommendation must be entered on an involuntary
2732 outpatient placement certificate, and the certificate must be
2733 made a part of the individual's ~~patient's~~ clinical record.

2734 ~~2.(e)1.~~ The administrator of the treatment facility shall
2735 provide a copy of the involuntary outpatient placement
2736 certificate and a copy of the state mental health discharge form
2737 to a department representative in the county where the
2738 individual ~~patient~~ will be residing. ~~For persons who are leaving~~
2739 ~~a state mental health treatment facility, the petition for~~
2740 ~~involuntary outpatient placement must be filed in the county~~
2741 ~~where the patient will be residing.~~

2742 ~~3.2.~~ The service provider that will have primary
2743 responsibility for service provision shall be identified by the
2744 designated department representative prior to the order for
2745 involuntary outpatient placement and must, before ~~prior to~~
2746 filing a petition for involuntary outpatient placement, certify
2747 to the court whether the services recommended in the
2748 individual's ~~patient's~~ discharge plan are available in the local
2749 community and whether the service provider agrees to provide
2750 those services. The service provider must develop with the
2751 individual ~~patient~~, or the patient's guardian advocate, if one
2752 is appointed, a treatment or service plan that addresses the
2753 needs identified in the discharge plan. The plan must be deemed
2754 to be clinically appropriate by a physician, ~~clinical~~
2755 psychologist, psychiatric nurse, mental health counselor,

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2756 marriage and family therapist, or clinical social worker, ~~as~~
 2757 ~~defined in this chapter,~~ who consults with, or is employed or
 2758 contracted by, the service provider.

2759 ~~3. If the service provider certifies that the services in~~
 2760 ~~the proposed treatment or service plan are not available, the~~
 2761 ~~petitioner may not file the petition.~~

2762 (3) PETITION FOR INVOLUNTARY OUTPATIENT PLACEMENT.—

2763 (a) A petition for involuntary outpatient placement may be
 2764 filed by:

2765 1. The administrator of a mental health receiving facility,
 2766 an addictions receiving facility, or a detoxification facility;

2767 or

2768 2. The administrator of a treatment facility.

2769 (b) Each required criterion for involuntary outpatient
 2770 placement must be alleged and substantiated in the petition for
 2771 involuntary outpatient placement. A copy of the certificate
 2772 recommending involuntary outpatient placement completed by a
 2773 qualified professional specified in subsection (2) must be
 2774 attached to the petition. A copy of the proposed treatment plan
 2775 must be attached to the petition. Before the petition is filed,
 2776 the service provider shall certify that the services in the
 2777 proposed treatment plan are available. If the necessary services
 2778 are not available in the ~~patient's~~ local community where the
 2779 individual will reside ~~to respond to the person's individual~~
 2780 ~~needs,~~ the petition may not be filed.

2781 (c) ~~A~~ The petition for involuntary outpatient placement
 2782 must be filed in the county where the individual who is the
 2783 subject of the petition ~~patient~~ is located, unless the
 2784 individual ~~patient~~ is being placed from a state treatment

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2785 facility, in which case the petition must be filed in the county
2786 where the individual ~~patient~~ will reside. When the petition is
2787 ~~has been~~ filed, the clerk of the court shall provide copies of
2788 the petition and the proposed treatment plan to the department,
2789 the individual ~~patient~~, the individual's ~~patient's~~ guardian,
2790 guardian advocate, health care surrogate or proxy, or
2791 representative, the state attorney, and the public defender or
2792 the individual's ~~patient's~~ private counsel. A fee may not be
2793 charged for filing a petition under this subsection.

2794 (4) APPOINTMENT OF COUNSEL.—Within 1 court working day
2795 after ~~the~~ filing of a petition for involuntary outpatient
2796 placement, the court shall appoint the public defender to
2797 represent the individual ~~person~~ who is the subject of the
2798 petition, unless the individual ~~person~~ is otherwise represented
2799 by counsel. The clerk of the court shall immediately notify the
2800 public defender of the appointment. The public defender shall
2801 represent the individual ~~person~~ until the petition is dismissed,
2802 the court order expires, or the individual ~~patient~~ is discharged
2803 from involuntary outpatient placement. An attorney who
2804 represents the individual ~~patient~~ shall have access to the
2805 individual ~~patient~~, witnesses, and records relevant to the
2806 presentation of the individual's ~~patient's~~ case and shall
2807 represent the interests of the individual ~~patient~~, regardless of
2808 the source of payment to the attorney. An attorney representing
2809 an individual in proceedings under this part shall advocate the
2810 individual's expressed desires and must be present and actively
2811 participate in all hearings on involuntary placement.

2812 (5) CONTINUANCE OF HEARING.—The individual ~~patient~~ is
2813 entitled, with the concurrence of the individual's ~~patient's~~

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2814 counsel, to at least one continuance of the hearing. The
2815 continuance shall be for a period of up to 4 weeks.

2816 (6) HEARING ON INVOLUNTARY OUTPATIENT PLACEMENT.—

2817 (a)~~1~~. The court shall hold the hearing on involuntary
2818 outpatient placement within 5 court working days after the
2819 filing of the petition, unless a continuance is granted. The
2820 hearing shall be held in the county where the petition is filed,
2821 ~~shall~~ be as convenient to the individual who is the subject of
2822 the petition ~~patient~~ as is consistent with orderly procedure,
2823 and ~~shall~~ be conducted in physical settings not likely to be
2824 injurious to the individual's ~~patient's~~ condition. If the court
2825 finds that the individual's ~~patient's~~ attendance at the hearing
2826 is not consistent with the best interests of the individual
2827 ~~patient~~ and if the individual's ~~patient's~~ counsel does not
2828 object, the court may waive the presence of the individual
2829 ~~patient~~ from all or any portion of the hearing. The state
2830 attorney for the circuit in which the individual ~~patient~~ is
2831 located shall represent the state, rather than the petitioner,
2832 as the real party in interest in the proceeding. The state
2833 attorney shall have access to the individual's clinical record
2834 and witnesses and shall independently evaluate the allegations
2835 set forth in the petition for involuntary placement. If the
2836 allegations are substantiated, the state attorney shall
2837 prosecute the petition. If the allegations are not
2838 substantiated, the state attorney shall withdraw the petition.

2839 (b)~~2~~. The court may appoint a magistrate ~~master~~ to preside
2840 at the hearing. One of the professionals who executed the
2841 involuntary outpatient placement certificate shall be a witness.
2842 The individual who is the subject of the petition ~~patient~~ and

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2843 his or her the patient's guardian, guardian advocate, health
2844 care surrogate or proxy, or representative shall be informed by
2845 the court of the right to an independent expert examination. If
2846 the individual patient cannot afford such an examination, the
2847 court shall provide ~~for~~ one. The independent expert's report is
2848 ~~shall be~~ confidential and not discoverable, unless the expert is
2849 ~~to be~~ called as a witness for the individual patient at the
2850 hearing. The court shall allow testimony from persons
2851 ~~individuals,~~ including family members, deemed by the court to be
2852 relevant ~~under state law,~~ regarding the individual's person's
2853 prior history and how that ~~prior~~ history relates to the
2854 individual's person's current condition. The testimony in the
2855 hearing must be ~~given~~ under oath, and the proceedings must be
2856 recorded. The individual patient may refuse to testify at the
2857 hearing.

2858 (c) The court shall consider testimony and evidence
2859 regarding the competence of the individual being held to consent
2860 to treatment. If the court finds that the individual is
2861 incompetent to consent, it shall appoint a guardian advocate as
2862 provided in s. 394.4598.

2863 (7) COURT ORDER.—

2864 (a) ~~(b)~~ 1. If the court concludes that the individual who is
2865 the subject of the petition patient meets the criteria for
2866 involuntary outpatient placement under ~~pursuant to~~ subsection
2867 (1), the court shall issue an order for involuntary outpatient
2868 placement. The court order may ~~shall~~ be for a ~~period of~~ up to 6
2869 months. The order must specify the nature and extent of the
2870 individual's patient's mental illness or substance abuse
2871 impairment. The court order ~~of the court~~ and the treatment plan

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2872 ~~must shall~~ be made part of the individual's ~~patient's~~ clinical
2873 record. The service provider shall discharge an individual a
2874 ~~patient~~ from involuntary outpatient placement when the order
2875 expires or any time the individual ~~patient~~ no longer meets the
2876 criteria for involuntary placement. Upon discharge, the service
2877 provider shall send a certificate of discharge to the court.

2878 (b)2- The court may not order the department or the service
2879 provider to provide services if the program or service is not
2880 available in the ~~patient's~~ local community of the individual
2881 being served, if there is no space available in the program or
2882 service for the individual ~~patient~~, or if funding is not
2883 available for the program or service. A copy of the order must
2884 be sent to the Agency for Health Care Administration by the
2885 service provider within 1 working day after it is received from
2886 the court. After the placement order is issued, the service
2887 provider and the individual ~~patient~~ may modify ~~provisions of~~ the
2888 treatment plan. For any material modification of the treatment
2889 plan to which the individual ~~patient~~ or the individual's
2890 ~~patient's~~ guardian advocate, if appointed, does agree, the
2891 service provider shall send notice of the modification to the
2892 court. Any material modifications of the treatment plan which
2893 are contested by the individual ~~patient~~ or the individual's
2894 ~~patient's~~ guardian advocate, if appointed, must be approved or
2895 disapproved by the court consistent with the requirements of
2896 subsection (2).

2897 (c)3- If, in the clinical judgment of a physician, the
2898 individual being served ~~patient~~ has failed or has refused to
2899 comply with the treatment ordered by the court, and, in the
2900 clinical judgment of the physician, efforts were made to solicit

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2901 compliance and the individual patient may meet the criteria for
2902 involuntary examination, the individual ~~a person~~ may be brought
2903 to a receiving facility pursuant to s. 394.463 for involuntary
2904 examination. If, after examination, the individual patient does
2905 not meet the criteria for involuntary inpatient placement
2906 pursuant to s. 394.467, the individual patient must be
2907 discharged from the receiving facility. The involuntary
2908 outpatient placement order remains ~~shall remain~~ in effect unless
2909 the service provider determines that the individual patient no
2910 longer meets the criteria for involuntary outpatient placement
2911 or until the order expires. The service provider must determine
2912 whether modifications should be made to the existing treatment
2913 plan and must attempt to continue to engage the individual
2914 ~~patient~~ in treatment. For any material modification of the
2915 treatment plan to which the individual patient or the
2916 individual's patient's guardian advocate, if appointed, agrees
2917 ~~does agree~~, the service provider shall send notice of the
2918 modification to the court. Any material modifications of the
2919 treatment plan which are contested by the individual patient or
2920 the individual's patient's guardian advocate, if appointed, must
2921 be approved or disapproved by the court consistent with the
2922 requirements of subsection (2).

2923 (d) ~~(e)~~ If, at any time before the conclusion of the initial
2924 hearing on involuntary outpatient placement, it appears to the
2925 court that the individual person does not meet the criteria for
2926 involuntary outpatient placement under this section but,
2927 ~~instead~~, meets the criteria for involuntary inpatient placement,
2928 the court may order the individual person admitted for
2929 involuntary inpatient examination under s. 394.463. ~~If the~~

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2930 ~~person instead meets the criteria for involuntary assessment,~~
2931 ~~protective custody, or involuntary admission pursuant to s.~~
2932 ~~397.675, the court may order the person to be admitted for~~
2933 ~~involuntary assessment for a period of 5 days pursuant to s.~~
2934 ~~397.6811. Thereafter, all proceedings shall be governed by~~
2935 ~~chapter 397.~~

2936 ~~(d) At the hearing on involuntary outpatient placement, the~~
2937 ~~court shall consider testimony and evidence regarding the~~
2938 ~~patient's competence to consent to treatment. If the court finds~~
2939 ~~that the patient is incompetent to consent to treatment, it~~
2940 ~~shall appoint a guardian advocate as provided in s. 394.4598.~~
2941 ~~The guardian advocate shall be appointed or discharged in~~
2942 ~~accordance with s. 394.4598.~~

2943 ~~(e) The administrator of the receiving facility, the~~
2944 ~~detoxification facility, or the designated department~~
2945 ~~representative shall provide a copy of the court order and~~
2946 ~~adequate documentation of an individual's a patient's mental~~
2947 ~~illness or substance abuse impairment to the service provider~~
2948 ~~for involuntary outpatient placement. Such documentation must~~
2949 ~~include any advance directives made by the individual patient, a~~
2950 ~~psychiatric evaluation of the individual patient, and any~~
2951 ~~evaluations of the individual patient performed by a ~~clinical~~~~
2952 ~~psychologist or a clinical social worker.~~

2953 ~~(8)(7) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT~~
2954 ~~PLACEMENT.-~~

2955 ~~(a)1.~~ If the individual person continues to meet the
2956 criteria for involuntary outpatient placement, the service
2957 provider shall, before the expiration of the period during which
2958 the placement treatment is ordered ~~for the person~~, file in the

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2959 circuit court a petition for continued involuntary outpatient
2960 placement.

2961 ~~1.2.~~ The existing involuntary outpatient placement order
2962 remains in effect until disposition of ~~on~~ the petition for
2963 continued involuntary outpatient placement.

2964 ~~2.3.~~ A certificate must ~~shall~~ be attached to the petition
2965 which includes a statement from the individual's ~~person's~~
2966 physician or ~~clinical~~ psychologist justifying the request, a
2967 brief description of the individual's ~~patient's~~ treatment during
2968 the time he or she was involuntarily placed, and a personalized
2969 ~~an individualized~~ plan of continued treatment.

2970 ~~3.4.~~ The service provider shall develop the ~~individualized~~
2971 plan of continued treatment in consultation with the individual
2972 ~~patient~~ or his or her ~~the patient's~~ guardian advocate, if
2973 appointed. When the petition has been filed, the clerk of the
2974 court shall provide copies of the certificate and the
2975 ~~individualized~~ plan of continued treatment to the department,
2976 the individual ~~patient~~, the individual's ~~patient's~~ guardian
2977 advocate, the state attorney, and the individual's ~~patient's~~
2978 private counsel or the public defender.

2979 (b) Within 1 court working day after the filing of a
2980 petition for continued involuntary outpatient placement, the
2981 court shall appoint the public defender to represent the
2982 individual ~~person~~ who is the subject of the petition, unless the
2983 individual ~~person~~ is otherwise represented by counsel. The clerk
2984 of the court shall immediately notify the public defender of
2985 such appointment. The public defender shall represent the
2986 individual ~~person~~ until the petition is dismissed, ~~or~~ the court
2987 order expires, or the individual ~~patient~~ is discharged from

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2988 involuntary outpatient placement. Any attorney representing the
2989 individual ~~patient~~ shall have access to the individual ~~patient~~,
2990 witnesses, and records relevant to the presentation of the
2991 individual's ~~patient's~~ case and shall represent the interests of
2992 the individual ~~patient~~, regardless of the source of payment to
2993 the attorney.

2994 (c) The court shall inform the individual who is the
2995 subject of the petition and his or her guardian, guardian
2996 advocate, health care surrogate or proxy, or representative of
2997 the individual's right to an independent expert examination. If
2998 the individual cannot afford such an examination, the court
2999 shall provide one.

3000 (d) ~~(e)~~ Hearings on petitions for continued involuntary
3001 outpatient placement are ~~shall be~~ before the circuit court. The
3002 court may appoint a magistrate ~~master~~ to preside at the hearing.
3003 The procedures for obtaining an order pursuant to this paragraph
3004 must ~~shall~~ be in accordance with subsection (6), except that the
3005 time period included in paragraph (1) (e) is not applicable in
3006 determining the appropriateness of additional periods of
3007 involuntary outpatient placement.

3008 (e) ~~(d)~~ Notice of the hearing shall be provided in
3009 accordance with as set forth in s. 394.4599. The individual
3010 being served ~~patient~~ and the individual's ~~patient's~~ attorney may
3011 agree to a period of continued outpatient placement without a
3012 court hearing.

3013 (f) ~~(e)~~ The same procedure shall be repeated before the
3014 expiration of each additional period the individual being served
3015 ~~patient~~ is placed in treatment.

3016 (g) ~~(f)~~ If the individual in involuntary outpatient

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3017 placement ~~patient~~ has previously been found incompetent to
3018 consent to treatment, the court shall consider testimony and
3019 evidence regarding the individual's ~~patient's~~ competence.
3020 Section 394.4598 governs the discharge of the guardian advocate
3021 if the individual's ~~patient's~~ competency to consent to treatment
3022 has been restored.

3023 Section 19. Effective on July 1, 2016, section 394.467,
3024 Florida Statutes, is amended to read:

3025 394.467 Involuntary inpatient placement.—

3026 (1) CRITERIA.—An individual ~~A person~~ may be placed in
3027 involuntary inpatient placement for treatment upon a finding of
3028 the court by clear and convincing evidence that:

3029 (a) He or she has a mental illness or substance abuse
3030 impairment ~~is mentally ill~~ and because of his or her mental
3031 illness or substance abuse impairment:

3032 1.a. He or she has refused voluntary placement for
3033 treatment after sufficient and conscientious explanation and
3034 disclosure of the purpose of placement for treatment; or

3035 b. He or she is unable to determine for himself or herself
3036 whether placement is necessary; and

3037 2.a. He or she is manifestly incapable of surviving alone
3038 or with the help of willing and responsible family or friends,
3039 including available alternative services, and, without
3040 treatment, is likely to suffer from neglect or refuse to care
3041 for himself or herself, and such neglect or refusal poses a real
3042 and present threat of substantial harm to his or her well-being;
3043 or

3044 b. There is substantial likelihood that in the near future
3045 he or she will inflict serious bodily harm on self or others

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3046 ~~himself or herself or another person~~, as evidenced by recent
3047 behavior causing, attempting, or threatening such harm; and

3048 (b) All available less restrictive treatment alternatives
3049 that ~~which would~~ offer an opportunity for improvement of his or
3050 her condition have been judged to be inappropriate.

3051 (2) ADMISSION TO A TREATMENT FACILITY.—An individual ~~A~~
3052 ~~patient~~ may be retained by a mental health receiving facility,
3053 an addictions receiving facility, or a detoxification facility,
3054 or involuntarily placed in a treatment facility upon the
3055 recommendation of the administrator of the receiving facility
3056 where the individual ~~patient~~ has been examined and after
3057 adherence to the notice and hearing procedures provided in s.
3058 394.4599. The recommendation must be supported by the opinion of
3059 a psychiatrist and the second opinion of a ~~clinical~~ psychologist
3060 or another psychiatrist, both of whom have personally examined
3061 the individual ~~patient~~ within the preceding 72 hours, that the
3062 criteria for involuntary inpatient placement are met. However,
3063 in a county that has a population of fewer than 50,000, if the
3064 administrator certifies that a psychiatrist or ~~clinical~~
3065 psychologist is not available to provide the second opinion, the
3066 second opinion may be provided by a licensed physician who has
3067 postgraduate training and experience in diagnosis and treatment
3068 of mental and nervous disorders or by a psychiatric nurse. If
3069 the petition seeks placement for treatment of substance abuse
3070 impairment only and the individual is examined by an addictions
3071 receiving facility or detoxification facility, the first opinion
3072 may be provided by a physician, and the second opinion may be
3073 provided by a qualified professional with respect to substance
3074 abuse treatment. Any second opinion authorized in this

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3075 subsection may be conducted through a face-to-face examination,
3076 in person or by electronic means. Such recommendation must ~~shall~~
3077 be entered on an involuntary inpatient placement certificate
3078 that authorizes the receiving facility to retain the individual
3079 being held ~~patient~~ pending transfer to a treatment facility or
3080 completion of a hearing.

3081 (3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT.—The
3082 administrator of the mental health facility, addictions
3083 receiving facility, or detoxification facility shall file a
3084 petition for involuntary inpatient placement in the court in the
3085 county where the individual ~~patient~~ is located. Upon filing, the
3086 clerk of the court shall provide copies to the department, the
3087 individual ~~patient~~, the individual's ~~patient's~~ guardian,
3088 guardian advocate, health care surrogate or proxy, or
3089 representative, and the state attorney and public defender of
3090 the judicial circuit in which the individual ~~patient~~ is located.
3091 A No fee may not ~~shall~~ be charged for the filing of a petition
3092 under this subsection.

3093 (4) APPOINTMENT OF COUNSEL.—Within 1 court working day
3094 after the filing of a petition for involuntary inpatient
3095 placement, the court shall appoint the public defender to
3096 represent the individual ~~person~~ who is the subject of the
3097 petition, unless the individual ~~person~~ is otherwise represented
3098 by counsel. The clerk of the court shall immediately notify the
3099 public defender of such appointment. Any attorney representing
3100 the individual ~~patient~~ shall have access to the individual
3101 ~~patient~~, witnesses, and records relevant to the presentation of
3102 the individual's ~~patient's~~ case and shall represent the
3103 interests of the individual ~~patient~~, regardless of the source of

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3104 payment to the attorney.

3105 (a) An attorney representing an individual in proceedings
3106 under this part shall advocate the individual's expressed
3107 desires and must be present and actively participate in all
3108 hearings on involuntary placement.

3109 (b) The state attorney for the judicial circuit in which
3110 the individual is located shall represent the state rather than
3111 the petitioning facility administrator as the real party in
3112 interest in the proceeding. The state attorney shall have access
3113 to the individual's clinical record and witnesses and shall
3114 independently evaluate the allegations set forth in the petition
3115 for involuntary placement. If the allegations are substantiated,
3116 the state attorney shall prosecute the petition. If the
3117 allegations are not substantiated, the state attorney shall
3118 withdraw the petition.

3119 (5) CONTINUANCE OF HEARING.—The individual patient is
3120 entitled, with the concurrence of the individual's patient's
3121 counsel, to at least one continuance of the hearing. The
3122 continuance shall be for ~~a period of~~ up to 4 weeks.

3123 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

3124 (a)~~1.~~ The court shall hold the hearing on involuntary
3125 inpatient placement within 5 court working days after the
3126 petition is filed, unless a continuance is granted.

3127 1. The hearing shall be held in the county where the
3128 individual patient is located and shall be as convenient to the
3129 individual patient as may be consistent with orderly procedure
3130 and shall be conducted in physical settings not likely to be
3131 injurious to the individual's patient's condition. If the
3132 individual wishes to waive his or her court finds that the

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3133 ~~patient's~~ attendance at the hearing, the court must determine
3134 that the waiver is knowingly, intelligently, and voluntarily
3135 being waived and ~~is not consistent with the best interests of~~
3136 ~~the patient, and the patient's counsel does not object, the~~
3137 ~~court~~ may waive the presence of the individual patient from all
3138 or any portion of the hearing. ~~The state attorney for the~~
3139 ~~circuit in which the patient is located shall represent the~~
3140 ~~state, rather than the petitioning facility administrator, as~~
3141 ~~the real party in interest in the proceeding.~~

3142 2. The court may appoint a general or special magistrate to
3143 preside at the hearing. One of the two professionals who
3144 executed the involuntary inpatient placement certificate shall
3145 be a witness. The individual patient and the individual's
3146 patient's guardian, guardian advocate, health care surrogate or
3147 proxy, or representative shall be informed by the court of the
3148 right to an independent expert examination. If the individual
3149 ~~patient~~ cannot afford such an examination, the court shall
3150 provide for one. The independent expert's report ~~is~~ shall be
3151 confidential and not discoverable, unless the expert is to be
3152 called as a witness for the individual patient at the hearing.
3153 The testimony in the hearing must be given under oath, and the
3154 proceedings must be recorded. The individual patient may refuse
3155 to testify at the hearing.

3156 3. The court shall allow testimony from persons, including
3157 family members, deemed by the court to be relevant regarding the
3158 individual's prior history and how that prior history relates to
3159 the individual's current condition.

3160 (b) If the court concludes that the individual patient
3161 meets the criteria for involuntary inpatient placement, it shall

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3162 order that the individual ~~patient~~ be transferred to a treatment
3163 facility or, if the individual ~~patient~~ is at a treatment
3164 facility, that the individual ~~patient~~ be retained there or be
3165 treated at any other appropriate mental health receiving
3166 facility, addictions receiving facility, detoxification
3167 facility, or treatment facility, or that the individual ~~patient~~
3168 receive services from such a facility ~~a receiving or treatment~~
3169 ~~facility,~~ on an involuntary basis, for up to 90 days ~~a period of~~
3170 ~~up to 6 months.~~ The order shall specify the nature and extent of
3171 the individual's ~~patient's~~ mental illness or substance abuse
3172 impairment. The court may not order an individual with traumatic
3173 brain injury or dementia who lacks a co-occurring mental illness
3174 to be involuntarily placed in a state treatment facility. The
3175 facility shall discharge the individual ~~at a patient~~ any time
3176 the individual ~~patient~~ no longer meets the criteria for
3177 involuntary inpatient placement, unless the individual ~~patient~~
3178 has transferred to voluntary status.

3179 (c) If at any time before ~~prior to~~ the conclusion of the
3180 hearing on involuntary inpatient placement it appears to the
3181 court that the individual ~~person~~ does not meet the criteria for
3182 involuntary inpatient placement under this section, but instead
3183 meets the criteria for involuntary outpatient placement, the
3184 court may order the individual ~~person~~ evaluated for involuntary
3185 outpatient placement pursuant to s. 394.4655, ~~and~~ the petition
3186 and hearing procedures set forth in s. 394.4655 ~~shall~~ apply. ~~If~~
3187 ~~the person instead meets the criteria for involuntary~~
3188 ~~assessment, protective custody, or involuntary admission~~
3189 ~~pursuant to s. 397.675, then the court may order the person to~~
3190 ~~be admitted for involuntary assessment for a period of 5 days~~

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3191 ~~pursuant to s. 397.6811. Thereafter, all proceedings shall be~~
3192 ~~governed by chapter 397.~~

3193 (d) At the hearing on involuntary inpatient placement, the
3194 court shall consider testimony and evidence regarding the
3195 individual's ~~patient's~~ competence to consent to treatment. If
3196 the court finds that the individual ~~patient~~ is incompetent to
3197 consent to treatment, it shall appoint a guardian advocate as
3198 provided in s. 394.4598.

3199 (e) The administrator of the petitioning ~~receiving~~ facility
3200 shall provide a copy of the court order and adequate
3201 documentation of the individual's ~~a patient's~~ mental illness or
3202 substance abuse impairment to the administrator of a treatment
3203 facility if the individual ~~whenever a patient~~ is ordered for
3204 involuntary inpatient placement, whether by civil or criminal
3205 court. The documentation must ~~shall~~ include any advance
3206 directives made by the individual ~~patient~~, a psychiatric
3207 evaluation of the individual ~~patient~~, and any evaluations of the
3208 individual ~~patient~~ performed by a ~~clinical~~ psychologist, a
3209 marriage and family therapist, a mental health counselor, a
3210 substance abuse qualified professional or a clinical social
3211 worker. The administrator of a treatment facility may refuse
3212 admission to an individual ~~any patient~~ directed to its
3213 facilities on an involuntary basis, whether by civil or criminal
3214 court order, who is not accompanied at the same time by adequate
3215 orders and documentation.

3216 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT
3217 PLACEMENT.—

3218 (a) Hearings on petitions for continued involuntary
3219 inpatient placement shall be administrative hearings and shall

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3220 be conducted in accordance with ~~the provisions of~~ s. 120.57(1),
3221 except that an ~~any~~ order entered by an ~~the~~ administrative law
3222 judge is ~~shall be~~ final and subject to judicial review in
3223 accordance with s. 120.68. Orders concerning an individual
3224 ~~patients~~ committed after successfully pleading not guilty by
3225 reason of insanity are ~~shall be~~ governed by ~~the provisions of~~ s.
3226 916.15.

3227 (b) If the individual ~~patient~~ continues to meet the
3228 criteria for involuntary inpatient placement, the administrator
3229 shall, before ~~prior~~ to the expiration of the period ~~during which~~
3230 the ~~treatment~~ facility is authorized to retain the individual
3231 ~~patient~~, file a petition requesting authorization for continued
3232 involuntary inpatient placement. The request must ~~shall~~ be
3233 accompanied by a statement from the individual's ~~patient's~~
3234 physician or ~~clinical~~ psychologist justifying the request, a
3235 brief description of the individual's ~~patient's~~ treatment during
3236 the time he or she was involuntarily placed, and a personalized
3237 ~~an individualized~~ plan of continued treatment. Notice of the
3238 hearing must ~~shall~~ be provided as set forth in s. 394.4599. If
3239 at the hearing the administrative law judge finds that
3240 attendance at the hearing is not consistent with the
3241 individual's best interests ~~of the patient~~, the administrative
3242 law judge may waive the presence of the individual ~~patient~~ from
3243 all or any portion of the hearing, unless the individual
3244 ~~patient~~, through counsel, objects to the waiver of presence. The
3245 testimony in the hearing must be under oath, and the proceedings
3246 must be recorded.

3247 (c) Unless the individual ~~patient~~ is otherwise represented
3248 or is ineligible, he or she shall be represented at the hearing

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3249 on the petition for continued involuntary inpatient placement by
3250 the public defender of the circuit in which the facility is
3251 located.

3252 (d) The Division of Administrative Hearings shall inform
3253 the individual and his or her guardian, guardian advocate,
3254 health care surrogate or proxy, or representative of the right
3255 to an independent expert examination. If the individual cannot
3256 afford such an examination, the court shall provide one.

3257 (e)~~(d)~~ If at a hearing it is shown that the individual
3258 ~~patient~~ continues to meet the criteria for involuntary inpatient
3259 placement, the administrative law judge shall sign the order for
3260 continued involuntary inpatient placement for a period of up to
3261 90 days ~~not to exceed 6 months~~. The same procedure must ~~shall~~ be
3262 repeated prior to the expiration of each additional period the
3263 individual ~~patient~~ is retained.

3264 (f)~~(e)~~ If continued involuntary inpatient placement is
3265 necessary for an individual ~~a patient~~ admitted while serving a
3266 criminal sentence, but whose sentence is about to expire, or for
3267 a minor ~~patient~~ involuntarily placed ~~while a minor~~ but who is
3268 about to reach the age of 18, the administrator shall petition
3269 the administrative law judge for an order authorizing continued
3270 involuntary inpatient placement.

3271 (g)~~(f)~~ If the individual ~~previously patient~~ has been
3272 ~~previously~~ found incompetent to consent to treatment, the
3273 administrative law judge shall consider testimony and evidence
3274 regarding the individual's ~~patient's~~ competence. If the
3275 administrative law judge finds evidence that the individual
3276 ~~patient~~ is now competent to consent to treatment, the
3277 ~~administrative law~~ judge may issue a recommended order to the

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3278 court that found the individual ~~patient~~ incompetent to consent
3279 to treatment that the individual's ~~patient's~~ competence be
3280 restored and that any guardian advocate previously appointed be
3281 discharged.

3282 (8) RETURN TO FACILITY OF ~~PATIENTS~~.—If an individual held
3283 ~~When a patient~~ at a ~~treatment~~ facility involuntarily under this
3284 part leaves the facility without the administrator's
3285 authorization, the administrator may authorize a search for, the
3286 ~~patient~~ and the return of, the individual ~~patient~~ to the
3287 facility. The administrator may request the assistance of a law
3288 enforcement agency ~~in the search for and return of the patient~~.

3289 Section 20. Effective July 1, 2016, section 394.4672,
3290 Florida Statutes, is amended to read:

3291 394.4672 Procedure for placement of veteran with federal
3292 agency.—

3293 (1) A facility owned, operated, or administered by the
3294 United States Department of Veterans Affairs which provides
3295 mental health services has authority as granted by the
3296 Department of Veterans' Affairs to:

3297 (a) Initiate and conduct involuntary examinations pursuant
3298 to s. 394.463.

3299 (b) Provide voluntary treatment pursuant to s. 394.4625.

3300 (c) Petition for involuntary inpatient placement pursuant
3301 to s. 394.467.

3302 (d) Provide involuntary inpatient placement pursuant to
3303 this part.

3304 (2) ~~(1)~~ ~~If a~~ ~~Whenever it is determined by the~~ court
3305 determines that an individual ~~a person~~ meets the criteria for
3306 involuntary placement and he or she ~~it appears that such person~~

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3307 is eligible for care or treatment by the United States
3308 Department of Veterans Affairs or another ~~other~~ agency of the
3309 United States Government, the court, upon receipt of a
3310 certificate from the United States Department of Veterans
3311 Affairs or such other agency showing that facilities are
3312 available and that the individual ~~person~~ is eligible for care or
3313 treatment therein, may place that individual ~~person~~ with the
3314 United States Department of Veterans Affairs or other federal
3315 agency. The individual ~~person whose placement is sought~~ shall be
3316 personally served with notice of the pending placement
3317 proceeding in the manner as provided in this part., ~~and nothing~~
3318 ~~in~~ This section does not ~~shall~~ affect the individual's ~~his or~~
3319 ~~her~~ right to appear and be heard in the proceeding. Upon
3320 placement, the individual is ~~person shall be~~ subject to the
3321 ~~rules and~~ regulations of the United States Department of
3322 Veterans Affairs or other federal agency.

3323 (3) ~~(2)~~ The judgment or order of placement issued by a court
3324 of competent jurisdiction of another state or of the District of
3325 Columbia which places an individual, ~~placing a person~~ with the
3326 United States Department of Veterans Affairs or other federal
3327 agency for care or treatment has, ~~shall have~~ the same force and
3328 effect in this state as in the jurisdiction of the court
3329 entering the judgment or making the order., ~~and~~ The courts of
3330 the placing state or of the District of Columbia shall retain ~~be~~
3331 ~~deemed to have retained~~ jurisdiction of the individual ~~person~~ ~~so~~
3332 placed. Consent is hereby given to the application of the law of
3333 the placing state or district with respect to the authority of
3334 the chief officer of any facility of the United States
3335 Department of Veterans Affairs or other federal agency operated

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3336 in this state to retain custody or to transfer, parole, or
3337 discharge the individual ~~person~~.

3338 ~~(4)(3)~~ Upon receipt of a certificate of the United States
3339 Department of Veterans Affairs or another ~~such other~~ federal
3340 agency that facilities are available for the care or treatment
3341 of individuals who have mental illness or substance abuse
3342 impairment ~~mentally ill persons~~ and that an individual ~~the~~
3343 ~~person~~ is eligible for that care or treatment, the administrator
3344 of the receiving or treatment facility may ~~cause the~~ transfer of
3345 that individual ~~person~~ to the United States Department of
3346 Veterans Affairs or other federal agency. Upon ~~effecting~~ such
3347 transfer, the committing court shall be notified by the
3348 transferring agency. An individual may not ~~No person shall~~ be
3349 ~~transferred to the United States Department of Veterans Affairs~~
3350 ~~or other federal agency~~ if he or she is confined pursuant to the
3351 conviction of any felony or misdemeanor or if he or she has been
3352 acquitted of the charge solely on the ground of insanity, unless
3353 prior to transfer the court placing the individual ~~such person~~
3354 enters an order for the transfer after appropriate motion and
3355 hearing and without objection by the United States Department of
3356 Veterans Affairs.

3357 ~~(5)(4)~~ An individual ~~Any person~~ transferred as provided in
3358 this section ~~is shall be~~ deemed to be placed with the United
3359 States Department of Veterans Affairs or other federal agency
3360 pursuant to the original placement.

3361 Section 21. Section 394.47891, Florida Statutes, is amended
3362 to read:

3363 394.47891 Military veterans and servicemembers court
3364 programs.—The chief judge of each judicial circuit may establish

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3365 a Military Veterans and Servicemembers Court Program under which
3366 veterans, as defined in s. 1.01, including veterans who were
3367 discharged or released under a general discharge, and
3368 servicemembers, as defined in s. 250.01, who are convicted of a
3369 criminal offense and who suffer from a military-related mental
3370 illness, traumatic brain injury, substance abuse disorder, or
3371 psychological problem can be sentenced in accordance with
3372 chapter 921 in a manner that appropriately addresses the
3373 severity of the mental illness, traumatic brain injury,
3374 substance abuse disorder, or psychological problem through
3375 services tailored to the individual needs of the participant.
3376 Entry into any Military Veterans and Servicemembers Court
3377 Program must be based upon the sentencing court's assessment of
3378 the defendant's criminal history, military service, substance
3379 abuse treatment needs, mental health treatment needs,
3380 amenability to the services of the program, the recommendation
3381 of the state attorney and the victim, if any, and the
3382 defendant's agreement to enter the program.

3383 Section 22. Section 394.47892, Florida Statutes, is created
3384 to read:

3385 394.47892 Treatment-based mental health court programs.-

3386 (1) Each county may fund a treatment-based mental health
3387 court program under which persons in the justice system assessed
3388 with a mental illness will be processed in such a manner as to
3389 appropriately address the severity of the identified mental
3390 health problem through treatment services tailored to the
3391 individual needs of the participant. The Legislature intends to
3392 encourage the Department of Corrections, the Department of
3393 Children and Families, the Department of Juvenile Justice, the

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3394 Department of Health, the Department of Law Enforcement, the
3395 Department of Education, and such agencies, local governments,
3396 law enforcement agencies, other interested public or private
3397 sources, and individuals to support the creation and
3398 establishment of these problem-solving court programs.
3399 Participation in the treatment-based mental health court
3400 programs does not divest any public or private agency of its
3401 responsibility for a child or adult, but enables these agencies
3402 to better meet their needs through shared responsibility and
3403 resources.

3404 (2) Entry into any pretrial treatment-based mental health
3405 court program is voluntary.

3406 (3) (a) Entry into any postadjudicatory treatment-based
3407 mental health court program as a condition of probation or
3408 community control pursuant to s. 948.01 or s. 948.06 must be
3409 based upon the sentencing court's assessment of the defendant's
3410 criminal history, mental health screening outcome, amenability
3411 to the services of the program, the recommendation of the state
3412 attorney and the victim, if any, and the defendant's agreement
3413 to enter the program.

3414 (b) An offender who is sentenced to a postadjudicatory
3415 treatment-based mental health court program and who, while a
3416 mental health court program participant, is the subject of a
3417 violation of probation or community control under s. 948.06
3418 shall have the violation of probation or community control heard
3419 by the judge presiding over the postadjudicatory treatment-based
3420 mental health court program. The judge shall dispose of any such
3421 violation, after a hearing on or admission of the violation, as
3422 he or she deems appropriate if the resulting sentence or

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3423 conditions are lawful.

3424 (4) Treatment-based mental health court programs may
3425 include pretrial intervention programs as provided in s. 948.08,
3426 treatment-based mental health court programs authorized in
3427 chapter 39, postadjudicatory programs as provided in ss. 948.01
3428 and 948.06, and review of the status of compliance or
3429 noncompliance of sentenced offenders through a treatment-based
3430 mental health court program.

3431 (5) Contingent upon an annual appropriation by the
3432 Legislature, each judicial circuit with a treatment-based mental
3433 health court program shall establish, at a minimum, one
3434 coordinator position for the treatment-based mental health court
3435 program within the state courts system to coordinate the
3436 responsibilities of the participating agencies and service
3437 providers. Each coordinator shall provide direct support to the
3438 treatment-based mental health court program by providing
3439 coordination between the multidisciplinary team and the
3440 judiciary, providing case management, monitoring compliance of
3441 the participants in the treatment-based mental health court
3442 program with court requirements, and providing program
3443 evaluation and accountability.

3444 (6) If a county chooses to fund a treatment-based mental
3445 health court program, the county must secure funding from
3446 sources other than the state for those costs not otherwise
3447 assumed by the state pursuant to s. 29.004. However, this does
3448 not preclude a county from using treatment and other service
3449 funding provided through state executive branch agencies.
3450 Counties may provide, by interlocal agreement, for the
3451 collective funding of these programs.

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3452 (7) The chief judge of each judicial circuit may appoint an
3453 advisory committee for the treatment-based mental health court
3454 program. The committee shall be composed of the chief judge, or
3455 his or her designee, who shall serve as chair; the judge of the
3456 treatment-based mental health court program, if not otherwise
3457 designated by the chief judge as his or her designee; the state
3458 attorney, or his or her designee; the public defender, or his or
3459 her designee; the treatment-based mental health court program
3460 coordinators; community representatives; treatment
3461 representatives; and any other persons the chair finds are
3462 appropriate.

3463 Section 23. Section 394.656, Florida Statutes, is amended
3464 to read:

3465 394.656 Criminal Justice, Mental Health, and Substance
3466 Abuse Reinvestment Grant Program.—

3467 (1) There is created within the Department of Children and
3468 Families the Criminal Justice, Mental Health, and Substance
3469 Abuse Reinvestment Grant Program. The purpose of the program is
3470 to provide funding to counties with which they can plan,
3471 implement, or expand initiatives that increase public safety,
3472 avert increased spending on criminal justice, and improve the
3473 accessibility and effectiveness of treatment services for adults
3474 and juveniles who have a mental illness, substance abuse
3475 disorder, or co-occurring mental health and substance abuse
3476 disorders and who are in, or at risk of entering, the criminal
3477 or juvenile justice systems.

3478 (2) The department shall establish a Criminal Justice,
3479 Mental Health, and Substance Abuse Statewide Grant Review
3480 Committee. The committee shall include:

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- 3481 (a) One representative of the Department of Children and
 3482 Families;
- 3483 (b) One representative of the Department of Corrections;
- 3484 (c) One representative of the Department of Juvenile
 3485 Justice;
- 3486 (d) One representative of the Department of Elderly
 3487 Affairs; ~~and~~
- 3488 (e) One representative of the Office of the State Courts
 3489 Administrator;
- 3490 (f) One representative of the Department of Veterans'
 3491 Affairs;
- 3492 (g) One representative of the Florida Sheriffs Association;
- 3493 (h) One representative of the Florida Police Chiefs
 3494 Association;
- 3495 (i) One representative of the Florida Association of
 3496 Counties;
- 3497 (j) One representative of the Florida Alcohol and Drug
 3498 Abuse Association; and
- 3499 (k) One representative from the Florida Council for
 3500 Community Mental Health.

3501

3502 The committee shall serve as the advisory body to review policy
 3503 and funding issues that help reduce the impact of persons with
 3504 mental illness and substance abuse disorders on communities and
 3505 the court system. The committee shall advise the department in
 3506 selecting priorities for applying and reviewing grants and
 3507 investing awarded grant moneys.

- 3508 (3) In addition to the committee established pursuant to
 3509 subsection (2), the department shall create a grant review and

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3510 selection committee. To the extent possible, the members of the
3511 grant review and selection committee shall have expertise in the
3512 content areas relating to grant applications, including, but not
3513 limited to, substance abuse and mental health disorders,
3514 community corrections, and law enforcement. In addition, members
3515 shall have experience in ~~grant writing,~~ grant reviewing, and
3516 grant application scoring.

3517 (4) (a) ~~(3) (a)~~ A county, or a not-for-profit community
3518 provider designated by a local county planning council or
3519 committee described in s. 394.657, may apply for a ~~1-year~~
3520 ~~planning grant or a~~ 3-year implementation or expansion grant.
3521 The purpose of the grants is to demonstrate that investment in
3522 treatment efforts related to mental illness, substance abuse
3523 disorders, or co-occurring mental health and substance abuse
3524 disorders results in a reduced demand on the resources of the
3525 judicial, corrections, juvenile detention, and health and social
3526 services systems.

3527 (b) To be eligible to receive a ~~1-year planning grant or a~~
3528 3-year implementation or expansion grant, a county applicant
3529 must have a county planning council or committee that is in
3530 compliance with the membership requirements set forth in this
3531 section.

3532 (5) ~~(4)~~ The Criminal Justice, Mental Health, and Substance
3533 Abuse Statewide Grant Review Committee shall notify the
3534 Department of Children and Families in writing of the names of
3535 the applicants who have been selected by the committee to
3536 receive a grant. Contingent upon the availability of funds and
3537 upon notification by the ~~review~~ committee of those applicants
3538 approved to receive ~~planning,~~ implementation, or expansion

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3539 grants, the Department of Children and Families may transfer
3540 funds appropriated for the grant program to an approved
3541 applicant ~~any county awarded a grant.~~

3542 Section 24. Paragraph (a) of subsection (1) of section
3543 394.875, Florida Statutes, is amended to read:

3544 394.875 Crisis stabilization units, residential treatment
3545 facilities, and residential treatment centers for children and
3546 adolescents; authorized services; license required.—

3547 (1) (a) The purpose of a crisis stabilization unit is to
3548 stabilize and redirect a client to the most appropriate and
3549 least restrictive community setting available, consistent with
3550 the client's needs. Crisis stabilization units may screen,
3551 assess, and admit for stabilization persons who present
3552 themselves to the unit and persons who are brought to the unit
3553 under s. 394.463. Clients may be provided 24-hour observation,
3554 medication prescribed by a physician or psychiatrist, and other
3555 appropriate services. Crisis stabilization units shall provide
3556 services regardless of the client's ability to pay ~~and shall be~~
3557 ~~limited in size to a maximum of 30 beds.~~

3558 Section 25. Present subsections (10) and (11) of section
3559 394.9082, Florida Statutes, are redesignated as subsections (11)
3560 and (12), respectively, and a new subsection (10) is added to
3561 that section, to read:

3562 394.9082 Behavioral health managing entities.—

3563 (10) CRISIS STABILIZATION SERVICES UTILIZATION DATABASE.—
3564 The department shall develop, implement, and maintain standards
3565 under which a managing entity shall collect utilization data
3566 from all public receiving facilities situated within its
3567 geographic service area. As used in this subsection, the term

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3568 "public receiving facility" means an entity that meets the
3569 licensure requirements of and is designated by the department to
3570 operate as a public receiving facility under s. 394.875 and that
3571 is operating as a licensed crisis stabilization unit.

3572 (a) The department shall develop standards and protocols
3573 for managing entities and public receiving facilities to use in
3574 the collection, storage, transmittal, and analysis of data. The
3575 standards and protocols must allow for compatibility of data and
3576 data transmittal between public receiving facilities, managing
3577 entities, and the department for the implementation and
3578 requirements of this subsection. The department shall require
3579 managing entities contracted under this section to comply with
3580 this subsection by August 1, 2015.

3581 (b) A managing entity shall require a public receiving
3582 facility within its provider network to submit data to the
3583 managing entity, in real time or at least daily, for:

3584 1. All admissions and discharges of clients receiving
3585 public receiving facility services who qualify as indigent, as
3586 defined in s. 394.4787; and

3587 2. Current active census of total licensed beds, the number
3588 of beds purchased by the department, the number of clients
3589 qualifying as indigent occupying those beds, and the total
3590 number of unoccupied licensed beds regardless of funding.

3591 (c) A managing entity shall require a public receiving
3592 facility within its provider network to submit data, on a
3593 monthly basis, to the managing entity which aggregates the daily
3594 data submitted under paragraph (b). The managing entity shall
3595 reconcile the data in the monthly submission to the data
3596 received by the managing entity under paragraph (b) to check for

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3597 consistency. If the monthly aggregate data submitted by a public
3598 receiving facility under this paragraph is inconsistent with the
3599 daily data submitted under paragraph (b), the managing entity
3600 shall consult with the public receiving facility to make
3601 corrections as necessary to ensure accurate data.

3602 (d) A managing entity shall require a public receiving
3603 facility within its provider network to submit data, on an
3604 annual basis, to the managing entity which aggregates the data
3605 submitted and reconciled under paragraph (c). The managing
3606 entity shall reconcile the data in the annual submission to the
3607 data received and reconciled by the managing entity under
3608 paragraph (c) to check for consistency. If the annual aggregate
3609 data submitted by a public receiving facility under this
3610 paragraph is inconsistent with the data received and reconciled
3611 under paragraph (c), the managing entity shall consult with the
3612 public receiving facility to make corrections as necessary to
3613 ensure accurate data.

3614 (e) After ensuring accurate data under paragraphs (c) and
3615 (d), the managing entity shall submit the data to the department
3616 on a monthly and an annual basis. The department shall create a
3617 statewide database for the data described under paragraph (b)
3618 and submitted under this paragraph for the purpose of analyzing
3619 the payments for and the use of crisis stabilization services
3620 funded under the Baker Act on a statewide basis and on an
3621 individual public receiving facility basis.

3622 (f) The department shall adopt rules to administer this
3623 subsection.

3624 (g) The department shall submit a report by January 31,
3625 2016, and annually thereafter, to the Governor, the President of

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3626 the Senate, and the Speaker of the House of Representatives
3627 which provides details on the implementation of this subsection,
3628 including the status of the data collection process and a
3629 detailed analysis of the data collected under this subsection.

3630 Section 26. For the 2015-2016 fiscal year, the sum of
3631 \$175,000 in nonrecurring funds is appropriated from the Alcohol,
3632 Drug Abuse, and Mental Health Trust Fund to the Department of
3633 Children and Families to implement this subsection.

3634 Section 27. The Division of Law Revision and Information is
3635 directed to rename part IV of chapter 765, Florida Statutes, as
3636 "Mental Health and Substance Abuse Advance Directives."

3637 Section 28. Section 765.4015, Florida Statutes, is created
3638 to read:

3639 765.4015 Short title.—Sections 765.402-765.411 may be cited
3640 as the "Jennifer Act."

3641 Section 29. Section 765.402, Florida Statutes, is created
3642 to read:

3643 765.402 Legislative findings.—

3644 (1) The Legislature recognizes that an individual with
3645 capacity has the ability to control decisions relating to his or
3646 her own mental health care or substance abuse treatment. The
3647 Legislature finds that:

3648 (a) Substance abuse and some mental illnesses cause
3649 individuals to fluctuate between capacity and incapacity;

3650 (b) During periods when an individual's capacity is
3651 unclear, the individual may be unable to provide informed
3652 consent necessary to access needed treatment;

3653 (c) Early treatment may prevent an individual from becoming
3654 so ill that involuntary treatment is necessary; and

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3655 (d) Individuals with substance abuse impairment or mental
3656 illness need an established procedure to express their
3657 instructions and preferences for treatment and provide advance
3658 consent to or refusal of treatment. This procedure should be
3659 less expensive and less restrictive than guardianship.

3660 (2) The Legislature further recognizes that:

3661 (a) A mental health or substance abuse treatment advance
3662 directive must provide the individual with a full range of
3663 choices.

3664 (b) For a mental health or substance abuse directive to be
3665 an effective tool, individuals must be able to choose how they
3666 want their directives to be applied, including the right of
3667 revocation, during periods when they are incompetent to consent
3668 to treatment.

3669 (c) There must be a clear process so that treatment
3670 providers can abide by an individual's treatment choices.

3671 Section 30. Section 765.403, Florida Statutes, is created
3672 to read:

3673 765.403 Definitions.—As used in this part, the term:

3674 (1) "Adult" means any individual who has attained the age
3675 of majority or is an emancipated minor.

3676 (2) "Capacity" means that an adult has not been found to be
3677 incapacitated pursuant to s. 394.463.

3678 (3) "Health care facility" means a hospital, nursing home,
3679 hospice, home health agency, or health maintenance organization
3680 licensed in this state, or any facility subject to part I of
3681 chapter 394.

3682 (4) "Incapacity" or "incompetent" means an adult who is:

3683 (a) Unable to understand the nature, character, and

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3684 anticipated results of proposed treatment or alternatives or the
3685 recognized serious possible risks, complications, and
3686 anticipated benefits of treatments and alternatives, including
3687 nontreatment;

3688 (b) Physically or mentally unable to communicate a willful
3689 and knowing decision about mental health care or substance abuse
3690 treatment;

3691 (c) Unable to communicate his or her understanding or
3692 treatment decisions; or

3693 (d) Determined incompetent pursuant to s. 394.463.

3694 (5) "Informed consent" means consent voluntarily given by a
3695 person after a sufficient explanation and disclosure of the
3696 subject matter involved to enable that person to have a general
3697 understanding of the treatment or procedure and the medically
3698 acceptable alternatives, including the substantial risks and
3699 hazards inherent in the proposed treatment or procedures or
3700 nontreatment, and to make knowing mental health care or
3701 substance abuse treatment decisions without coercion or undue
3702 influence.

3703 (6) "Interested person" means, for the purposes of this
3704 chapter, any person who may reasonably be expected to be
3705 affected by the outcome of the particular proceeding involved,
3706 including anyone interested in the welfare of an incapacitated
3707 person.

3708 (7) "Mental health or substance abuse treatment advance
3709 directive" means a written document in which the principal makes
3710 a declaration of instructions or preferences or appoints a
3711 surrogate to make decisions on behalf of the principal regarding
3712 the principal's mental health or substance abuse treatment, or

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3713 both.

3714 (8) "Mental health professional" means a psychiatrist,
3715 psychologist, psychiatric nurse, or social worker, and such
3716 other mental health professionals licensed pursuant to chapter
3717 458, chapter 459, chapter 464, chapter 490, or chapter 491.

3718 (9) "Principal" means a competent adult who executes a
3719 mental health or substance abuse treatment advance directive and
3720 on whose behalf mental health care or substance abuse treatment
3721 decisions are to be made.

3722 (10) "Surrogate" means any competent adult expressly
3723 designated by a principal to make mental health care or
3724 substance abuse treatment decisions on behalf of the principal
3725 as set forth in the principal's mental health or substance abuse
3726 treatment advance directive or self-binding arrangement as those
3727 terms are defined in this part.

3728 Section 31. Section 765.405, Florida Statutes, is created
3729 to read:

3730 765.405 Mental health or substance abuse treatment advance
3731 directive; execution; allowable provisions.-

3732 (1) An adult with capacity may execute a mental health or
3733 substance abuse treatment advance directive.

3734 (2) A directive executed in accordance with this section is
3735 presumed to be valid. The inability to honor one or more
3736 provisions of a directive does not affect the validity of the
3737 remaining provisions.

3738 (3) A directive may include any provision relating to
3739 mental health or substance abuse treatment or the care of the
3740 principal. Without limitation, a directive may include:

3741 (a) The principal's preferences and instructions for mental

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3742 health or substance abuse treatment.

3743 (b) Consent to specific types of mental health or substance
3744 abuse treatment.

3745 (c) Refusal to consent to specific types of mental health
3746 or substance abuse treatment.

3747 (d) Descriptions of situations that may cause the principal
3748 to experience a mental health or substance abuse crisis.

3749 (e) Suggested alternative responses that may supplement or
3750 be in lieu of direct mental health or substance abuse treatment,
3751 such as treatment approaches from other providers.

3752 (f) The principal's nomination of a guardian, limited
3753 guardian, or guardian advocate as provided chapter 744.

3754 (4) A directive may be combined with or be independent of a
3755 nomination of a guardian, other durable power of attorney, or
3756 other advance directive.

3757 Section 32. Section 765.406, Florida Statutes, is created
3758 to read:

3759 765.406 Execution of a mental health or substance abuse
3760 advance directive; effective date; expiration.-

3761 (1) A directive must:

3762 (a) Be in writing.

3763 (b) Contain language that clearly indicates that the
3764 principal intends to create a directive.

3765 (c) Be dated and signed by the principal or, if the
3766 principal is unable to sign, at the principal's direction in the
3767 principal's presence.

3768 (d) Be witnessed by two adults, each of whom must declare
3769 that he or she personally knows the principal and was present
3770 when the principal dated and signed the directive, and that the

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3771 principal did not appear to be incapacitated or acting under
3772 fraud, undue influence, or duress. The person designated as the
3773 surrogate may not act as a witness to the execution of the
3774 document designating the mental health or substance abuse care
3775 treatment surrogate. At least one person who acts as a witness
3776 must be neither the principal's spouse nor his or her blood
3777 relative.

3778 (2) A directive is valid upon execution, but all or part of
3779 the directive may take effect at a later date as designated by
3780 the principal in the directive.

3781 (3) A directive may:

3782 (a) Be revoked, in whole or in part, pursuant to s.
3783 765.407; or

3784 (b) Expire under its own terms.

3785 (4) A directive does not or may not:

3786 (a) Create an entitlement to mental health, substance
3787 abuse, or medical treatment or supersede a determination of
3788 medical necessity.

3789 (b) Obligate any health care provider, professional person,
3790 or health care facility to pay the costs associated with the
3791 treatment requested.

3792 (c) Obligate a health care provider, professional person,
3793 or health care facility to be responsible for the nontreatment
3794 or personal care of the principal or the principal's personal
3795 affairs outside the scope of services the facility normally
3796 provides.

3797 (d) Replace or supersede any will or testamentary document
3798 or supersede the provision of intestate succession.

3799 (e) Be revoked by an incapacitated principal unless that

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3800 principal selected the option to permit revocation while
3801 incapacitated at the time his or her directive was executed.

3802 Section 33. Section 765.407, Florida Statutes, is created
3803 to read:

3804 765.407 Revocation; waiver.-

3805 (1) A principal with capacity may, by written statement of
3806 the principal or at the principal's direction in the principal's
3807 presence, revoke a directive in whole or in part.

3808 (2) The principal shall provide a copy of his or her
3809 written statement of revocation to his or her agent, if any, and
3810 to each health care provider, professional person, or health
3811 care facility that received a copy of the directive from the
3812 principal.

3813 (3) The written statement of revocation is effective as to
3814 a health care provider, professional person, or health care
3815 facility upon receipt. The professional person, health care
3816 provider, or health care facility, or persons acting under their
3817 direction, shall make the statement of revocation part of the
3818 principal's medical record.

3819 (4) A directive also may:

3820 (a) Be revoked, in whole or in part, expressly or to the
3821 extent of any inconsistency, by a subsequent directive; or

3822 (b) Be superseded or revoked by a court order, including
3823 any order entered in a criminal matter. The individual's family,
3824 the health care facility, the attending physician, or any other
3825 interested person who may be directly affected by the
3826 surrogate's decision concerning any health care may seek
3827 expedited judicial intervention pursuant to rule 5.900 of the
3828 Florida Probate Rules, if that person believes:

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3829 1. The surrogate's decision is not in accord with the
3830 individual's known desires;

3831 2. The advance directive is ambiguous, or the individual
3832 has changed his or her mind after execution of the advance
3833 directive;

3834 3. The surrogate was improperly designated or appointed, or
3835 the designation of the surrogate is no longer effective or has
3836 been revoked;

3837 4. The surrogate has failed to discharge duties, or
3838 incapacity or illness renders the surrogate incapable of
3839 discharging duties;

3840 5. The surrogate has abused powers; or

3841 6. The individual has sufficient capacity to make his or
3842 her own health care decisions.

3843 (5) A directive that would have otherwise expired but is
3844 effective because the principal is incapacitated remains
3845 effective until the principal is no longer incapacitated unless
3846 the principal elected to be able to revoke while incapacitated
3847 and has revoked the directive.

3848 (6) When a principal with capacity consents to treatment
3849 that differs from, or refuses treatment consented to in, his or
3850 her directive, the consent or refusal constitutes a waiver of a
3851 particular provision and does not constitute a revocation of the
3852 provision or the directive unless that principal also revokes
3853 the provision or directive.

3854 Section 34. Section 765.410, Florida Statutes, is created
3855 to read:

3856 765.410 Immunity from liability; weight of proof;
3857 presumption.-

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3858 (1) A health care facility, provider, or other person who
3859 acts under the direction of a health care facility or provider
3860 is not subject to criminal prosecution or civil liability, and
3861 may not be deemed to have engaged in unprofessional conduct, as
3862 a result of carrying out a mental health care or substance abuse
3863 treatment decision made in accordance with this section. The
3864 surrogate who makes a mental health care or substance abuse
3865 treatment decision on a principal's behalf, pursuant to this
3866 section, is not subject to criminal prosecution or civil
3867 liability for such action.

3868 (2) This section applies unless it is shown by a
3869 preponderance of the evidence that the person authorizing or
3870 carrying out a mental health or substance abuse treatment
3871 decision did not, in good faith, comply with this section.

3872 Section 35. Section 765.411, Florida Statutes, is created
3873 to read:

3874 765.411 Recognition of mental health and substance abuse
3875 treatment advance directive executed in another state.—A mental
3876 health or substance abuse treatment advance directive executed
3877 in another state in compliance with the law of that state is
3878 validly executed for the purposes of this chapter.

3879 Section 36. Section 916.185, Florida Statutes, is created
3880 to read:

3881 916.185 Forensic Hospital Diversion Pilot Program.—

3882 (1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds
3883 that many jail inmates who have serious mental illnesses and who
3884 are committed to state forensic mental health treatment
3885 facilities for restoration of competency to proceed could be
3886 served more effectively and at less cost in community-based

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3887 alternative programs. The Legislature further finds that many
3888 individuals who have serious mental illnesses and who have been
3889 discharged from state forensic mental health treatment
3890 facilities could avoid recidivism in the criminal justice and
3891 forensic mental health systems if they received specialized
3892 treatment in the community. Therefore, it is the intent of the
3893 Legislature to create the Forensic Hospital Diversion Pilot
3894 Program to serve individuals who have mental illnesses or co-
3895 occurring mental illnesses and substance use disorders and who
3896 are admitted to or are at risk of entering state forensic mental
3897 health treatment facilities, prisons, jails, or state civil
3898 mental health treatment facilities.

3899 (2) DEFINITIONS.—As used in this section, the term:

3900 (a) "Best practices" means treatment services that
3901 incorporate the most effective and acceptable interventions
3902 available in the care and treatment of individuals who are
3903 diagnosed as having mental illnesses or co-occurring mental
3904 illnesses and substance use disorders.

3905 (b) "Community forensic system" means the community mental
3906 health and substance use forensic treatment system, including
3907 the comprehensive set of services and supports provided to
3908 individuals involved in or at risk of becoming involved in the
3909 criminal justice system.

3910 (c) "Evidence-based practices" means interventions and
3911 strategies that, based on the best available empirical research,
3912 demonstrate effective and efficient outcomes in the care and
3913 treatment of individuals who are diagnosed as having mental
3914 illnesses or co-occurring mental illnesses and substance use
3915 disorders.

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3916 (3) CREATION.—There is created a Forensic Hospital
3917 Diversion Pilot Program to provide, when appropriate,
3918 competency-restoration and community-reintegration services in
3919 locked residential treatment facilities, based on considerations
3920 of public safety, the needs of the individual, and available
3921 resources.

3922 (a) The department shall implement a Forensic Hospital
3923 Diversion Pilot Program in Alachua, Broward, Escambia,
3924 Hillsborough, and Miami-Dade Counties, in conjunction with the
3925 Eighth Judicial Circuit, the Seventeenth Judicial Circuit, the
3926 First Judicial Circuit, the Thirteenth Judicial Circuit, and the
3927 Eleventh Judicial Circuit, respectively, which shall be modeled
3928 after the Miami-Dade Forensic Alternative Center, taking into
3929 account local needs and subject to the availability of local
3930 resources.

3931 (b) In creating and implementing the program, the
3932 department shall include a comprehensive continuum of care and
3933 services which uses evidence-based practices and best practices
3934 to treat individuals who have mental health and co-occurring
3935 substance use disorders.

3936 (c) The department and the respective judicial circuits
3937 shall implement this section within available resources. State
3938 funding may be made available through a specific appropriation.

3939 (4) ELIGIBILITY.—Participation in the Forensic Hospital
3940 Diversion Pilot Program is limited to individuals who:

3941 (a) Are 18 years of age or older;

3942 (b) Are charged with a felony of the second degree or a
3943 felony of the third degree;

3944 (c) Do not have a significant history of violent criminal

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3945 offenses;

3946 (d) Have been adjudicated incompetent to proceed to trial
3947 or not guilty by reason of insanity under this part;

3948 (e) Meet public safety and treatment criteria established
3949 by the department for placement in a community setting; and

3950 (f) Would be admitted to a state mental health treatment
3951 facility if not for the availability of the Forensic Hospital
3952 Diversion Pilot Program.

3953 (5) TRAINING.—The Legislature encourages the Florida
3954 Supreme Court, in consultation and cooperation with the Task
3955 Force on Substance Abuse and Mental Health Issues in the Courts,
3956 to develop educational training on the community forensic system
3957 for judges in the pilot program areas.

3958 (6) RULEMAKING.—The department may adopt rules to
3959 administer this section.

3960 (7) REPORT.—The Office of Program Policy Analysis and
3961 Government Accountability shall review and evaluate the Forensic
3962 Hospital Diversion Pilot Program and submit a report to the
3963 Governor, the President of the Senate, and the Speaker of the
3964 House of Representatives by December 31, 2016. The report shall
3965 examine the efficiency and cost-effectiveness of providing
3966 forensic mental health services in secure, outpatient,
3967 community-based settings. In addition, the report shall examine
3968 the impact of the Forensic Hospital Diversion Pilot Program on
3969 public health and safety.

3970 Section 37. Section 944.805, Florida Statutes, is created
3971 to read:

3972 944.805 Nonviolent offender reentry program.—

3973 (1) As used in this section, the term:

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- 3974 (a) "Department" means the Department of Corrections.
- 3975 (b) "Nonviolent offender" means an offender whose primary
- 3976 offense is a felony of the third degree, who is not the subject
- 3977 of a domestic violence injunction currently in force, and who
- 3978 has never been convicted of:
- 3979 1. A forcible felony as defined in s. 776.08;
- 3980 2. An offense specified in s. 775.082(9)(a)1.r., regardless
- 3981 of prior incarceration or release;
- 3982 3. An offense described in chapter 847;
- 3983 4. An offense under chapter 827;
- 3984 5. Any offense specified in s. 784.07, s. 784.074, s.
- 3985 784.075, s. 784.076, s. 784.08, s. 784.083, or s. 784.085;
- 3986 6. Any offense involving the possession or use of a
- 3987 firearm;
- 3988 7. A capital felony or a felony of the first or second
- 3989 degree;
- 3990 8. Any offense that requires a person to register as a
- 3991 sexual offender pursuant to s. 943.0435.
- 3992 (2)(a) The department shall develop and administer a
- 3993 reentry program for nonviolent offenders. The reentry program
- 3994 must include prison-based substance abuse treatment, general
- 3995 education development and adult basic education courses,
- 3996 vocational training, training in decisionmaking and personal
- 3997 development, and other rehabilitation programs.
- 3998 (b) The reentry program is intended to divert nonviolent
- 3999 offenders from long periods of incarceration when a reduced
- 4000 period of incarceration supplemented by participation in
- 4001 intensive substance abuse treatment and rehabilitative
- 4002 programming could produce the same deterrent effect, protect the

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4003 public, rehabilitate the offender, and reduce recidivism.

4004 (c) The nonviolent offender must serve at least 6 months in
4005 the reentry program. The offender may not count any portion of
4006 his or her sentence served before placement in the reentry
4007 program as progress toward program completion.

4008 (d) A reentry program may be operated in a secure area in
4009 or adjacent to a correctional institution.

4010 (3) The department shall screen offenders committed to the
4011 department for eligibility to participate in the reentry program
4012 using the criteria in this section. To be eligible, an offender
4013 must be a nonviolent offender, must have served at least one-
4014 half of his or her original sentence, and must have been
4015 identified as needing substance abuse treatment.

4016 (4) In addition, the department must consider the following
4017 factors when selecting participants for the reentry program:

4018 (a) The offender's history of disciplinary reports.

4019 (b) The offender's criminal history.

4020 (c) The severity of the offender's addiction.

4021 (d) The offender's history of criminal behavior related to
4022 substance abuse.

4023 (e) Whether the offender has participated or requested to
4024 participate in any general educational development certificate
4025 program or other educational, technical, work, vocational, or
4026 self-rehabilitation program.

4027 (f) The results of any risk assessment of the offender.

4028 (g) The outcome of all past participation of the offender
4029 in substance abuse treatment programs.

4030 (h) The possible rehabilitative benefits that substance
4031 abuse treatment, educational programming, vocational training,

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4032 and other rehabilitative programming might have on the offender.

4033 (i) The likelihood that the offender's participation in the
4034 program will produce the same deterrent effect, protect the
4035 public, save taxpayer dollars, and prevent or delay recidivism
4036 to an equal or greater extent than completion of the sentence
4037 previously imposed.

4038 (5) (a) If an offender volunteers to participate in the
4039 reentry program, meets the eligibility criteria, and is selected
4040 by the department based on the considerations in subsection (4)
4041 and if space is available in the reentry program, the department
4042 may request the sentencing court to approve the offender's
4043 participation in the reentry program. The request must be made
4044 in writing, must include a brief summation of the department's
4045 evaluation under subsection (4), and must identify the documents
4046 or other information upon which the evaluation is based. The
4047 request and all accompanying documents may be delivered to the
4048 sentencing court electronically.

4049 (b)1. The department shall notify the state attorney that
4050 the offender is being considered for placement in the reentry
4051 program. The notice must include a copy of all documents
4052 provided with the request to the court. The notice and all
4053 accompanying documents may be delivered to the state attorney
4054 electronically and may take the form of a copy of an electronic
4055 delivery made to the sentencing court.

4056 2. The notice must also state that the state attorney may
4057 notify the sentencing court in writing of any objection he or
4058 she may have to placement of the nonviolent offender in the
4059 reentry program. Such notification must be made within 15 days
4060 after receipt of the notice by the state attorney from the

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4061 department. Regardless of whether an objection is raised, the
4062 state attorney may provide the sentencing court with any
4063 information supplemental or contrary to the information provided
4064 by the department which may assist the court in its
4065 determination.

4066 (c) In determining whether to approve a nonviolent offender
4067 for participation in the reentry program, the sentencing court
4068 may consider any facts that the court considers relevant,
4069 including, but not limited to, the criteria listed in subsection
4070 (4); the original sentencing report and any evidence admitted in
4071 a previous sentencing proceeding; the offender's record of
4072 arrests without conviction for crimes; any other evidence of
4073 allegations of unlawful conduct or the use of violence by the
4074 offender; the offender's family ties, length of residence in the
4075 community, employment history, and mental condition; the
4076 likelihood that participation in the program will produce the
4077 same deterrent effect, rehabilitate the offender, and prevent or
4078 delay recidivism to an equal or greater extent than completion
4079 of the sentence previously imposed; and the likelihood that the
4080 offender will engage again in criminal conduct.

4081 (d) The sentencing court shall notify the department in
4082 writing of the court's decision to approve or disapprove the
4083 requested placement of the nonviolent offender no later than 30
4084 days after the court receives the department's request to place
4085 the offender in the reentry program. If the court approves the
4086 placement, the notification must list the factors upon which the
4087 court relied in making its determination.

4088 (6) After the nonviolent offender is admitted to the
4089 reentry program, he or she shall undergo a complete substance

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4090 abuse assessment to determine his or her substance abuse
4091 treatment needs. The offender shall also receive an educational
4092 assessment, which must be accomplished using the Test of Adult
4093 Basic Education or any other testing instrument approved by the
4094 Department of Education. Each offender who has not obtained a
4095 high school diploma shall be enrolled in an adult education
4096 program designed to aid the offender in improving his or her
4097 academic skills and earning a high school diploma. Additional
4098 assessments of the offender's vocational skills and future
4099 career education shall be provided to the offender as needed. A
4100 periodic reevaluation shall be made to assess the progress of
4101 each offender.

4102 (7) (a) If a nonviolent offender in the reentry program
4103 becomes unmanageable, the department may revoke the offender's
4104 gain-time and place the offender in disciplinary confinement in
4105 accordance with department rule. Except as provided in paragraph
4106 (b), the offender shall be readmitted to the reentry program
4107 after completing the ordered discipline. Any period during which
4108 the offender cannot participate in the reentry program must be
4109 excluded from the specified time requirements in the reentry
4110 program.

4111 (b) The department may terminate an offender from the
4112 reentry program if:

4113 1. The offender commits or threatens to commit a violent
4114 act;

4115 2. The department determines that the offender cannot
4116 participate in the reentry program because of the offender's
4117 medical condition;

4118 3. The offender's sentence is modified or expires;

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4119 4. The department reassigns the offender's classification
4120 status; or

4121 5. The department determines that removing the offender
4122 from the reentry program is in the best interest of the offender
4123 or the security of the reentry program facility.

4124 (8) (a) The department shall submit a report to the
4125 sentencing court at least 30 days before the nonviolent offender
4126 is scheduled to complete the reentry program. The report must
4127 describe the offender's performance in the reentry program and
4128 certify whether the performance is satisfactory. The court may
4129 schedule a hearing to consider any modification to the imposed
4130 sentence. Notwithstanding the eligibility criteria contained in
4131 s. 948.20, if the offender's performance is satisfactory to the
4132 department and the court, the court shall issue an order
4133 modifying the sentence imposed and placing the offender on drug
4134 offender probation, as described in s. 948.20(2), subject to the
4135 department's certification of the offender's successful
4136 completion of the remainder of the reentry program. The term of
4137 drug offender probation must not be less than the remaining time
4138 the offender would have served in prison had he or she not
4139 participated in the program. A condition of drug offender
4140 probation may include electronic monitoring or placement in a
4141 community residential or nonresidential licensed substance abuse
4142 treatment facility under the jurisdiction of the department or
4143 the Department of Children and Families or any public or private
4144 entity providing such services. The order must include findings
4145 that the offender's performance is satisfactory, that the
4146 requirements for resentencing under this section are satisfied,
4147 and that public safety will not be compromised. If the

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4148 nonviolent offender violates the conditions of drug offender
4149 probation, the court may revoke probation and impose any
4150 sentence that it might have originally imposed. An offender may
4151 not be released from the custody of the department under this
4152 section except pursuant to a judicial order modifying his or her
4153 sentence.

4154 (b) If an offender released pursuant to paragraph (a)
4155 intends to reside in a county that has established a
4156 postadjudicatory drug court program as described in s. 397.334,
4157 the sentencing court may require the offender to successfully
4158 complete the postadjudicatory drug court program as a condition
4159 of drug offender probation. The original sentencing court shall
4160 relinquish jurisdiction of the offender's case to the
4161 postadjudicatory drug court program until the offender is no
4162 longer active in the program, the case is returned to the
4163 sentencing court due to the offender's termination from the
4164 program for failure to comply with the terms of the program, or
4165 the offender's sentence is completed. An offender who is
4166 transferred to a postadjudicatory drug court program shall
4167 comply with all conditions and orders of the program.

4168 (9) The department shall implement the reentry program to
4169 the fullest extent feasible within available resources.

4170 (10) The department may enter into performance-based
4171 contracts with qualified individuals, agencies, or corporations
4172 for the provision of any or all of the services for the reentry
4173 program. However, an offender may not be released from the
4174 custody of the department under this section except pursuant to
4175 a judicial order modifying a sentence.

4176 (11) A nonviolent offender in the reentry program is

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4177 subject to rules of conduct established by the department and
4178 may have sanctions imposed, including loss of privileges,
4179 restrictions, disciplinary confinement, alteration of release
4180 plans, or other program modifications in keeping with the nature
4181 and gravity of the program violation. Administrative or
4182 protective confinement, as necessary, may be imposed.

4183 (12) This section does not create or confer any right to
4184 any offender to placement in the reentry program or any right to
4185 placement or early release under supervision of any type. An
4186 inmate does not have a cause of action under this section
4187 against the department, a court, or the state attorney related
4188 to the reentry program.

4189 (13) The department may establish a system of incentives
4190 within the reentry program which the department may use to
4191 promote participation in rehabilitative programs and the orderly
4192 operation of institutions and facilities.

4193 (14) The department shall develop a system for tracking
4194 recidivism, including, but not limited to, rearrests and
4195 recommitment of nonviolent offenders who successfully complete
4196 the reentry program, and shall report the recidivism rate in the
4197 annual report required under this section.

4198 (15) The department shall submit an annual report to the
4199 Governor, the President of the Senate, and the Speaker of the
4200 House of Representatives detailing the extent of implementation
4201 of the reentry program and the number of participants who are
4202 selected by the department, the number of participants who are
4203 approved by the court, and the number of participants who
4204 successfully complete the program. The report must include a
4205 reasonable estimate or description of the additional public

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4206 costs incurred and any public funds saved with respect to each
4207 participant, a brief description of each sentence modification,
4208 and a brief description of the subsequent criminal history, if
4209 any, of each participant following any modification of sentence
4210 under this section. The report must also include future goals
4211 and any recommendations that the department has for future
4212 legislative action.

4213 (16) The department shall adopt rules as necessary to
4214 administer the reentry program.

4215 (17) Nothing in this section is severable from the
4216 remaining provisions of this section. If any subsection of this
4217 section is determined by any state or federal court to be not
4218 fully enforceable, this section shall stand repealed in its
4219 entirety.

4220 Section 38. Paragraph (a) of subsection (7) of section
4221 948.08, Florida Statutes, is amended to read:

4222 948.08 Pretrial intervention program.-

4223 (7) (a) Notwithstanding any provision of this section, a
4224 person who is charged with a felony, other than a felony listed
4225 in s. 948.06(8)(c), and identified as a veteran, as defined in
4226 s. 1.01, including a veteran who was discharged or released
4227 under a general discharge, or servicemember, as defined in s.
4228 250.01, who suffers from a military service-related mental
4229 illness, traumatic brain injury, substance abuse disorder, or
4230 psychological problem, is eligible for voluntary admission into
4231 a pretrial veterans' treatment intervention program approved by
4232 the chief judge of the circuit, upon motion of either party or
4233 the court's own motion, except:

4234 1. If a defendant was previously offered admission to a

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4235 pretrial veterans' treatment intervention program at any time
4236 before trial and the defendant rejected that offer on the
4237 record, the court may deny the defendant's admission to such a
4238 program.

4239 2. If a defendant previously entered a court-ordered
4240 veterans' treatment program, the court may deny the defendant's
4241 admission into the pretrial veterans' treatment program.

4242 Section 39. Paragraph (a) of subsection (2) of section
4243 948.16, Florida Statutes, is amended to read:

4244 948.16 Misdemeanor pretrial substance abuse education and
4245 treatment intervention program; misdemeanor pretrial veterans'
4246 treatment intervention program.—

4247 (2) (a) A veteran, as defined in s. 1.01, including a
4248 veteran who was discharged or released under a general
4249 discharge, or servicemember, as defined in s. 250.01, who
4250 suffers from a military service-related mental illness,
4251 traumatic brain injury, substance abuse disorder, or
4252 psychological problem, and who is charged with a misdemeanor is
4253 eligible for voluntary admission into a misdemeanor pretrial
4254 veterans' treatment intervention program approved by the chief
4255 judge of the circuit, for a period based on the program's
4256 requirements and the treatment plan for the offender, upon
4257 motion of either party or the court's own motion. However, the
4258 court may deny the defendant admission into a misdemeanor
4259 pretrial veterans' treatment intervention program if the
4260 defendant has previously entered a court-ordered veterans'
4261 treatment program.

4262 Section 40. Section 948.21, Florida Statutes, is amended to
4263 read:

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4264 948.21 Condition of probation or community control;
4265 military servicemembers and veterans.—

4266 (1) Effective for a probationer or community controllee
4267 whose crime was committed on or after July 1, 2012, and who is a
4268 veteran, as defined in s. 1.01, or servicemember, as defined in
4269 s. 250.01, who suffers from a military service-related mental
4270 illness, traumatic brain injury, substance abuse disorder, or
4271 psychological problem, the court may, in addition to any other
4272 conditions imposed, impose a condition requiring the probationer
4273 or community controllee to participate in a treatment program
4274 capable of treating the probationer or community controllee's
4275 mental illness, traumatic brain injury, substance abuse
4276 disorder, or psychological problem.

4277 (2) Effective for a probationer or community controllee
4278 whose crime was committed on or after July 1, 2015, and who is a
4279 veteran, as defined in s. 1.01, including a veteran who was
4280 discharged or released under a general discharge, or a
4281 servicemember, as defined in s. 250.01, who suffers from a
4282 military service-related mental illness, traumatic brain injury,
4283 substance abuse disorder, or psychological problem, the court
4284 may impose, in addition to any other conditions imposed, a
4285 condition requiring the probationer or community controllee to
4286 participate in a treatment program established to treat the
4287 probationer or community controllee's mental illness, traumatic
4288 brain injury, substance abuse disorder, or psychological
4289 problem.

4290 (3) The court shall give preference to treatment programs
4291 for which the probationer or community controllee is eligible
4292 through the United States Department of Veterans Affairs or the

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4293 Florida Department of Veterans' Affairs. The Department of
4294 Corrections is not required to spend state funds to implement
4295 this section.

4296 Section 41. Paragraph (1) is added to subsection (3) of
4297 section 1002.20, Florida Statutes, to read:

4298 1002.20 K-12 student and parent rights.—Parents of public
4299 school students must receive accurate and timely information
4300 regarding their child's academic progress and must be informed
4301 of ways they can help their child to succeed in school. K-12
4302 students and their parents are afforded numerous statutory
4303 rights including, but not limited to, the following:

4304 (3) HEALTH ISSUES.—

4305 (1) Notification of involuntary examinations.—The public
4306 school principal or the principal's designee shall immediately
4307 notify the parent of a student who is removed from school,
4308 school transportation, or a school-sponsored activity and taken
4309 to a receiving facility for an involuntary examination pursuant
4310 to s. 394.463. The principal or the principal's designee may
4311 delay notification for no more than 24 hours after the student
4312 is removed from school if the principal or designee deems the
4313 delay to be in the student's best interest and if a report has
4314 been submitted to the central abuse hotline, pursuant to s.
4315 39.201, based upon knowledge or suspicion of abuse, abandonment,
4316 or neglect. Each district school board shall develop a policy
4317 and procedures for notification under this paragraph.

4318 Section 42. Paragraph (q) is added to subsection (9) of
4319 section 1002.33, Florida Statutes, to read:

4320 1002.33 Charter schools.—

4321 (9) CHARTER SCHOOL REQUIREMENTS.—

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4322 (q) The charter school principal or the principal's
4323 designee shall immediately notify the parent of a student who is
4324 removed from school, school transportation, or a school-
4325 sponsored activity and taken to a receiving facility for an
4326 involuntary examination pursuant to s. 394.463. The principal or
4327 the principal's designee may delay notification for no more than
4328 24 hours after the student is removed from school if the
4329 principal or designee deems the delay to be in the student's
4330 best interest and if a report has been submitted to the central
4331 abuse hotline, pursuant to s. 39.201, based upon knowledge or
4332 suspicion of abuse, abandonment, or neglect. Each charter school
4333 governing board shall develop a policy and procedures for
4334 notification under this paragraph.

4335 Section 43. Effective July 1, 2016, paragraph (a) of
4336 subsection (3) of section 39.407, Florida Statutes, is amended
4337 to read:

4338 39.407 Medical, psychiatric, and psychological examination
4339 and treatment of child; physical, mental, or substance abuse
4340 examination of person with or requesting child custody.—

4341 (3) (a)1. Except as otherwise provided in subparagraph (b)1.
4342 or paragraph (e), before the department provides psychotropic
4343 medications to a child in its custody, the prescribing physician
4344 shall attempt to obtain express and informed consent, as defined
4345 in s. 394.455(13) ~~s. 394.455(9)~~ and as described in s.
4346 394.459(4) (a) ~~s. 394.459(3) (a)~~, from the child's parent or legal
4347 guardian. The department must take steps necessary to facilitate
4348 the inclusion of the parent in the child's consultation with the
4349 physician. However, if the parental rights of the parent have
4350 been terminated, the parent's location or identity is unknown or

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4351 cannot reasonably be ascertained, or the parent declines to give
4352 express and informed consent, the department may, after
4353 consultation with the prescribing physician, seek court
4354 authorization to provide the psychotropic medications to the
4355 child. Unless parental rights have been terminated and if it is
4356 possible to do so, the department shall continue to involve the
4357 parent in the decisionmaking process regarding the provision of
4358 psychotropic medications. If, at any time, a parent whose
4359 parental rights have not been terminated provides express and
4360 informed consent to the provision of a psychotropic medication,
4361 the requirements of this section that the department seek court
4362 authorization do not apply to that medication until such time as
4363 the parent no longer consents.

4364 2. Any time the department seeks a medical evaluation to
4365 determine the need to initiate or continue a psychotropic
4366 medication for a child, the department must provide to the
4367 evaluating physician all pertinent medical information known to
4368 the department concerning that child.

4369 Section 44. Effective July 1, 2016, subsection (2) of
4370 section 394.4612, Florida Statutes, is amended to read:

4371 394.4612 Integrated adult mental health crisis
4372 stabilization and addictions receiving facilities.—

4373 (2) An integrated mental health crisis stabilization unit
4374 and addictions receiving facility may provide services under
4375 this section to adults who are 18 years of age or older and who
4376 fall into one ~~or more~~ of the following categories:

4377 (a) An adult meeting the requirements for voluntary
4378 admission for mental health treatment under s. 394.4625.

4379 (b) An adult meeting the criteria for involuntary

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4380 examination for mental illness under s. 394.463.

4381 (c) An adult qualifying for voluntary admission for
4382 substance abuse treatment under s. 394.4625 ~~s. 397.601~~.

4383 (d) An adult meeting the criteria for involuntary admission
4384 for substance abuse impairment under s. 394.463 ~~s. 397.675~~.

4385 Section 45. Effective July 1, 2016, paragraphs (a) and (c)
4386 of subsection (3) of section 394.495, Florida Statutes, are
4387 amended to read:

4388 394.495 Child and adolescent mental health system of care;
4389 programs and services.—

4390 (3) Assessments must be performed by:

4391 (a) A professional as defined in s. 394.455(6), (31), (34),
4392 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~;

4393 (c) A person who is under the direct supervision of a
4394 professional as defined in s. 394.455(6), (31), (34), (35), or
4395 (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a professional
4396 licensed under chapter 491.

4397
4398 The department shall adopt by rule statewide standards for
4399 mental health assessments, which must be based on current
4400 relevant professional and accreditation standards.

4401 Section 46. Effective July 1, 2016, subsection (6) of
4402 section 394.496, Florida Statutes, is amended to read:

4403 394.496 Service planning.—

4404 (6) A professional as defined in s. 394.455(6), (31), (34),
4405 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a
4406 professional licensed under chapter 491 must be included among
4407 those persons developing the services plan.

4408 Section 47. Effective July 1, 2016, subsection (2) of

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4409 section 394.499, Florida Statutes, is amended to read:

4410 394.499 Integrated children's crisis stabilization
4411 unit/juvenile addictions receiving facility services.-

4412 (2) Children eligible to receive integrated children's
4413 crisis stabilization unit/juvenile addictions receiving facility
4414 services include:

4415 (a) A person under 18 years of age for whom voluntary
4416 application is made by his or her guardian, if such person is
4417 found to show evidence of mental illness and to be suitable for
4418 treatment pursuant to s. 394.4625. A person under 18 years of
4419 age may be admitted for integrated facility services only after
4420 a hearing to verify that the consent to admission is voluntary.

4421 (b) A person under 18 years of age who may be taken to a
4422 receiving facility for involuntary examination, if there is
4423 reason to believe that he or she is mentally ill and because of
4424 his or her mental illness, pursuant to s. 394.463:

4425 1. Has refused voluntary examination after conscientious
4426 explanation and disclosure of the purpose of the examination; or

4427 2. Is unable to determine for himself or herself whether
4428 examination is necessary; and

4429 a. Without care or treatment is likely to suffer from
4430 neglect or refuse to care for himself or herself; such neglect
4431 or refusal poses a real and present threat of substantial harm
4432 to his or her well-being; and it is not apparent that such harm
4433 may be avoided through the help of willing family members or
4434 friends or the provision of other services; or

4435 b. There is a substantial likelihood that without care or
4436 treatment he or she will cause serious bodily harm to himself or
4437 herself or others in the near future, as evidenced by recent

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4438 behavior.

4439 (c) A person under 18 years of age who wishes to enter
4440 treatment for substance abuse and applies to a service provider
4441 for voluntary admission, pursuant to s. 394.4625(1)(a) ~~s.~~
4442 ~~397.601~~.

4443 ~~(d) A person under 18 years of age who meets the criteria~~
4444 ~~for involuntary admission because there is good faith reason to~~
4445 ~~believe the person is substance abuse impaired pursuant to s.~~
4446 ~~397.675 and, because of such impairment:~~

4447 ~~1. Has lost the power of self-control with respect to~~
4448 ~~substance use; and~~

4449 ~~2.a. Has inflicted, or threatened or attempted to inflict,~~
4450 ~~or unless admitted is likely to inflict, physical harm on~~
4451 ~~himself or herself or another; or~~

4452 ~~b. Is in need of substance abuse services and, by reason of~~
4453 ~~substance abuse impairment, his or her judgment has been so~~
4454 ~~impaired that the person is incapable of appreciating his or her~~
4455 ~~need for such services and of making a rational decision in~~
4456 ~~regard thereto; however, mere refusal to receive such services~~
4457 ~~does not constitute evidence of lack of judgment with respect to~~
4458 ~~his or her need for such services.~~

4459 ~~(d)(e)~~ (d) A person under 18 years of age who meets the
4460 criteria for examination or admission under paragraph (b) ~~or~~
4461 ~~paragraph (d)~~ and has a coexisting mental health and substance
4462 abuse disorder.

4463 Section 48. Effective July 1, 2016, subsection (18) of
4464 section 394.67, Florida Statutes, is amended to read:

4465 394.67 Definitions.—As used in this part, the term:

4466 (18) "Person who is experiencing an acute substance abuse

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4467 crisis" means a child, adolescent, or adult who is experiencing
4468 a medical or emotional crisis because of the use of alcoholic
4469 beverages or any psychoactive or mood-altering substance. The
4470 term includes an individual who meets the criteria for
4471 involuntary admission specified in s. 394.463 ~~s. 397.675~~.

4472 Section 49. Effective July 1, 2016, subsection (2) of
4473 section 394.674, Florida Statutes, is amended to read:

4474 394.674 Eligibility for publicly funded substance abuse and
4475 mental health services; fee collection requirements.—

4476 (2) Crisis services, as defined in s. 394.67, must, within
4477 the limitations of available state and local matching resources,
4478 be available to each person who is eligible for services under
4479 subsection (1), regardless of the person's ability to pay for
4480 such services. A person who is experiencing a mental health
4481 crisis and who does not meet the criteria for involuntary
4482 examination under s. 394.463(1), or a person who is experiencing
4483 a substance abuse crisis and who does not meet the involuntary
4484 admission criteria in s. 394.463 ~~s. 397.675~~, must contribute to
4485 the cost of his or her care and treatment pursuant to the
4486 sliding fee scale developed under subsection (4), unless
4487 charging a fee is contraindicated because of the crisis
4488 situation.

4489 Section 50. Effective July 1, 2016, subsection (6) of
4490 section 394.9085, Florida Statutes, is amended to read:

4491 394.9085 Behavioral provider liability.—

4492 (6) For purposes of this section, the terms "detoxification
4493 services," "addictions receiving facility," and "receiving
4494 facility" have the same meanings as those provided in ss.
4495 397.311(18)(a)4., 397.311(18)(a)1., and 394.455(27) ~~394.455(26)~~,

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4496 respectively.

4497 Section 51. Effective July 1, 2016, subsection (11) and
4498 paragraph (a) of subsection (18) of section 397.311, Florida
4499 Statutes, are amended to read:

4500 397.311 Definitions.—As used in this chapter, except part
4501 VIII, the term:

4502 (11) "Habitual abuser" means a person who is brought to the
4503 attention of law enforcement for being substance impaired, who
4504 meets the criteria for involuntary admission in s.394.463 ~~s.~~
4505 ~~397.675~~, and who has been taken into custody for such impairment
4506 three or more times during the preceding 12 months.

4507 (18) Licensed service components include a comprehensive
4508 continuum of accessible and quality substance abuse prevention,
4509 intervention, and clinical treatment services, including the
4510 following services:

4511 (a) "Clinical treatment" means a professionally directed,
4512 deliberate, and planned regimen of services and interventions
4513 that are designed to reduce or eliminate the misuse of drugs and
4514 alcohol and promote a healthy, drug-free lifestyle. As defined
4515 by rule, "clinical treatment services" include, but are not
4516 limited to, the following licensable service components:

4517 1. "Addictions receiving facility" is a secure, acute care
4518 facility that provides, at a minimum, detoxification and
4519 stabilization services and is operated 24 hours per day, 7 days
4520 per week; and is designated by the department to serve
4521 individuals found to be substance use impaired as described in
4522 s. 394.463 ~~s. 397.675~~ who meet the placement criteria for this
4523 component.

4524 2. "Day or night treatment" is a service provided in a

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4525 nonresidential environment, with a structured schedule of
4526 treatment and rehabilitative services.

4527 3. "Day or night treatment with community housing" means a
4528 program intended for individuals who can benefit from living
4529 independently in peer community housing while participating in
4530 treatment services for a minimum of 5 hours a day for a minimum
4531 of 25 hours per week.

4532 4. "Detoxification" is a service involving subacute care
4533 that is provided on an inpatient or an outpatient basis to
4534 assist individuals to withdraw from the physiological and
4535 psychological effects of substance abuse and who meet the
4536 placement criteria for this component.

4537 5. "Intensive inpatient treatment" includes a planned
4538 regimen of evaluation, observation, medical monitoring, and
4539 clinical protocols delivered through an interdisciplinary team
4540 approach provided 24-hours-per-day ~~24 hours per day~~, 7-days-per-
4541 week ~~7 days per week~~, in a highly structured, live-in
4542 environment.

4543 6. "Intensive outpatient treatment" is a service that
4544 provides individual or group counseling in a more structured
4545 environment, is of higher intensity and duration than outpatient
4546 treatment, and is provided to individuals who meet the placement
4547 criteria for this component.

4548 7. "Medication-assisted treatment for opiate addiction" is
4549 a service that uses methadone or other medication as authorized
4550 by state and federal law, in combination with medical,
4551 rehabilitative, and counseling services in the treatment of
4552 individuals who are dependent on opioid drugs.

4553 8. "Outpatient treatment" is a service that provides

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4554 individual, group, or family counseling by appointment during
4555 scheduled operating hours for individuals who meet the placement
4556 criteria for this component.

4557 9. "Residential treatment" is a service provided in a
4558 structured live-in environment within a nonhospital setting on a
4559 24-hours-per-day, 7-days-per-week basis, and is intended for
4560 individuals who meet the placement criteria for this component.

4561 Section 52. Effective July 1, 2016, paragraph (b) of
4562 subsection (2) of section 397.702, Florida Statutes, is amended
4563 to read:

4564 397.702 Authorization of local ordinances for treatment of
4565 habitual abusers in licensed secure facilities.—

4566 (2) Ordinances for the treatment of habitual abusers must
4567 provide:

4568 (b) That when seeking treatment of a habitual abuser, the
4569 county or municipality, through an officer or agent specified in
4570 the ordinance, must file with the court a petition which alleges
4571 the following information about the alleged habitual abuser (the
4572 respondent):

4573 1. The name, address, age, and gender of the respondent.

4574 2. The name of any spouse, adult child, other relative, or
4575 guardian of the respondent, if known to the petitioner, and the
4576 efforts, if any, by the petitioner, ~~if any~~, to ascertain this
4577 information.

4578 3. The name of the petitioner, the name of the person who
4579 has physical custody of the respondent, and the current location
4580 of the respondent.

4581 4. That the respondent has been taken into custody for
4582 impairment in a public place, or has been arrested for an

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4583 offense committed while impaired, three or more times during the
4584 preceding 12 months.

4585 5. Specific facts indicating that the respondent meets the
4586 criteria for involuntary admission in s. 394.463 ~~s. 397.675~~.

4587 6. Whether the respondent was advised of his or her right
4588 to be represented by counsel and to request that the court
4589 appoint an attorney if he or she is unable to afford one, and
4590 whether the respondent indicated to petitioner his or her desire
4591 to have an attorney appointed.

4592 Section 53. Effective July 1, 2016, paragraph (a) of
4593 subsection (1) of section 397.94, Florida Statutes, is amended
4594 to read:

4595 397.94 Children's substance abuse services; information and
4596 referral network.—

4597 (1) The substate entity shall determine the most cost-
4598 effective method for delivering this service and may select a
4599 new provider or utilize an existing provider or providers with a
4600 record of success in providing information and referral
4601 services.

4602 (a) The plan must provide assurances that the information
4603 and referral network will include a resource directory that
4604 contains information regarding the children's substance abuse
4605 services available, including, but not limited to:

4606 1. Public and private resources by service component,
4607 including resources for involuntary admissions under s. 394.463
4608 ~~s. 397.675~~.

4609 2. Hours of operation and hours during which services are
4610 provided.

4611 3. Ages of persons served.

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- 4612 4. Description of services.
4613 5. Eligibility requirements.
4614 6. Fee schedules.

4615 Section 54. Section 402.3057, Florida Statutes, is amended
4616 to read:

4617 402.3057 Persons not required to be refingerprinted or
4618 rescreened.—Any provision of law to the contrary
4619 notwithstanding, human resource personnel who have been
4620 fingerprinted or screened pursuant to chapters 393, 394, 397,
4621 402, and 409, and teachers and noninstructional personnel who
4622 have been fingerprinted pursuant to chapter 1012, who have not
4623 been unemployed for more than 90 days thereafter, and who under
4624 the penalty of perjury attest to the completion of such
4625 fingerprinting or screening and to compliance with the
4626 provisions of this section and the standards for good moral
4627 character as contained in such provisions as ss. 110.1127(2)(c),
4628 393.0655(1), ~~394.457(6)~~, 397.451, 402.305(2), and 409.175(6),
4629 shall not be required to be refingerprinted or rescreened in
4630 order to comply with any caretaker screening or fingerprinting
4631 requirements.

4632 Section 55. Section 409.1757, Florida Statutes, is amended
4633 to read:

4634 409.1757 Persons not required to be refingerprinted or
4635 rescreened.—Any law to the contrary notwithstanding, human
4636 resource personnel who have been fingerprinted or screened
4637 pursuant to chapters 393, 394, 397, 402, and this chapter,
4638 teachers who have been fingerprinted pursuant to chapter 1012,
4639 and law enforcement officers who meet the requirements of s.
4640 943.13, who have not been unemployed for more than 90 days

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4641 thereafter, and who under the penalty of perjury attest to the
4642 completion of such fingerprinting or screening and to compliance
4643 with this section and the standards for good moral character as
4644 contained in such provisions as ss. 110.1127(2)(c), 393.0655(1),
4645 ~~394.457(6)~~, 397.451, 402.305(2), 409.175(6), and 943.13(7), are
4646 not required to be refingerprinted or rescreened in order to
4647 comply with any caretaker screening or fingerprinting
4648 requirements.

4649 Section 56. Effective July 1, 2016, paragraph (b) of
4650 subsection (1) of section 409.972, Florida Statutes, is amended
4651 to read:

4652 409.972 Mandatory and voluntary enrollment.—

4653 (1) The following Medicaid-eligible persons are exempt from
4654 mandatory managed care enrollment required by s. 409.965, and
4655 may voluntarily choose to participate in the managed medical
4656 assistance program:

4657 (b) Medicaid recipients residing in residential commitment
4658 facilities operated through the Department of Juvenile Justice
4659 or mental health treatment facilities as defined by s.
4660 394.455(47) ~~s. 394.455(32)~~.

4661 Section 57. Effective July 1, 2016, subsection (7) of
4662 section 744.704, Florida Statutes, is amended to read:

4663 744.704 Powers and duties.—

4664 (7) A public guardian shall not commit a ward to a mental
4665 health treatment facility, as defined in s. 394.455(47) ~~s.~~
4666 ~~394.455(32)~~, without an involuntary placement proceeding as
4667 provided by law.

4668 Section 58. Effective July 1, 2016, paragraph (a) of
4669 subsection (2) of section 790.065, Florida Statutes, is amended

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4670 to read:

4671 790.065 Sale and delivery of firearms.-

4672 (2) Upon receipt of a request for a criminal history record
4673 check, the Department of Law Enforcement shall, during the
4674 licensee's call or by return call, forthwith:

4675 (a) Review any records available to determine if the
4676 potential buyer or transferee:

4677 1. Has been convicted of a felony and is prohibited from
4678 receipt or possession of a firearm pursuant to s. 790.23;

4679 2. Has been convicted of a misdemeanor crime of domestic
4680 violence, and therefore is prohibited from purchasing a firearm;

4681 3. Has had adjudication of guilt withheld or imposition of
4682 sentence suspended on any felony or misdemeanor crime of
4683 domestic violence unless 3 years have elapsed since probation or
4684 any other conditions set by the court have been fulfilled or
4685 expunction has occurred; or

4686 4. Has been adjudicated mentally defective or has been
4687 committed to a mental institution by a court or as provided in
4688 sub-sub-subparagraph b.(II), and as a result is prohibited by
4689 state or federal law from purchasing a firearm.

4690 a. As used in this subparagraph, "adjudicated mentally
4691 defective" means a determination by a court that a person, as a
4692 result of marked subnormal intelligence, or mental illness,
4693 incompetency, condition, or disease, is a danger to himself or
4694 herself or to others or lacks the mental capacity to contract or
4695 manage his or her own affairs. The phrase includes a judicial
4696 finding of incapacity under s. 744.331(6)(a), an acquittal by
4697 reason of insanity of a person charged with a criminal offense,
4698 and a judicial finding that a criminal defendant is not

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4699 competent to stand trial.

4700 b. As used in this subparagraph, "committed to a mental
4701 institution" means:

4702 (I) Involuntary commitment, commitment for mental
4703 defectiveness or mental illness, and commitment for substance
4704 abuse. The phrase includes involuntary inpatient placement as
4705 defined in s. 394.467, involuntary outpatient placement as
4706 defined in s. 394.4655, involuntary assessment and stabilization
4707 under s. 394.463(2)(g) ~~s. 397.6818~~, or ~~and~~ involuntary substance
4708 abuse treatment under s. 394.463 ~~s. 397.6957~~, but does not
4709 include a person in a mental institution for observation or
4710 discharged from a mental institution based upon the initial
4711 review by the physician or a voluntary admission to a mental
4712 institution; or

4713 (II) Notwithstanding sub-sub-subparagraph (I), voluntary
4714 admission to a mental institution for outpatient or inpatient
4715 treatment of a person who had an involuntary examination under
4716 s. 394.463, where each of the following conditions have been
4717 met:

4718 (A) An examining physician found that the person is an
4719 imminent danger to himself or herself or others.

4720 (B) The examining physician certified that if the person
4721 did not agree to voluntary treatment, a petition for involuntary
4722 outpatient or inpatient treatment would have been filed under s.
4723 394.463(2)(g) ~~s. 394.463(2)(i)4.~~, or the examining physician
4724 certified that a petition was filed and the person subsequently
4725 agreed to voluntary treatment prior to a court hearing on the
4726 petition.

4727 (C) Before agreeing to voluntary treatment, the person

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4728 received written notice of that finding and certification, and
4729 written notice that as a result of such finding, he or she may
4730 be prohibited from purchasing a firearm, and may not be eligible
4731 to apply for or retain a concealed weapon or firearms license
4732 under s. 790.06 and the person acknowledged such notice in
4733 writing, in substantially the following form:

4734

4735 "I understand that the doctor who examined me believes I am
4736 a danger to myself or to others. I understand that if I do not
4737 agree to voluntary treatment, a petition will be filed in court
4738 to require me to receive involuntary treatment. I understand
4739 that if that petition is filed, I have the right to contest it.
4740 In the event a petition has been filed, I understand that I can
4741 subsequently agree to voluntary treatment prior to a court
4742 hearing. I understand that by agreeing to voluntary treatment in
4743 either of these situations, I may be prohibited from buying
4744 firearms and from applying for or retaining a concealed weapons
4745 or firearms license until I apply for and receive relief from
4746 that restriction under Florida law."

4747

4748 (D) A judge or a magistrate has, pursuant to sub-sub-
4749 subparagraph c.(II), reviewed the record of the finding,
4750 certification, notice, and written acknowledgment classifying
4751 the person as an imminent danger to himself or herself or
4752 others, and ordered that such record be submitted to the
4753 department.

4754 c. In order to check for these conditions, the department
4755 shall compile and maintain an automated database of persons who
4756 are prohibited from purchasing a firearm based on court records

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4757 of adjudications of mental defectiveness or commitments to
4758 mental institutions.

4759 (I) Except as provided in sub-sub-subparagraph (II), clerks
4760 of court shall submit these records to the department within 1
4761 month after the rendition of the adjudication or commitment.
4762 Reports shall be submitted in an automated format. The reports
4763 must, at a minimum, include the name, along with any known alias
4764 or former name, the sex, and the date of birth of the subject.

4765 (II) For persons committed to a mental institution pursuant
4766 to sub-sub-subparagraph b.(II), within 24 hours after the
4767 person's agreement to voluntary admission, a record of the
4768 finding, certification, notice, and written acknowledgment must
4769 be filed by the administrator of the receiving or treatment
4770 facility, as defined in s. 394.455, with the clerk of the court
4771 for the county in which the involuntary examination under s.
4772 394.463 occurred. No fee shall be charged for the filing under
4773 this sub-sub-subparagraph. The clerk must present the records to
4774 a judge or magistrate within 24 hours after receipt of the
4775 records. A judge or magistrate is required and has the lawful
4776 authority to review the records ex parte and, if the judge or
4777 magistrate determines that the record supports the classifying
4778 of the person as an imminent danger to himself or herself or
4779 others, to order that the record be submitted to the department.
4780 If a judge or magistrate orders the submittal of the record to
4781 the department, the record must be submitted to the department
4782 within 24 hours.

4783 d. A person who has been adjudicated mentally defective or
4784 committed to a mental institution, as those terms are defined in
4785 this paragraph, may petition the circuit court that made the

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4786 adjudication or commitment, or the court that ordered that the
4787 record be submitted to the department pursuant to sub-sub-
4788 subparagraph c.(II), for relief from the firearm disabilities
4789 imposed by such adjudication or commitment. A copy of the
4790 petition shall be served on the state attorney for the county in
4791 which the person was adjudicated or committed. The state
4792 attorney may object to and present evidence relevant to the
4793 relief sought by the petition. The hearing on the petition may
4794 be open or closed as the petitioner may choose. The petitioner
4795 may present evidence and subpoena witnesses to appear at the
4796 hearing on the petition. The petitioner may confront and cross-
4797 examine witnesses called by the state attorney. A record of the
4798 hearing shall be made by a certified court reporter or by court-
4799 approved electronic means. The court shall make written findings
4800 of fact and conclusions of law on the issues before it and issue
4801 a final order. The court shall grant the relief requested in the
4802 petition if the court finds, based on the evidence presented
4803 with respect to the petitioner's reputation, the petitioner's
4804 mental health record and, if applicable, criminal history
4805 record, the circumstances surrounding the firearm disability,
4806 and any other evidence in the record, that the petitioner will
4807 not be likely to act in a manner that is dangerous to public
4808 safety and that granting the relief would not be contrary to the
4809 public interest. If the final order denies relief, the
4810 petitioner may not petition again for relief from firearm
4811 disabilities until 1 year after the date of the final order. The
4812 petitioner may seek judicial review of a final order denying
4813 relief in the district court of appeal having jurisdiction over
4814 the court that issued the order. The review shall be conducted

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4815 de novo. Relief from a firearm disability granted under this
4816 sub-subparagraph has no effect on the loss of civil rights,
4817 including firearm rights, for any reason other than the
4818 particular adjudication of mental defectiveness or commitment to
4819 a mental institution from which relief is granted.

4820 e. Upon receipt of proper notice of relief from firearm
4821 disabilities granted under sub-subparagraph d., the department
4822 shall delete any mental health record of the person granted
4823 relief from the automated database of persons who are prohibited
4824 from purchasing a firearm based on court records of
4825 adjudications of mental defectiveness or commitments to mental
4826 institutions.

4827 f. The department is authorized to disclose data collected
4828 pursuant to this subparagraph to agencies of the Federal
4829 Government and other states for use exclusively in determining
4830 the lawfulness of a firearm sale or transfer. The department is
4831 also authorized to disclose this data to the Department of
4832 Agriculture and Consumer Services for purposes of determining
4833 eligibility for issuance of a concealed weapons or concealed
4834 firearms license and for determining whether a basis exists for
4835 revoking or suspending a previously issued license pursuant to
4836 s. 790.06(10). When a potential buyer or transferee appeals a
4837 nonapproval based on these records, the clerks of court and
4838 mental institutions shall, upon request by the department,
4839 provide information to help determine whether the potential
4840 buyer or transferee is the same person as the subject of the
4841 record. Photographs and any other data that could confirm or
4842 negate identity must be made available to the department for
4843 such purposes, notwithstanding any other provision of state law

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4844 to the contrary. Any such information that is made confidential
4845 or exempt from disclosure by law shall retain such confidential
4846 or exempt status when transferred to the department.

4847 Section 59. Effective July 1, 2016, part V of chapter 397,
4848 Florida Statutes, consisting of ss. 397.675-397.6977, Florida
4849 Statutes, is repealed.

4850 Section 60. Effective July 1, 2016, part IV of chapter
4851 397, Florida Statutes, consisting of s. 397.601, Florida
4852 Statutes, is repealed.

4853 Section 61. For the purpose of incorporating the amendment
4854 made by this act to section 394.4599, Florida Statutes, in a
4855 reference thereto, subsection (1) of section 394.4685, Florida
4856 Statutes, is reenacted to read:

4857 394.4685 Transfer of patients among facilities.—

4858 (1) TRANSFER BETWEEN PUBLIC FACILITIES.—

4859 (a) A patient who has been admitted to a public receiving
4860 facility, or the family member, guardian, or guardian advocate
4861 of such patient, may request the transfer of the patient to
4862 another public receiving facility. A patient who has been
4863 admitted to a public treatment facility, or the family member,
4864 guardian, or guardian advocate of such patient, may request the
4865 transfer of the patient to another public treatment facility.
4866 Depending on the medical treatment or mental health treatment
4867 needs of the patient and the availability of appropriate
4868 facility resources, the patient may be transferred at the
4869 discretion of the department. If the department approves the
4870 transfer of an involuntary patient, notice according to the
4871 provisions of s. 394.4599 shall be given prior to the transfer
4872 by the transferring facility. The department shall respond to

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4873 the request for transfer within 2 working days after receipt of
4874 the request by the facility administrator.

4875 (b) When required by the medical treatment or mental health
4876 treatment needs of the patient or the efficient utilization of a
4877 public receiving or public treatment facility, a patient may be
4878 transferred from one receiving facility to another, or one
4879 treatment facility to another, at the department's discretion,
4880 or, with the express and informed consent of the patient or the
4881 patient's guardian or guardian advocate, to a facility in
4882 another state. Notice according to the provisions of s. 394.4599
4883 shall be given prior to the transfer by the transferring
4884 facility. If prior notice is not possible, notice of the
4885 transfer shall be provided as soon as practicable after the
4886 transfer.

4887 Section 62. For the purpose of incorporating the amendment
4888 made by this act to section 394.4599, Florida Statutes, in a
4889 reference thereto, subsection (2) of section 394.469, Florida
4890 Statutes, is reenacted to read:

4891 394.469 Discharge of involuntary patients.—

4892 (2) NOTICE.—Notice of discharge or transfer of a patient
4893 shall be given as provided in s. 394.4599.

4894 Section 63. Except as otherwise expressly provided in this
4895 act, this act shall take effect July 1, 2015.