

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative Harrell offered the following:

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Amendment (with title amendment)

Remove everything after the enacting clause and insert:

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

29.004 State courts system.—For purposes of implementing s. 14, Art. V of the State Constitution, the elements of the state courts system to be provided from state revenues appropriated by general law are as follows:

(10) Case management. Case management includes:

(e) Service referral, coordination, monitoring, and tracking for mental health programs under chapter 394.

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15 Case management may not include costs associated with the
16 application of therapeutic jurisprudence principles by the
17 courts. Case management also may not include case intake and
18 records management conducted by the clerk of court.

19 Section 2. Subsections (65) through (79) of section 39.01,
20 Florida Statutes, are renumbered as subsections (66) through
21 (80), respectively, and a new subsection (65) is added to that
22 section to read:

23 39.01 Definitions.—When used in this chapter, unless the
24 context otherwise requires:

25 (65) "Qualified professional" means a physician or a
26 physician assistant licensed under chapter 458 or chapter 459; a
27 psychiatrist licensed under chapter 458 or chapter 459; a
28 psychologist as defined in s. 490.003(7) or a professional
29 licensed under chapter 491; or a psychiatric nurse as defined in
30 s. 394.455.

31 Section 3. Paragraph (c) of subsection (6) of section
32 39.407, Florida Statutes, is amended to read:

33 39.407 Medical, psychiatric, and psychological examination
34 and treatment of child; physical, mental, or substance abuse
35 examination of person with or requesting child custody.—

36 (6) Children who are in the legal custody of the
37 department may be placed by the department, without prior
38 approval of the court, in a residential treatment center
39 licensed under s. 394.875 or a hospital licensed under chapter
40 395 for residential mental health treatment only pursuant to

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41 this section or may be placed by the court in accordance with an
42 order of involuntary examination or involuntary placement
43 entered pursuant to s. 394.463 or s. 394.467. All children
44 placed in a residential treatment program under this subsection
45 must have a guardian ad litem appointed.

46 (c) Before a child is admitted under this subsection, the
47 child shall be assessed for suitability for residential
48 treatment by a qualified evaluator who has conducted a personal
49 examination and assessment of the child and has made written
50 findings that:

51 1. The child appears to have an emotional disturbance
52 serious enough to require residential treatment and is
53 reasonably likely to benefit from the treatment.

54 2. The child has been provided with a clinically
55 appropriate explanation of the nature and purpose of the
56 treatment.

57 3. All available modalities of treatment less restrictive
58 than residential treatment have been considered, and a less
59 restrictive alternative that would offer comparable benefits to
60 the child is unavailable.

61
62 A copy of the written findings of the evaluation and suitability
63 assessment must be provided to the department, ~~and~~ to the
64 guardian ad litem, and, if the child is a member of a Medicaid
65 managed care plan, to the plan that is financially responsible
66 for the child's care in residential treatment, all of whom must

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67 be provided with ~~who shall have~~ the opportunity to discuss the
68 findings with the evaluator.

69 Section 4. Section 394.453, Florida Statutes, is amended
70 to read:

71 394.453 Legislative intent.—

72 (1) It is the intent of the Legislature:

73 (a) To authorize and direct the Department of Children and
74 Families to evaluate, research, plan, and recommend to the
75 Governor and the Legislature programs designed to reduce the
76 occurrence, severity, duration, and disabling aspects of mental,
77 emotional, and behavioral disorders.

78 (b) ~~It is the intent of the Legislature~~ That treatment
79 programs for such disorders ~~shall~~ include, but not be limited
80 to, comprehensive health, social, educational, and
81 rehabilitative services to persons requiring intensive short-
82 term and continued treatment in order to encourage them to
83 assume responsibility for their treatment and recovery. It is
84 intended that:

85 1. Such persons be provided with emergency service and
86 temporary detention for evaluation when required;

87 2. Such persons ~~that they~~ be admitted to treatment
88 facilities on a voluntary basis when extended or continuing care
89 is needed and unavailable in the community;

90 3. ~~that~~ Involuntary placement be provided only when expert
91 evaluation determines ~~that~~ it is necessary;

92 4. ~~that~~ Any involuntary treatment or examination be

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93 accomplished in a setting that ~~which~~ is clinically appropriate
94 and most likely to facilitate the person's return to the
95 community as soon as possible; and

96 5. ~~that~~ Individual dignity and human rights be guaranteed
97 to all persons who are admitted to mental health facilities or
98 who are being held under s. 394.463.

99 (c) That services provided to persons in this state use
100 the coordination-of-care principles characteristic of recovery-
101 oriented services and include social support services, such as
102 housing support, life skills and vocational training, and
103 employment assistance, necessary for persons with mental health
104 disorders and co-occurring mental health and substance use
105 disorders to live successfully in their communities.

106 (d) That state policy and funding decisions be driven by
107 data concerning the populations served and the effectiveness of
108 the services provided.

109 (e) That licensed, qualified health professionals be
110 authorized to practice to the fullest extent of their education
111 and training in the performance of professional functions
112 necessary to carry out the intent of this part.

113 (2) It is the further intent of the Legislature that the
114 least restrictive means of intervention be employed based on the
115 individual needs of each person, within the scope of available
116 services. It is the policy of this state that the use of
117 restraint and seclusion on clients is justified only as an
118 emergency safety measure to be used in response to imminent

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119 danger to the client or others. It is, therefore, the intent of
120 the Legislature to achieve an ongoing reduction in the use of
121 restraint and seclusion in programs and facilities serving
122 persons with mental illness.

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

125 394.4573 Coordinated system of care; annual assessment;
126 essential elements ~~Continuity of care management system;~~
127 measures of performance; system improvement grants; reports.—On
128 or before December 1 of each year, the department shall submit
129 to the Governor, the President of the Senate, and the Speaker of
130 the House of Representatives an assessment of the behavioral
131 health services in this state. The assessment shall consider, at
132 a minimum, the extent to which designated receiving systems
133 function as no-wrong-door models, the availability of treatment
134 and recovery services that use recovery-oriented and peer-
135 involved approaches, the availability of less-restrictive
136 services, and the use of evidence-informed practices. The
137 department's assessment shall consider, at a minimum, the needs
138 assessments conducted by the managing entities pursuant to s.
139 393.9082(5). Beginning in 2017, the department shall compile and
140 include in the report all plans submitted by managing entities
141 pursuant to s. 394.9082(8) and the department's evaluation of
142 each plan.

143 (1) As used in ~~For the purposes of~~ this section:

144 (a) "Care coordination" means intensive activities

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145 undertaken across systems and providers to facilitate the
146 delivery of treatment services and recovery supports to
147 individuals with complex needs who are not yet effectively
148 connected with such services and supports.

149 (b) (a) "Case management" means those direct services
150 provided to a client in order to assess his or her activities
151 aimed at assessing client needs, plan or arrange planning
152 services, coordinate service providers, link linking the service
153 system to a client, monitor coordinating the various system
154 components, monitoring service delivery, and evaluate patient
155 outcomes evaluating the effect of service delivery.

156 ~~(b) "Case manager" means an individual who works with~~
157 ~~clients, and their families and significant others, to provide~~
158 ~~case management.~~

159 ~~(c) "Client manager" means an employee of the department~~
160 ~~who is assigned to specific provider agencies and geographic~~
161 ~~areas to ensure that the full range of needed services is~~
162 ~~available to clients.~~

163 (c) (d) "Coordinated system Continuity of care management
164 system" means a system that assures, within available resources,
165 that clients have access to the full array of behavioral and
166 related services in a region or community offered by all service
167 providers, whether participating under contract with the
168 managing entity or by another method of community partnership or
169 mutual agreement within the mental health services delivery
170 system.

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

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

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

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

187 1. A county or several counties shall plan the designated
188 receiving system using a process that includes the managing
189 entity and is open to participation by individuals with
190 behavioral health needs and their families, service providers,
191 law enforcement agencies, and other parties. The county or
192 counties, in collaboration with the managing entity, shall
193 document the designated receiving system through written
194 memoranda of agreement or other binding arrangements. The county
195 or counties and the managing entity shall approve and implement
196 the designated receiving system by July 1, 2017, and the county

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197 or counties and the managing entity shall review, update as
198 necessary, and reapprove the designated receiving system at
199 least once every 3 years.

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

206 a. A central receiving system that consists of a
207 designated central receiving facility that serves as a single
208 entry point for persons with mental health or substance use
209 disorders, or co-occurring disorders. The central receiving
210 facility shall be capable of assessment, evaluation, and triage
211 or treatment of various conditions and circumstances.

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

219 c. A tiered receiving system that consists of multiple
220 entry points, some of which offer only specialized or limited
221 services. Each service provider shall be classified according to
222 its capabilities as either a designated receiving facility, or

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223 another type of service provider such as a triage center, or an
224 access center. All participating service providers shall, within
225 existing resources, be linked by methods to share data, formal
226 referral agreements, and cooperative arrangements for care
227 coordination and case management.

228
229 An accurate inventory of the participating service providers
230 which specifies the capabilities and limitations of each
231 provider and its ability to accept patients under the designated
232 receiving system agreements and the transportation plan
233 developed pursuant to this section shall be maintained and made
234 available at all times to all first responders in the service
235 area.

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

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

241 (e) Case management. Each case manager or person directly
242 supervising a case manager who provides Medicaid-funded targeted
243 case management services shall hold a valid certification from a
244 department-approved credentialing entity as defined in s.
245 397.311(9) by July 1, 2017, and within 6 months after being
246 hired.

247 (f) Care coordination that involves coordination with
248 other local systems and entities, public and private, which are

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249 involved with the individual, such as primary care, child
250 welfare, behavioral health care, and criminal and juvenile
251 justice organizations. The department shall define the priority
252 populations for receiving care coordination. In defining the
253 priority populations, the department shall take into account the
254 availability of resources for that purpose and consider:

255 1. The number and duration of involuntary admissions
256 within a specified time.

257 2. The degree of involvement with the criminal justice
258 system and the risk to public safety posed by the individual.

259 3. Whether the individual has recently resided in or is
260 currently awaiting admission to or discharge from a treatment
261 facility as defined in s. 394.455.

262 4. The degree of utilization of behavioral health
263 services.

264 5. Whether the individual is a parent or caregiver who is
265 involved with the child welfare system.

266 (g) Outpatient services.

267 (h) Residential services.

268 (i) Hospital inpatient care.

269 (j) Aftercare and other post-discharge services.

270 (k) Medication-assisted treatment and medication
271 management.

272 (l) Recovery support, including, but not limited to,
273 support for competitive employment, educational attainment,
274 independent living skills development, family support and

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275 education, wellness management and self-care, and assistance in
276 obtaining housing that meets the individual's needs. Such
277 housing shall include mental health residential treatment
278 facilities, limited mental health assisted living facilities,
279 adult family care homes, and supportive housing. Housing
280 provided using state funds shall provide a safe and decent
281 environment free from abuse and neglect. The care plan shall
282 assign specific responsibility for initial and ongoing
283 evaluation of the supervision and support needs of the
284 individual and the identification of housing that meets such
285 needs. For purposes of this paragraph, the term "supervision"
286 means oversight of and assistance with compliance with the
287 clinical aspects of an individual's care plan.

288 (3) Subject to a specific appropriation by the
289 Legislature, the department may award system improvement grants
290 to managing entities based on the submission of a detailed plan
291 to enhance services, coordination, or performance measurement to
292 address the needs identified in the department's assessment
293 under this section. Such a grant must be awarded through a
294 performance-based contract that links payments to the documented
295 and measurable achievement of system improvements. The
296 ~~department is directed to implement a continuity of care~~
297 ~~management system for the provision of mental health care,~~
298 ~~through the provision of client and case management, including~~
299 ~~clients referred from state treatment facilities to community~~
300 ~~mental health facilities. Such system shall include a network of~~

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301 ~~client managers and case managers throughout the state designed~~
302 ~~to:~~

303 ~~(a) Reduce the possibility of a client's admission or~~
304 ~~readmission to a state treatment facility.~~

305 ~~(b) Provide for the creation or designation of an agency~~
306 ~~in each county to provide single intake services for each person~~
307 ~~seeking mental health services. Such agency shall provide~~
308 ~~information and referral services necessary to ensure that~~
309 ~~clients receive the most appropriate and least restrictive form~~
310 ~~of care, based on the individual needs of the person seeking~~
311 ~~treatment. Such agency shall have a single telephone number,~~
312 ~~operating 24 hours per day, 7 days per week, where practicable,~~
313 ~~at a central location, where each client will have a central~~
314 ~~record.~~

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

318 ~~(d) Require that any public receiving facility initiating~~
319 ~~a patient transfer to a licensed hospital for acute care mental~~
320 ~~health services not accessible through the public receiving~~
321 ~~facility shall notify the hospital of such transfer and send all~~
322 ~~records relating to the emergency psychiatric or medical~~
323 ~~condition.~~

324 ~~(3) The department is directed to develop and include in~~
325 ~~contracts with service providers measures of performance with~~
326 ~~regard to goals and objectives as specified in the state plan.~~

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327 ~~Such measures shall use, to the extent practical, existing data~~
328 ~~collection methods and reports and shall not require, as a~~
329 ~~result of this subsection, additional reports on the part of~~
330 ~~service providers. The department shall plan monitoring visits~~
331 ~~of community mental health facilities with other state, federal,~~
332 ~~and local governmental and private agencies charged with~~
333 ~~monitoring such facilities.~~

334 Section 6. Section 394.461, Florida Statutes, is amended
335 to read:

336 394.461 Designation of receiving and treatment facilities
337 and receiving systems.—The department is authorized to designate
338 and monitor receiving facilities, ~~and~~ treatment facilities, and
339 receiving systems and may suspend or withdraw such designation
340 for failure to comply with this part and rules adopted under
341 this part. Unless designated by the department, facilities are
342 not permitted to hold or treat involuntary patients under this
343 part.

344 (1) RECEIVING FACILITY.—The department may designate any
345 community facility as a receiving facility. Any other facility
346 within the state, including a private facility or a federal
347 facility, may be so designated by the department, provided that
348 such designation is agreed to by the governing body or authority
349 of the facility.

350 (2) TREATMENT FACILITY.—The department may designate any
351 state-owned, state-operated, or state-supported facility as a
352 state treatment facility. A civil patient shall not be admitted

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353 to a state treatment facility without previously undergoing a
354 transfer evaluation. Before a court hearing for involuntary
355 placement in a state treatment facility, the court shall receive
356 and consider the information documented in the transfer
357 evaluation. Any other facility, including a private facility or
358 a federal facility, may be designated as a treatment facility by
359 the department, provided that such designation is agreed to by
360 the appropriate governing body or authority of the facility.

361 (3) PRIVATE FACILITIES.—Private facilities designated as
362 receiving and treatment facilities by the department may provide
363 examination and treatment of involuntary patients, as well as
364 voluntary patients, and are subject to all the provisions of
365 this part.

366 (4) REPORTING REQUIREMENTS.—

367 (a) A facility designated as a public receiving or
368 treatment facility under this section shall report to the
369 department on an annual basis the following data, unless these
370 data are currently being submitted to the Agency for Health Care
371 Administration:

- 372 1. Number of licensed beds.
- 373 2. Number of contract days.
- 374 3. Number of admissions by payor class and diagnoses.
- 375 4. Number of bed days by payor class.
- 376 5. Average length of stay by payor class.
- 377 6. Total revenues by payor class.

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378 (b) For the purposes of this subsection, "payor class"
379 means Medicare, Medicare HMO, Medicaid, Medicaid HMO, private-
380 pay health insurance, private-pay health maintenance
381 organization, private preferred provider organization, the
382 Department of Children and Families, other government programs,
383 self-pay patients, and charity care.

384 (c) The data required under this subsection shall be
385 submitted to the department no later than 90 days following the
386 end of the facility's fiscal year. A facility designated as a
387 public receiving or treatment facility shall submit its initial
388 report for the 6-month period ending June 30, 2008.

389 (d) The department shall issue an annual report based on
390 the data required pursuant to this subsection. The report shall
391 include individual facilities' data, as well as statewide
392 totals. The report shall be submitted to the Governor, the
393 President of the Senate, and the Speaker of the House of
394 Representatives.

395 (5) RECEIVING SYSTEM.—The department may designate as a
396 receiving system one or more facilities serving a defined
397 geographic area developed pursuant to s. 394.4573 that is
398 responsible for assessment and evaluation, both voluntary and
399 involuntary, and treatment or triage for patients who present
400 with mental illness, substance use disorder, or co-occurring
401 disorders. Any transportation plans developed pursuant to s.
402 394.462 must support the operation of the receiving system.

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403 (6)~~(5)~~ RULES.—The department may ~~shall~~ adopt rules
404 relating to:

405 (a) Procedures and criteria for receiving and evaluating
406 facility applications for designation, which may include onsite
407 facility inspection and evaluation of an applicant's licensing
408 status and performance history, as well as consideration of
409 local service needs.

410 (b) Minimum standards consistent with this part that a
411 facility must meet and maintain in order to be designated as a
412 receiving or treatment facility and procedures for monitoring
413 continued adherence to such standards.

414 (c) Procedures and criteria for designating receiving
415 systems, which may include consideration of the adequacy of
416 services provided by facilities within the receiving system to
417 meet the needs of the geographic area within available
418 resources.

419 (d)~~(e)~~ Procedures for receiving complaints against a
420 designated facility or designated receiving system and for
421 initiating inspections and investigations of facilities or
422 receiving systems alleged to have violated the provisions of
423 this part or rules adopted under this part.

424 (e)~~(d)~~ Procedures and criteria for the suspension or
425 withdrawal of designation as a receiving facility or receiving
426 system.

427 Section 7. Section 394.675, Florida Statutes, is repealed.

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428 Section 8. Subsection (3) and paragraph (b) of subsection
429 (4) of section 394.75, Florida Statutes, are amended to read:

430 394.75 State and district substance abuse and mental
431 health plans.—

432 (3) The district health and human services board shall
433 prepare an integrated district substance abuse and mental health
434 plan. The plan shall be prepared and updated on a schedule
435 established by the Alcohol, Drug Abuse, and Mental Health
436 Program Office. The plan shall reflect the needs and program
437 priorities established by the department and the needs of the
438 district established under ss. 394.4573 and 394.674 ~~and 394.675~~.

439 The plan must list in order of priority the mental health and
440 the substance abuse treatment needs of the district and must
441 rank each program separately. The plan shall include:

442 (a) A record of the total amount of money available in the
443 district for mental health and substance abuse services.

444 (b) A description of each service that will be purchased
445 with state funds.

446 (c) A record of the amount of money allocated for each
447 service identified in the plan as being purchased with state
448 funds.

449 (d) A record of the total funds allocated to each
450 provider.

451 (e) A record of the total funds allocated to each provider
452 by type of service to be purchased with state funds.

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453 (f) Input from community-based persons, organizations, and
454 agencies interested in substance abuse and mental health
455 treatment services; local government entities that contribute
456 funds to the public substance abuse and mental health treatment
457 systems; and consumers of publicly funded substance abuse and
458 mental health services, and their family members. The plan must
459 describe the means by which this local input occurred.

460
461 The plan shall be submitted by the district board to the
462 district administrator and to the governing bodies for review,
463 comment, and approval.

464 (4) The district plan shall:

465 (b) Provide the means for meeting the needs of the
466 district's eligible clients, specified in ss. 394.4573 and
467 394.674 ~~and 394.675~~, for substance abuse and mental health
468 services.

469 Section 9. Paragraph (a) of subsection (3) of section
470 394.76, Florida Statutes, is amended to read:

471 394.76 Financing of district programs and services.—If the
472 local match funding level is not provided in the General
473 Appropriations Act or the substantive bill implementing the
474 General Appropriations Act, such funding level shall be provided
475 as follows:

476 (3) The state share of financial participation shall be
477 determined by the following formula:

478 (a) The state share of approved program costs shall be a

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479 percentage of the net balance determined by deducting from the
480 total operating cost of services and programs, as specified in
481 s. 394.4573 ~~394.675(1)~~, those expenditures which are ineligible
482 for state participation as provided in subsection (7) and those
483 ineligible expenditures established by rule of the department
484 pursuant to s. 394.78.

485 Section 10. Paragraphs (d) and (e) of subsection (2) of
486 section 394.4597, Florida Statutes, are amended to read:

487 394.4597 Persons to be notified; patient's
488 representative.—

489 (2) INVOLUNTARY PATIENTS.—

490 (d) When the receiving or treatment facility selects a
491 representative, first preference shall be given to a health care
492 surrogate, if one has been previously selected by the patient.
493 If the patient has not previously selected a health care
494 surrogate, the selection, except for good cause documented in
495 the patient's clinical record, shall be made from the following
496 list in the order of listing:

- 497 1. The patient's spouse.
- 498 2. An adult child of the patient.
- 499 3. A parent of the patient.
- 500 4. The adult next of kin of the patient.
- 501 5. An adult friend of the patient.
- 502 ~~6. The appropriate Florida local advocacy council as~~
503 ~~provided in s. 402.166.~~

504 (e) The following persons are prohibited from selection as

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505 a patient's representative:

506 1. A professional providing clinical services to the
507 patient under this part.

508 2. The licensed professional who initiated the involuntary
509 examination of the patient, if the examination was initiated by
510 professional certificate.

511 3. An employee, an administrator, or a board member of the
512 facility providing the examination of the patient.

513 4. An employee, an administrator, or a board member of a
514 treatment facility providing treatment for the patient.

515 5. A person providing any substantial professional
516 services to the patient, including clinical services.

517 6. A creditor of the patient.

518 7. A person subject to an injunction for protection
519 against domestic violence under s. 741.30, whether the order of
520 injunction is temporary or final, and for which the patient was
521 the petitioner.

522 8. A person subject to an injunction for protection
523 against repeat violence, stalking, sexual violence, or dating
524 violence under s. 784.046, whether the order of injunction is
525 temporary or final, and for which the patient was the petitioner

526 ~~A licensed professional providing services to the patient under~~
527 ~~this part, an employee of a facility providing direct services~~
528 ~~to the patient under this part, a department employee, a person~~
529 ~~providing other substantial services to the patient in a~~
530 ~~professional or business capacity, or a creditor of the patient~~

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531 ~~shall not be appointed as the patient's representative.~~

532 Section 11. Subsections (2) through (7) of section
533 394.4598, Florida Statutes, are renumbered as subsections (3)
534 through (8), respectively, a new subsection (2) is added to that
535 section, and present subsections (3) and (4) of that section are
536 amended, to read:

537 394.4598 Guardian advocate.—

538 (2) The following persons are prohibited from appointment
539 as a patient's guardian advocate:

540 (a) A professional providing clinical services to the
541 patient under this part.

542 (b) The licensed professional who initiated the
543 involuntary examination of the patient, if the examination was
544 initiated by professional certificate.

545 (c) An employee, an administrator, or a board member of
546 the facility providing the examination of the patient.

547 (d) An employee, an administrator, or a board member of a
548 treatment facility providing treatment of the patient.

549 (e) A person providing any substantial professional
550 services, excluding public and professional guardians, to the
551 patient, including clinical services.

552 (f) A creditor of the patient.

553 (g) A person subject to an injunction for protection
554 against domestic violence under s. 741.30, whether the order of
555 injunction is temporary or final, and for which the patient was
556 the petitioner.

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557 (h) A person subject to an injunction for protection
558 against repeat violence, stalking, sexual violence, or dating
559 violence under s. 784.046, whether the order of injunction is
560 temporary or final, and for which the patient was the
561 petitioner.

562 (4)-(3) In lieu of the training required of guardians
563 appointed pursuant to chapter 744, Prior to a guardian advocate
564 must, at a minimum, participate in a 4-hour training course
565 approved by the court before exercising his or her authority,
566 the guardian advocate shall attend a training course approved by
567 the court. At a minimum, this training course, of not less than
568 4 hours, must include, at minimum, information about the patient
569 rights, psychotropic medications, the diagnosis of mental
570 illness, the ethics of medical decisionmaking, and duties of
571 guardian advocates. This training course shall take the place of
572 the training required for guardians appointed pursuant to
573 chapter 744.

574 (5)-(4) The required training course and the information to
575 be supplied to prospective guardian advocates before prior to
576 their appointment and the training course for guardian advocates
577 must be developed and completed through a course developed by
578 the department, and approved by the chief judge of the circuit
579 court, and taught by a court-approved organization, which-
580 Court-approved organizations may include, but is are not limited
581 to, a community college community or junior colleges, a
582 guardianship organization guardianship organizations, a and the

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583 local bar association, or The Florida Bar. The training course
584 may be web-based, provided in video format, or other electronic
585 means but must be capable of ensuring the identity and
586 participation of the prospective guardian advocate. The court
587 ~~may, in its discretion,~~ waive some or all of the training
588 requirements for guardian advocates or impose additional
589 requirements. The court shall make its decision on a case-by-
590 case basis and, in making its decision, shall consider the
591 experience and education of the guardian advocate, the duties
592 assigned to the guardian advocate, and the needs of the patient.

593 Section 12. Section 394.462, Florida Statutes, is amended
594 to read:

595 394.462 Transportation.—A transportation plan shall be
596 developed and implemented by each county by July 1, 2017, in
597 collaboration with the managing entity in accordance with this
598 section. A county may enter into a memorandum of understanding
599 with the governing boards of nearby counties to establish a
600 shared transportation plan. When multiple counties enter into a
601 memorandum of understanding for this purpose, the counties shall
602 notify the managing entity and provide it with a copy of the
603 agreement. The transportation plan shall describe methods of
604 transport to a facility within the designated receiving system
605 for individuals subject to involuntary examination under s.
606 394.463 or involuntary admission under s. 397.6772, s. 397.679,
607 s. 397.6798, or s. 397.6811, and may identify responsibility for
608 other transportation to a participating facility when necessary

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609 and agreed to by the facility. The plan may rely on emergency
610 medical transport services or private transport companies, as
611 appropriate. The plan shall comply with the transportation
612 provisions of this section and ss. 397.6772, 397.6795, 397.6822,
613 and 397.697.

614 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

615 (a) Each county shall designate a single law enforcement
616 agency within the county, or portions thereof, to take a person
617 into custody upon the entry of an ex parte order or the
618 execution of a certificate for involuntary examination by an
619 authorized professional and to transport that person to the
620 appropriate facility within the designated receiving system
621 pursuant to a transportation plan or an exception under
622 subsection (4), or to the nearest receiving facility if neither
623 apply for examination.

624 (b)1. The designated law enforcement agency may decline to
625 transport the person to a receiving facility only if:

626 a.1. The jurisdiction designated by the county has
627 contracted on an annual basis with an emergency medical
628 transport service or private transport company for
629 transportation of persons to receiving facilities pursuant to
630 this section at the sole cost of the county; and

631 b.2. The law enforcement agency and the emergency medical
632 transport service or private transport company agree that the
633 continued presence of law enforcement personnel is not necessary
634 for the safety of the person or others.

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635 ~~2.3-~~ The entity providing transportation jurisdiction
636 ~~designated by the county~~ may seek reimbursement for
637 transportation expenses. The party responsible for payment for
638 such transportation is the person receiving the transportation.
639 The county shall seek reimbursement from the following sources
640 in the following order:

641 a. From a private or public third-party payor ~~an insurance~~
642 ~~company, health care corporation, or other source~~, if the person
643 receiving the transportation has applicable coverage ~~is covered~~
644 ~~by an insurance policy or subscribes to a health care~~
645 ~~corporation or other source for payment of such expenses.~~

646 b. From the person receiving the transportation.

647 c. From a financial settlement for medical care,
648 treatment, hospitalization, or transportation payable or
649 accruing to the injured party.

650 ~~(c)-(b)~~ A Any company that transports a patient pursuant to
651 this subsection is considered an independent contractor and is
652 solely liable for the safe and dignified transport
653 ~~transportation~~ of the patient. Such company must be insured and
654 provide no less than \$100,000 in liability insurance with
655 respect to the transport ~~transportation~~ of patients.

656 ~~(d)-(e)~~ Any company that contracts with a governing board
657 of a county to transport patients shall comply with the
658 applicable rules of the department to ensure the safety and
659 dignity of ~~the~~ patients.

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660 (e)~~(d)~~ When a law enforcement officer takes custody of a
661 person pursuant to this part, the officer may request assistance
662 from emergency medical personnel if such assistance is needed
663 for the safety of the officer or the person in custody.

664 (f)~~(e)~~ When a member of a mental health overlay program or
665 a mobile crisis response service is a professional authorized to
666 initiate an involuntary examination pursuant to s. 394.463 or s.
667 397.675 and that professional evaluates a person and determines
668 that transportation to a receiving facility is needed, the
669 service, at its discretion, may transport the person to the
670 facility or may call on the law enforcement agency or other
671 transportation arrangement best suited to the needs of the
672 patient.

673 (g)~~(f)~~ When any law enforcement officer has custody of a
674 person based on either noncriminal or minor criminal behavior
675 that meets the statutory guidelines for involuntary examination
676 pursuant to s. 394.463 ~~under this part~~, the law enforcement
677 officer shall transport the person to the appropriate facility
678 within the designated receiving system pursuant to a
679 transportation plan or an exception under subsection (4), or to
680 the nearest receiving facility if neither apply for examination.

681 (h)~~(g)~~ When any law enforcement officer has arrested a
682 person for a felony and it appears that the person meets the
683 statutory guidelines for involuntary examination or placement
684 under this part, such person must ~~shall~~ first be processed in
685 the same manner as any other criminal suspect. The law

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686 enforcement agency shall thereafter immediately notify the
687 appropriate facility within the designated receiving system
688 pursuant to a transportation plan or an exception under
689 subsection (4), or to the nearest ~~public~~ receiving facility if
690 neither apply. The receiving facility, ~~which~~ shall be
691 responsible for promptly arranging for the examination and
692 treatment of the person. A receiving facility is not required to
693 admit a person charged with a crime for whom the facility
694 determines and documents that it is unable to provide adequate
695 security, but shall provide ~~mental health~~ examination and
696 treatment to the person where he or she is held.

697 (i)~~(h)~~ If the appropriate law enforcement officer believes
698 that a person has an emergency medical condition as defined in
699 s. 395.002, the person may be first transported to a hospital
700 for emergency medical treatment, regardless of whether the
701 hospital is a designated receiving facility.

702 (j)~~(i)~~ The costs of transportation, evaluation,
703 hospitalization, and treatment incurred under this subsection by
704 persons who have been arrested for violations of any state law
705 or county or municipal ordinance may be recovered as provided in
706 s. 901.35.

707 (k)~~(j)~~ The appropriate facility within the designated
708 receiving system pursuant to a transportation plan or an
709 exception under subsection (4), or the nearest receiving
710 facility if neither apply, must accept persons brought by law
711 enforcement officers, an emergency medical transport service, or

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712 a private transport company authorized by the county for
713 involuntary examination pursuant to s. 394.463.

714 (l) ~~(k)~~ Each law enforcement agency designated pursuant to
715 paragraph (a) shall establish a policy that ~~develop a memorandum~~
716 of understanding with each receiving facility within the law
717 enforcement agency's jurisdiction which reflects a single set of
718 protocols approved by the managing entity for the safe and
719 secure transportation ~~of the person~~ and transfer of custody of
720 the person. ~~These protocols must also address crisis~~
721 ~~intervention measures.~~

722 (m) ~~(l)~~ When a jurisdiction has entered into a contract
723 with an emergency medical transport service or a private
724 transport company for transportation of persons to ~~receiving~~
725 facilities within the designated receiving system, such service
726 or company shall be given preference for transportation of
727 persons from nursing homes, assisted living facilities, adult
728 day care centers, or adult family-care homes, unless the
729 behavior of the person being transported is such that
730 transportation by a law enforcement officer is necessary.

731 (n) ~~(m)~~ ~~Nothing in~~ This section may not ~~shall~~ be construed
732 to limit emergency examination and treatment of incapacitated
733 persons provided in accordance with ~~the provisions of~~ s.
734 401.445.

735 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

736 (a) If neither the patient nor any person legally
737 obligated or responsible for the patient is able to pay for the

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738 expense of transporting a voluntary or involuntary patient to a
739 treatment facility, the transportation plan established by the
740 governing board of the county or counties must specify how in
741 ~~which~~ the hospitalized patient will be transported to, from, and
742 between facilities in a ~~is hospitalized shall arrange for such~~
743 ~~required transportation and shall ensure the safe and dignified~~
744 manner transportation of the patient. The governing board of
745 ~~each county is authorized to contract with private transport~~
746 ~~companies for the transportation of such patients to and from a~~
747 ~~treatment facility.~~

748 (b) A ~~Any~~ company that transports a patient pursuant to
749 this subsection is considered an independent contractor and is
750 solely liable for the safe and dignified transportation of the
751 patient. Such company must be insured and provide no less than
752 \$100,000 in liability insurance with respect to the transport
753 ~~transportation~~ of patients.

754 (c) A ~~Any~~ company that contracts with one or more counties
755 ~~the governing board of a county~~ to transport patients in
756 accordance with this section shall comply with the applicable
757 rules of the department to ensure the safety and dignity of ~~the~~
758 patients.

759 (d) County or municipal law enforcement and correctional
760 personnel and equipment may ~~shall~~ not be used to transport
761 patients adjudicated incapacitated or found by the court to meet
762 the criteria for involuntary placement pursuant to s. 394.467,
763 except in small rural counties where there are no cost-efficient

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764 alternatives.

765 (3) TRANSFER OF CUSTODY.—Custody of a person who is
766 transported pursuant to this part, along with related
767 documentation, shall be relinquished to a responsible individual
768 at the appropriate receiving or treatment facility.

769 (4) EXCEPTIONS.—An exception to the requirements of this
770 section may be granted by the secretary of the department for
771 the purposes of improving service coordination or better meeting
772 the special needs of individuals. A proposal for an exception
773 must be submitted by the district administrator after being
774 approved by the governing boards of any affected counties,
775 before ~~prior to~~ submission to the secretary.

776 (a) A proposal for an exception must identify the specific
777 provision from which an exception is requested; describe how the
778 proposal will be implemented by participating law enforcement
779 agencies and transportation authorities; and provide a plan for
780 the coordination of services such as case management.

781 (b) The exception may be granted only for:

782 1. An arrangement centralizing and improving the provision
783 of services within a district, which may include an exception to
784 the requirement for transportation to the nearest receiving
785 facility;

786 2. An arrangement by which a facility may provide, in
787 addition to required psychiatric services, an environment and
788 services which are uniquely tailored to the needs of an
789 identified group of persons with special needs, such as persons

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790 with hearing impairments or visual impairments, or elderly
791 persons with physical frailties; or

792 3. A specialized transportation system that provides an
793 efficient and humane method of transporting patients to
794 receiving facilities, among receiving facilities, and to
795 treatment facilities.

796 (c) Any exception approved pursuant to this subsection
797 shall be reviewed and approved every 5 years by the secretary.

798

799 The exceptions provided in this subsection shall expire on June
800 30, 2017, and no new exceptions shall be granted after that
801 date. After June 30, 2017, the transport of a patient to a
802 facility that is not the nearest facility must be made pursuant
803 to a plan as provided in this section.

804 Section 13. Section 394.467, Florida Statutes, is amended
805 to read:

806 394.467 Involuntary inpatient placement.—

807 (1) CRITERIA.—A person may be ordered for ~~placed in~~
808 involuntary inpatient placement for treatment upon a finding of
809 the court by clear and convincing evidence that:

810 (a) He or she has a mental illness ~~is mentally ill~~ and
811 because of his or her mental illness:

812 1.a. He or she has refused voluntary inpatient placement
813 for treatment after sufficient and conscientious explanation and
814 disclosure of the purpose of inpatient placement for treatment;
815 or

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816 b. He or she is unable to determine for himself or herself
817 whether inpatient placement is necessary; and

818 2.a. He or she is ~~manifestly~~ incapable of surviving alone
819 or with the help of willing and responsible family or friends,
820 including available alternative services, and, without
821 treatment, is likely to suffer from neglect or refuse to care
822 for himself or herself, and such neglect or refusal poses a real
823 and present threat of substantial harm to his or her well-being;
824 or

825 b. There is substantial likelihood that in the near future
826 he or she will inflict serious bodily harm on self or others
827 ~~himself or herself or another person~~, as evidenced by recent
828 behavior causing, attempting, or threatening such harm; and

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

832 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
833 retained by a ~~receiving~~ facility or involuntarily placed in a
834 treatment facility upon the recommendation of the administrator
835 of the ~~receiving~~ facility where the patient has been examined
836 and after adherence to the notice and hearing procedures
837 provided in s. 394.4599. The recommendation must be supported by
838 the opinion of a psychiatrist and the second opinion of a
839 clinical psychologist or another psychiatrist, both of whom have
840 personally examined the patient within the preceding 72 hours,
841 that the criteria for involuntary inpatient placement are met.

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842 However, in a county that has a population of fewer than 50,000,
843 if the administrator certifies that a psychiatrist or clinical
844 psychologist is not available to provide the second opinion, the
845 second opinion may be provided by a licensed physician who has
846 postgraduate training and experience in diagnosis and treatment
847 of mental illness ~~and nervous disorders~~ or by a psychiatric
848 nurse. Any ~~second~~ opinion authorized in this subsection may be
849 conducted through a face-to-face examination, in person or by
850 electronic means. Such recommendation shall be entered on a
851 petition for an involuntary inpatient placement certificate that
852 authorizes the ~~receiving~~ facility to retain the patient pending
853 transfer to a treatment facility or completion of a hearing.

854 (3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT.—The
855 administrator of the facility shall file a petition for
856 involuntary inpatient placement in the court in the county where
857 the patient is located. Upon filing, the clerk of the court
858 shall provide copies to the department, the patient, the
859 patient's guardian or representative, and the state attorney and
860 public defender of the judicial circuit in which the patient is
861 located. A No fee may not shall be charged for the filing of a
862 petition under this subsection.

863 (4) APPOINTMENT OF COUNSEL.—Within 1 court working day
864 after the filing of a petition for involuntary inpatient
865 placement, the court shall appoint the public defender to
866 represent the person who is the subject of the petition, unless
867 the person is otherwise represented by counsel. The clerk of the

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868 court shall immediately notify the public defender of such
869 appointment. Any attorney representing the patient shall have
870 access to the patient, witnesses, and records relevant to the
871 presentation of the patient's case and shall represent the
872 interests of the patient, regardless of the source of payment to
873 the attorney.

874 (5) CONTINUANCE OF HEARING.—The patient is entitled, with
875 the concurrence of the patient's counsel, to at least one
876 continuance of the hearing. ~~The continuance shall be for a~~
877 ~~period of~~ up to 4 weeks.

878 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

879 (a)1. The court shall hold the hearing on involuntary
880 inpatient placement within 5 court working days, unless a
881 continuance is granted.

882 2. Except for good cause documented in the court file, the
883 hearing must shall be held in the county or the facility, as
884 appropriate, where the patient is located, must and shall be as
885 convenient to the patient as is may be consistent with orderly
886 procedure, and shall be conducted in physical settings not
887 likely to be injurious to the patient's condition. If the court
888 finds that the patient's attendance at the hearing is not
889 consistent with the best interests of the patient, and the
890 patient's counsel does not object, the court may waive the
891 presence of the patient from all or any portion of the hearing.
892 The state attorney for the circuit in which the patient is
893 located shall represent the state, rather than the petitioning

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894 facility administrator, as the real party in interest in the
895 proceeding.

896 ~~3.2.~~ The court may appoint a ~~general or special~~ magistrate
897 to preside at the hearing. One of the professionals who executed
898 the petition for involuntary inpatient placement-certificate
899 shall be a witness. The patient and the patient's guardian or
900 representative shall be informed by the court of the right to an
901 independent expert examination. If the patient cannot afford
902 such an examination, the court shall ensure that one is
903 provided, as otherwise provided for by law ~~provide for one~~. The
904 independent expert's report is ~~shall be~~ confidential and not
905 discoverable, unless the expert is to be called as a witness for
906 the patient at the hearing. The testimony in the hearing must be
907 given under oath, and the proceedings must be recorded. The
908 patient may refuse to testify at the hearing.

909 (b) If the court concludes that the patient meets the
910 criteria for involuntary inpatient placement, it may ~~shall~~ order
911 that the patient be transferred to a treatment facility or, if
912 the patient is at a treatment facility, that the patient be
913 retained there or be treated at any other appropriate ~~receiving~~
914 ~~or treatment~~ facility, or that the patient receive services ~~from~~
915 ~~a receiving or treatment facility~~, on an involuntary basis, for
916 ~~a period of up to 90 days 6 months.~~ However, any order for
917 involuntary mental health services in a treatment facility may
918 be for up to 6 months. The order shall specify the nature and
919 extent of the patient's mental illness. The court may not order

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920 an individual with traumatic brain injury or dementia who lacks
921 a co-occurring mental illness to be involuntarily placed in a
922 state treatment facility. The facility shall discharge a patient
923 any time the patient no longer meets the criteria for
924 involuntary inpatient placement, unless the patient has
925 transferred to voluntary status.

926 (c) If at any time before ~~prior to~~ the conclusion of the
927 hearing on involuntary inpatient placement it appears to the
928 court that the person does not meet the criteria for involuntary
929 inpatient placement under this section, but instead meets the
930 criteria for involuntary outpatient services ~~placement~~, the
931 court may order the person evaluated for involuntary outpatient
932 services ~~placement~~ pursuant to s. 394.4655. The petition and
933 hearing procedures set forth in s. 394.4655 shall apply. If the
934 person instead meets the criteria for involuntary assessment,
935 protective custody, or involuntary admission pursuant to s.
936 397.675, then the court may order the person to be admitted for
937 involuntary assessment for a period of 5 days pursuant to s.
938 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by
939 chapter 397.

940 (d) At the hearing on involuntary inpatient placement, the
941 court shall consider testimony and evidence regarding the
942 patient's competence to consent to treatment. If the court finds
943 that the patient is incompetent to consent to treatment, it
944 shall appoint a guardian advocate as provided in s. 394.4598.

945 (e) The administrator of the petitioning ~~receiving~~

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946 facility shall provide a copy of the court order and adequate
947 documentation of a patient's mental illness to the administrator
948 of a treatment facility if the ~~whenever~~ a patient is ordered for
949 involuntary inpatient placement, whether by civil or criminal
950 court. The documentation must ~~shall~~ include any advance
951 directives made by the patient, a psychiatric evaluation of the
952 patient, and any evaluations of the patient performed by a
953 psychiatric nurse, a clinical psychologist, a marriage and
954 family therapist, a mental health counselor, or a clinical
955 social worker. The administrator of a treatment facility may
956 refuse admission to any patient directed to its facilities on an
957 involuntary basis, whether by civil or criminal court order, who
958 is not accompanied ~~at the same time~~ by adequate orders and
959 documentation.

960 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT
961 PLACEMENT.—

962 (a) Hearings on petitions for continued involuntary
963 inpatient placement of an individual placed at any treatment
964 facility are ~~shall be~~ administrative hearings and must ~~shall~~ be
965 conducted in accordance with ~~the provisions of~~ s. 120.57(1),
966 except that any order entered by the administrative law judge is
967 ~~shall be~~ final and subject to judicial review in accordance with
968 s. 120.68. Orders concerning patients committed after
969 successfully pleading not guilty by reason of insanity are ~~shall~~
970 ~~be~~ governed by ~~the provisions of~~ s. 916.15.

971 (b) If the patient continues to meet the criteria for

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972 involuntary inpatient placement and is being treated at a
973 treatment facility, the administrator shall, before ~~prior to~~ the
974 expiration of the period ~~during which~~ the treatment facility is
975 authorized to retain the patient, file a petition requesting
976 authorization for continued involuntary inpatient placement. The
977 request must ~~shall~~ be accompanied by a statement from the
978 patient's physician, psychiatrist, psychiatric nurse, or
979 clinical psychologist justifying the request, a brief
980 description of the patient's treatment during the time he or she
981 was involuntarily placed, and an individualized plan of
982 continued treatment. Notice of the hearing must ~~shall~~ be
983 provided as provided ~~set forth~~ in s. 394.4599. If a patient's
984 attendance at the hearing is voluntarily waived, the
985 administrative law judge must determine that the waiver is
986 knowing and voluntary before waiving the presence of the patient
987 from all or a portion of the hearing. Alternatively, if at the
988 hearing the administrative law judge finds that attendance at
989 the hearing is not consistent with the best interests of the
990 patient, the administrative law judge may waive the presence of
991 the patient from all or any portion of the hearing, unless the
992 patient, through counsel, objects to the waiver of presence. The
993 testimony in the hearing must be under oath, and the proceedings
994 must be recorded.

995 (c) Unless the patient is otherwise represented or is
996 ineligible, he or she shall be represented at the hearing on the
997 petition for continued involuntary inpatient placement by the

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998 public defender of the circuit in which the facility is located.

999 (d) If at a hearing it is shown that the patient continues
1000 to meet the criteria for involuntary inpatient placement, the
1001 administrative law judge shall sign the order for continued
1002 involuntary inpatient placement for ~~a period~~ up to 90 days not
1003 ~~to exceed 6 months.~~ However, any order for involuntary mental
1004 health services in a treatment facility may be for up to 6
1005 months. The same procedure shall be repeated before ~~prior to~~ the
1006 expiration of each additional period the patient is retained.

1007 (e) If continued involuntary inpatient placement is
1008 necessary for a patient admitted while serving a criminal
1009 sentence, but his or her ~~whose~~ sentence is about to expire, or
1010 for a minor patient involuntarily placed, ~~while a minor~~ but who
1011 is about to reach the age of 18, the administrator shall
1012 petition the administrative law judge for an order authorizing
1013 continued involuntary inpatient placement.

1014 (f) If the patient has been previously found incompetent
1015 to consent to treatment, the administrative law judge shall
1016 consider testimony and evidence regarding the patient's
1017 competence. If the administrative law judge finds evidence that
1018 the patient is now competent to consent to treatment, the
1019 administrative law judge may issue a recommended order to the
1020 court that found the patient incompetent to consent to treatment
1021 that the patient's competence be restored and that any guardian
1022 advocate previously appointed be discharged.

1023 (g) If the patient has been ordered to undergo involuntary

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1024 inpatient placement and has previously been found incompetent to
1025 consent to treatment, the court shall consider testimony and
1026 evidence regarding the patient's incompetence. If the patient's
1027 competency to consent to treatment is restored, the discharge of
1028 the guardian advocate shall be governed by s. 394.4598.

1029
1030 The procedure required in this subsection must be followed
1031 before the expiration of each additional period the patient is
1032 involuntarily receiving services.

1033 (8) RETURN TO FACILITY OF PATIENTS.—If a patient
1034 involuntarily held ~~When a patient~~ at a treatment facility under
1035 this part leaves the facility without the administrator's
1036 authorization, the administrator may authorize a search for the
1037 patient and his or her ~~the return of the patient~~ to the
1038 facility. The administrator may request the assistance of a law
1039 enforcement agency in this regard ~~the search for and return of~~
1040 ~~the patient.~~

1041 Section 14. Section 394.46715, Florida Statutes, is
1042 amended to read:

1043 394.46715 Rulemaking authority.—The department may adopt
1044 rules to administer this part ~~Department of Children and~~
1045 ~~Families shall have rulemaking authority to implement the~~
1046 ~~provisions of ss. 394.455, 394.4598, 394.4615, 394.463,~~
1047 ~~394.4655, and 394.467 as amended or created by this act. These~~
1048 ~~rules shall be for the purpose of protecting the health, safety,~~
1049 ~~and well-being of persons examined, treated, or placed under~~

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1050 ~~this act.~~1051 Section 15. Subsection (2) of section 394.4685, Florida
1052 Statutes, is amended to read:

1053 394.4685 Transfer of patients among facilities.—

1054 (2) TRANSFER FROM PUBLIC TO PRIVATE FACILITIES.—

1055 (a) A patient who has been admitted to a public receiving
1056 or public treatment facility and has requested, either
1057 personally or through his or her guardian or guardian advocate,
1058 and is able to pay for treatment in a private facility shall be
1059 transferred at the patient's expense to a private facility upon
1060 acceptance of the patient by the private facility.1061 (b) A public receiving facility initiating a patient
1062 transfer to a licensed hospital for acute care mental health
1063 services not accessible through the public receiving facility
1064 shall notify the hospital of such transfer and send the hospital
1065 all records relating to the emergency psychiatric or medical
1066 condition.1067 Section 16. Section 394.656, Florida Statutes, is amended
1068 to read:1069 394.656 Criminal Justice, Mental Health, and Substance
1070 Abuse Reinvestment Grant Program.—1071 (1) There is created within the Department of Children and
1072 Families the Criminal Justice, Mental Health, and Substance
1073 Abuse Reinvestment Grant Program. The purpose of the program is
1074 to provide funding to counties ~~with~~ which they may use to ~~can~~
1075 plan, implement, or expand initiatives that increase public

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1076 safety, avert increased spending on criminal justice, and
1077 improve the accessibility and effectiveness of treatment
1078 services for adults and juveniles who have a mental illness,
1079 substance abuse disorder, or co-occurring mental health and
1080 substance abuse disorders and who are in, or at risk of
1081 entering, the criminal or juvenile justice systems.

1082 (2) The department shall establish a Criminal Justice,
1083 Mental Health, and Substance Abuse Statewide Grant Review
1084 Committee. The committee shall include:

1085 (a) One representative of the Department of Children and
1086 Families;

1087 (b) One representative of the Department of Corrections;

1088 (c) One representative of the Department of Juvenile
1089 Justice;

1090 (d) One representative of the Department of Elderly
1091 Affairs; ~~and~~

1092 (e) One representative of the Office of the State Courts
1093 Administrator;

1094 (f) One representative of the Department of Veterans'
1095 Affairs;

1096 (g) One representative of the Florida Sheriffs
1097 Association;

1098 (h) One representative of the Florida Police Chiefs
1099 Association;

1100 (i) One representative of the Florida Association of
1101 Counties;

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- 1102 (j) One representative of the Florida Alcohol and Drug
1103 Abuse Association;
- 1104 (k) One representative of the Florida Association of
1105 Managing Entities;
- 1106 (l) One representative of the Florida Council for
1107 Community Mental Health;
- 1108 (m) One representative of the National Alliance of Mental
1109 Illness;
- 1110 (n) One representative of the Florida Prosecuting
1111 Attorneys Association;
- 1112 (o) One representative of the Florida Public Defender
1113 Association; and
- 1114 (p) One administrator of an assisted living facility that
1115 holds a limited mental health license.
- 1116 (3) The committee shall serve as the advisory body to
1117 review policy and funding issues that help reduce the impact of
1118 persons with mental illness and substance abuse disorders on
1119 communities, criminal justice agencies, and the court system.
1120 The committee shall advise the department in selecting
1121 priorities for grants and investing awarded grant moneys.
- 1122 (4) The committee must have experience in substance use
1123 and mental health disorders, community corrections, and law
1124 enforcement. To the extent possible, the ~~members of the~~
1125 committee shall have expertise in grant review ~~writing, grant~~
1126 ~~reviewing,~~ and grant application scoring.
- 1127 (5) ~~(a)-(3)-(a)~~ A county, or a not-for-profit community

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1128 provider or managing entity designated by the county planning
1129 council or committee, as described in s. 394.657, may apply for
1130 a 1-year planning grant or a 3-year implementation or expansion
1131 grant. The purpose of the grants is to demonstrate that
1132 investment in treatment efforts related to mental illness,
1133 substance abuse disorders, or co-occurring mental health and
1134 substance abuse disorders results in a reduced demand on the
1135 resources of the judicial, corrections, juvenile detention, and
1136 health and social services systems.

1137 (b) To be eligible to receive a 1-year planning grant or a
1138 3-year implementation or expansion grant:7

1139 1. A county applicant must have a ~~county~~ planning council
1140 or committee that is in compliance with the membership
1141 requirements set forth in this section.

1142 2. A not-for-profit community provider or managing entity
1143 must be designated by the county planning council or committee
1144 and have written authorization to submit an application. A not-
1145 for-profit community provider or managing entity must have
1146 written authorization for each submitted application.

1147 (c) The department may award a 3-year implementation or
1148 expansion grant to an applicant who has not received a 1-year
1149 planning grant.

1150 (d) The department may require an applicant to conduct
1151 sequential intercept mapping for a project. For purposes of this
1152 paragraph, the term "sequential intercept mapping" means a
1153 process for reviewing a local community's mental health,

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1154 substance abuse, criminal justice, and related systems and
1155 identifying points of interceptions where interventions may be
1156 made to prevent an individual with a substance abuse disorder or
1157 mental illness from deeper involvement in the criminal justice
1158 system.

1159 (6)(4) The grant review and selection committee shall
1160 select the grant recipients and notify the department of
1161 Children and Families in writing of the recipients' names of the
1162 applicants who have been selected by the committee to receive a
1163 grant. Contingent upon the availability of funds and upon
1164 notification by the grant review and selection committee of
1165 those applicants approved to receive planning, implementation,
1166 or expansion grants, the department ~~of Children and Families~~ may
1167 transfer funds appropriated for the grant program to a selected
1168 grant recipient to any county awarded a grant.

1169 Section 17. Section 394.761, Florida Statutes, is created
1170 to read:

1171 394.761 Revenue maximization.—The agency and the
1172 department shall develop a plan to obtain federal approval for
1173 increasing the availability of federal Medicaid funding for
1174 behavioral health care. Increased funding shall be used to
1175 advance the goal of improved integration of behavioral health
1176 services and primary care services for individuals eligible for
1177 Medicaid through the development and effective implementation of
1178 the behavioral health system of care as described in s.
1179 394.4573. The agency and the department shall submit the written

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1180 plan to the President of the Senate and the Speaker of the House
1181 of Representatives by November 1, 2016. The plan shall identify
1182 the amount of general revenue funding appropriated for mental
1183 health and substance abuse services which is eligible to be used
1184 as state Medicaid match. The plan shall evaluate alternative
1185 uses of increased Medicaid funding, including seeking Medicaid
1186 eligibility for the severely and persistently mentally ill or
1187 persons with substance use disorders, increased reimbursement
1188 rates for behavioral health services, adjustments to the
1189 capitation rate for Medicaid enrollees with chronic mental
1190 illness and substance use disorders, including targeted case
1191 management for individuals with substance use disorder as a
1192 Medicaid-funded service, supplemental payments to mental health
1193 and substance abuse service providers through a designated state
1194 health program or other mechanisms, and innovative programs to
1195 provide incentives for improved outcomes for behavioral health
1196 conditions. The plan shall identify the advantages and
1197 disadvantages of each alternative and assess each alternative's
1198 potential for achieving improved integration of services. The
1199 plan shall identify the types of federal approvals necessary to
1200 implement each alternative and project a timeline for
1201 implementation.

1202 Section 18. Subsection (5) of section 394.879, Florida
1203 Statutes, is amended, and subsection (6) is added to that
1204 section, to read:

1205 394.879 Rules; enforcement.—

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1206 (5) The agency or the department may not adopt any rule
1207 governing the design, construction, erection, alteration,
1208 modification, repair, or demolition of crisis stabilization
1209 units. It is the intent of the Legislature to preempt that
1210 function to the Florida Building Commission and the State Fire
1211 Marshal through adoption and maintenance of the Florida Building
1212 Code and the Florida Fire Prevention Code. However, a crisis
1213 stabilization unit, short-term residential treatment facility,
1214 or integrated adult mental health crisis stabilization and
1215 addictions receiving facility which is collocated with a
1216 centralized receiving facility may be in a multi-story building
1217 and may be authorized on floors other than the ground floor. The
1218 agency shall provide technical assistance to the commission and
1219 the State Fire Marshal in updating the construction standards of
1220 the Florida Building Code and the Florida Fire Prevention Code
1221 which govern crisis stabilization units. In addition, the agency
1222 may enforce the special-occupancy provisions of the Florida
1223 Building Code and the Florida Fire Prevention Code which apply
1224 to crisis stabilization units in conducting any inspection
1225 authorized under this part or part II of chapter 408.

1226 (6) The department and the Agency for Health Care
1227 Administration shall develop a plan for modifying licensure
1228 statutes and rules to provide options for a single, consolidated
1229 license for a provider that offers multiple types of either
1230 mental health services or substance abuse services, or both,
1231 regulated under chapters 394 and 397, respectively. The plan

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1232 shall identify options for license consolidation within the
1233 department and the agency and shall identify interagency license
1234 consolidation options. The department and the agency shall
1235 submit the plan to the Governor, the President of the Senate,
1236 and the Speaker of the House of Representatives by November 1,
1237 2016.

1238 Section 19. Section 394.9082, Florida Statutes, is amended
1239 to read:

1240 (Substantial rewording of section. See
1241 s. 394.9082, F.S., for present text.)

1242 394.9082 Behavioral health managing entities.—

1243 (1) INTENT AND PURPOSE.—

1244 (a) The Legislature finds that untreated behavioral health
1245 disorders constitute major health problems for residents of this
1246 state, are a major economic burden to the citizens of this
1247 state, and substantially increase demands on the state's
1248 juvenile and adult criminal justice systems, the child welfare
1249 system, and health care systems. The Legislature finds that
1250 behavioral health disorders respond to appropriate treatment,
1251 rehabilitation, and supportive intervention. The Legislature
1252 finds that local communities have also made substantial
1253 investments in behavioral health services, contracting with
1254 safety net providers who by mandate and mission provide
1255 specialized services to vulnerable and hard-to-serve populations
1256 and have strong ties to local public health and public safety
1257 agencies. The Legislature finds that a regional management

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1258 structure that facilitates a comprehensive and cohesive system
1259 of coordinated care for behavioral health treatment and
1260 prevention services will improve access to care, promote service
1261 continuity, and provide for more efficient and effective
1262 delivery of substance abuse and mental health services. The
1263 Legislature finds that discharge of a mental health consumer
1264 from a public receiving facility into homelessness is
1265 inappropriate and detrimental to recovery. It is the intent of
1266 the Legislature that such consumers not be discharged from a
1267 public receiving facility into homelessness. Managing entities,
1268 public receiving facilities, homeless services providers, and
1269 licensed housing providers shall work to create cooperative
1270 agreements and networks that facilitate recovery.

1271 (b) The purpose of the behavioral health managing entities
1272 is to plan, coordinate, and contract for the delivery of
1273 community mental health and substance abuse services, to improve
1274 access to care, to promote service continuity, to purchase
1275 services, and to support efficient and effective delivery of
1276 services.

1277 (2) DEFINITIONS.—As used in this section, the term:

1278 (a) "Behavioral health services" means mental health
1279 services and substance abuse prevention and treatment services
1280 as described in this chapter and chapter 397.

1281 (b) "Coordinated system of care" means the array of mental
1282 health services and substance abuse services described in s.
1283 394.4573.

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1284 (c) "Geographic area" means one or more contiguous
1285 counties, circuits, or regions as described in s. 409.966.

1286 (d) "Managed behavioral health organization" means a
1287 Medicaid managed care organization currently under contract with
1288 the statewide Medicaid managed medical assistance program in
1289 this state pursuant to part IV of chapter 409, including a
1290 managed care organization operating as a behavioral health
1291 specialty plan.

1292 (e) "Managing entity" means a corporation selected by and
1293 under contract with the department to manage the daily
1294 operational delivery of behavioral health services through a
1295 coordinated system of care.

1296 (f) "Provider network" means the group of direct service
1297 providers, facilities, and organizations under contract with a
1298 managing entity to provide a comprehensive array of emergency,
1299 acute care, residential, outpatient, recovery support, and
1300 consumer support services, including prevention services.

1301 (g) "Subregion" means a distinct portion of a managing
1302 entity's geographic region defined by unifying service and
1303 provider utilization patterns.

1304 (3) DEPARTMENT DUTIES.—The department shall:

1305 (a) Contract with organizations to serve as managing
1306 entities in accordance with the requirements of this section and
1307 conduct a readiness review of any new managing entities before
1308 such entities assume their responsibilities.

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1309 (b) Specify data reporting requirements and use of shared
1310 data systems.

1311 (c) Develop strategies to divert persons with mental
1312 illness or substance use disorders from the criminal and
1313 juvenile justice systems in collaboration with the court system
1314 and the Department of Juvenile Justice and to integrate
1315 behavioral health services with the child welfare system.

1316 (d) Support the development and implementation of a
1317 coordinated system of care by requiring each provider that
1318 receives state funds for behavioral health services through a
1319 direct contract with the department to work with the managing
1320 entity in the provider's service area to coordinate the
1321 provision of behavioral health services as part of the contract
1322 with the department.

1323 (e) Provide technical assistance to the managing entities.

1324 (f) Promote the coordination of behavioral health care and
1325 primary care.

1326 (g) Facilitate coordination between the managing entity
1327 and other payors of behavioral health care.

1328 (h) Develop and provide a unique identifier for clients
1329 receiving behavioral health services through the managing entity
1330 to coordinate care.

1331 (i) Coordinate procedures for the referral and admission
1332 of patients to, and the discharge of patients from, treatment
1333 facilities as defined in s. 394.455 and their return to the
1334 community.

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1335 (j) Ensure that managing entities comply with state and
1336 federal laws, rules, regulations, and grant requirements.

1337 (k) Develop rules for the operations of, and the
1338 requirements that shall be met by, the managing entity, if
1339 necessary.

1340 (l) Annually review contract and reporting requirements
1341 and reduce costly, duplicative, and unnecessary administrative
1342 requirements.

1343 (4) CONTRACT WITH MANAGING ENTITIES.-

1344 (a) In contracting for services with managing entities
1345 under this section, the department shall first attempt to
1346 contract with not-for-profit, community-based organizations with
1347 competence in managing provider networks serving persons with
1348 mental health and substance use disorders to serve as managing
1349 entities.

1350 (b) The department shall issue an invitation to negotiate
1351 under s. 287.057 to select an organization to serve as a
1352 managing entity. If the department receives fewer than two
1353 responsive bids to the solicitation, the department shall
1354 reissue the solicitation, in which case managed behavioral
1355 health organizations shall also be eligible to bid and be
1356 awarded a contract.

1357 (c) If the managing entity is a not-for-profit, community-
1358 based organization, it must have a governing board that is
1359 representative. At a minimum, the governing board must include
1360 consumers and their family members; representatives of local

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1361 government, area law enforcement agencies, health care
1362 facilities, and community-based care lead agencies; business
1363 leaders; and providers of substance abuse and mental health
1364 services as defined in this chapter and chapter 397.

1365 (d) If the managing entity is a managed behavioral health
1366 organization, it must establish an advisory board that meets the
1367 same requirements specified in paragraph (c) for a governing
1368 board.

1369 (e) If the department issues an invitation to negotiate
1370 pursuant to paragraph (b), the department shall consider, at a
1371 minimum, the following factors:

1372 1. Experience serving persons with mental health and
1373 substance use disorders.

1374 2. Established community partnerships with behavioral
1375 health care providers.

1376 3. Demonstrated organizational capabilities for network
1377 management functions.

1378 4. Capability to coordinate behavioral health services
1379 with primary care services.

1380 5. Willingness to provide recovery-oriented services and
1381 systems of care and work collaboratively with persons with
1382 mental health and substance use disorders and their families in
1383 designing such systems and delivering such services.

1384 (f) The department's contracts with managing entities must
1385 support efficient and effective administration of the behavioral
1386 health system and ensure accountability for performance.

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1387 (g) A contractor serving as a managing entity shall
1388 operate under the same data reporting, administrative, and
1389 administrative rate requirements, regardless of whether it is a
1390 for-profit or not-for-profit entity.

1391 (h) The contract must designate the geographic area that
1392 will be served by the managing entity, which area must be of
1393 sufficient size in population, funding, and services to allow
1394 for flexibility and efficiency.

1395 (i) The contract must require that, when there is a change
1396 in the managing entity in a geographic area, a transition plan
1397 be developed and implemented by the department which ensures
1398 continuity of care for patients receiving behavioral health
1399 services.

1400 (j) By June 30, 2019, if all other contract requirements
1401 and performance standards are met and the department determines
1402 that a managing entity under contract as of July 1, 2016, has
1403 received network accreditation pursuant to subsection (6), the
1404 department may continue its contract with the managing entity
1405 for up to, but not exceeding, 5 years, including any and all
1406 renewals and extensions. Thereafter, the department must issue a
1407 competitive solicitation pursuant to paragraph (b).

1408 (5) MANAGING ENTITY DUTIES.—A managing entity shall:

1409 (a) Maintain a governing board or, if a managed behavioral
1410 health organization, an advisory board as provided in paragraph
1411 (4) (c) or paragraph (4) (d), respectively.

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1412 (b) Conduct a community behavioral health care needs
1413 assessment every 3 years in the geographic area served by the
1414 managing entity which specifies needs by subregion. The process
1415 for conducting the needs assessment shall include an opportunity
1416 for public participation. The assessment shall include, at a
1417 minimum, the information the department needs for its annual
1418 report to the Governor and Legislature pursuant to s. 394.4573.
1419 The managing entity shall provide the needs assessment to the
1420 department.

1421 (c) Determine the optimal array of services to meet the
1422 needs identified in the community behavioral health care needs
1423 assessment and expand the scope of services as resources become
1424 available.

1425 (d) Work independently and collaboratively with
1426 stakeholders to improve access to and effectiveness, quality,
1427 and outcomes of behavioral health services. This work may
1428 include, but need not be limited to, facilitating the
1429 dissemination and use of evidence-informed practices.

1430 (e) Promote the development and effective implementation
1431 of a coordinated system of care pursuant to s. 394.4573.

1432 (f) Submit network management plans and other documents as
1433 required by the department.

1434 (g) Develop a comprehensive provider network of qualified
1435 providers to deliver behavioral health services. The managing
1436 entity is not required to competitively procure network
1437 providers but shall publicize opportunities to join the provider

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1438 network and evaluate providers in the network to determine if
1439 they may remain in the network. The managing entity shall
1440 publish these processes on its website. The managing entity
1441 shall ensure continuity of care for clients if a provider ceases
1442 to provide a service or leaves the network.

1443 (h) As appropriate, develop local resources by pursuing
1444 third-party payments for services, applying for grants,
1445 assisting providers in securing local matching funds and in-kind
1446 services, and employing any other method needed to ensure that
1447 services are available and accessible.

1448 (i) Provide assistance to counties to develop a designated
1449 receiving system pursuant to s. 394.4573 and a transportation
1450 plan pursuant to s. 394.462.

1451 (j) Enter into cooperative agreements with local homeless
1452 councils and organizations for sharing information about
1453 clients, available resources, and other data or information for
1454 addressing the homelessness of persons suffering from a
1455 behavioral health crisis. All information sharing must comply
1456 with federal and state privacy and confidentiality laws,
1457 statutes, and regulations.

1458 (k) Work collaboratively with public receiving facilities
1459 and licensed housing providers to establish a network of
1460 licensed housing resources for mental health consumers that will
1461 prevent and reduce readmissions to public receiving facilities.

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1462 (l) Monitor network providers' performance and their
1463 compliance with contract requirements and federal and state
1464 laws, rules, regulations, and grant requirements.

1465 (m) Manage and allocate funds for services to meet federal
1466 and state laws, rules, and regulations.

1467 (n) Promote coordination of behavioral health care with
1468 primary care.

1469 (o) Implement shared data systems necessary for the
1470 delivery of coordinated care and integrated services, the
1471 assessment of managing entity performance and provider
1472 performance, and the reporting of outcomes and costs of
1473 services.

1474 (p) Operate in a transparent manner, providing public
1475 access to information, notice of meetings, and opportunities for
1476 public participation in managing entity decisionmaking.

1477 (q) Establish and maintain effective relationships with
1478 community stakeholders, including individuals served by the
1479 behavioral health system of care and their families, local
1480 governments, and other community organizations that meet the
1481 needs of individuals with mental illness or substance use
1482 disorders.

1483 (r) Collaborate with and encourage increased coordination
1484 between the provider network and other systems, programs, and
1485 entities, such as the child welfare system, law enforcement
1486 agencies, the criminal and juvenile justice systems, the

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1487 Medicaid program, offices of the public defender, and offices of
1488 criminal conflict and civil regional counsel.

1489 1. Collaboration with the criminal and juvenile justice
1490 systems shall seek, at a minimum, to divert persons with mental
1491 illness, substance use disorders, or co-occurring conditions
1492 from these systems.

1493 2. Collaboration with the court system shall seek, at a
1494 minimum, to develop specific written procedures and agreements
1495 to maximize the use of involuntary outpatient services, reduce
1496 involuntary inpatient treatment, and increase diversion from the
1497 criminal and juvenile justice systems.

1498 3. Collaboration with the child welfare system shall seek,
1499 at a minimum, to provide effective and timely services to
1500 parents and caregivers involved in the child welfare system,
1501 including provision of case management services, as appropriate.

1502 (6) NETWORK ACCREDITATION AND SYSTEMS COORDINATION
1503 AGREEMENTS.—

1504 (a)1. The department shall identify acceptable
1505 accreditations which address coordination within a network and,
1506 if possible, between the network and major systems and programs
1507 with which the network interacts, such as the child welfare
1508 system, the courts system, and the Medicaid program. In
1509 identifying acceptable accreditations, the department shall
1510 consider whether the accreditation facilitates integrated
1511 strategic planning, resource coordination, technology
1512 integration, performance measurement, and increased value to

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1513 consumers through choice of and access to services, improved
1514 coordination of services, and effectiveness and efficiency of
1515 service delivery.

1516 2. All managing entities under contract with the state by
1517 July 1, 2016, shall earn accreditation deemed acceptable by the
1518 department pursuant to subparagraph 1. by June 30, 2019.

1519 Managing entities whose initial contract with the state is
1520 executed after July 1, 2016, shall earn network accreditation
1521 within 3 years after the contract execution date. Pursuant to
1522 paragraph (4) (j), the department may continue the contract of a
1523 managing entity under contract as of July 1, 2016, that earns
1524 the network accreditation within the required timeframe and
1525 maintains it throughout the contract term.

1526 (b) If no accreditations are available or deemed
1527 acceptable pursuant to paragraph (a) which address coordination
1528 between the provider network and major systems and programs with
1529 which the provider network interacts, each managing entity shall
1530 enter into memoranda of understanding which details mechanisms
1531 for communication and coordination. The managing entity shall
1532 enter into such memoranda with any community-based care lead
1533 agencies, circuit courts, county courts, sheriffs' offices,
1534 offices of the public defender, offices of criminal conflict and
1535 civil regional counsel, Medicaid managed medical assistance
1536 plans, and homeless coalitions in its service area. Each
1537 managing entity under contract on July 1, 2016, shall enter into
1538 such memoranda by June 30, 2017, and each managing entity under

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1539 contract after July 1, 2016, shall enter into such memoranda
1540 within 1 year after its contract execution date.

1541 (7) PERFORMANCE MEASUREMENT AND ACCOUNTABILITY.-Managing
1542 entities shall collect and submit data to the department
1543 regarding persons served, outcomes of persons served, costs of
1544 services provided through the department's contract, and other
1545 data as required by the department. The department shall
1546 evaluate managing entity performance and the overall progress
1547 made by the managing entity, together with other systems, in
1548 meeting the community's behavioral health needs, based on
1549 consumer-centered outcome measures that reflect national
1550 standards, if possible, that can be accurately measured. The
1551 department shall work with managing entities to establish
1552 performance standards, including, but not limited to:

1553 (a) The extent to which individuals in the community
1554 receive services, including, but not limited to, parents or
1555 caregivers involved in the child welfare system who need
1556 behavioral health services.

1557 (b) The improvement in the overall behavioral health of a
1558 community.

1559 (c) The improvement in functioning or progress in the
1560 recovery of individuals served by the managing entity, as
1561 determined using person-centered measures tailored to the
1562 population.

1563 (d) The success of strategies to:

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1564 1. Divert admissions to acute levels of care, jails,
1565 prisons, and forensic facilities as measured by, at a minimum,
1566 the total number and percentage of clients who, during a
1567 specified period, experience multiple admissions to acute levels
1568 of care, jails, prisons, or forensic facilities; and

1569 2. Address the housing needs of individuals being released
1570 from public receiving facilities who are homeless.

1571 (e) Consumer and family satisfaction.

1572 (f) The satisfaction of key community constituencies, such
1573 as law enforcement agencies, community-based care lead agencies,
1574 juvenile justice agencies, the courts, school districts, local
1575 government entities, hospitals, and other organizations, as
1576 appropriate, for the geographical service area of the managing
1577 entity.

1578 (8) ENHANCEMENT PLANS.—By November 1 of each year,
1579 beginning in 2017, each managing entity shall develop and submit
1580 to the department a prioritized plan for phased enhancement of
1581 the behavioral health system of care by subregion of the
1582 managing entity's service area, if appropriate, based on the
1583 assessed behavioral health care needs of the subregion and
1584 service gaps. If the plan recommends additional funding, for
1585 each recommended use of funds the enhancement plan shall
1586 describe, at a minimum, the specific needs that would be met,
1587 the specific services that would be purchased, the estimated
1588 benefits of the services, the projected costs, the projected
1589 number of individuals that would be served, and any other

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1590 information indicating the estimated benefit to the community.
1591 The managing entity shall include consumers and their family
1592 members, local governments, law enforcement agencies, service
1593 providers, community partners, and other stakeholders when
1594 developing the plan. Individual sections of the plan shall
1595 address:

1596 (a) The designated receiving systems developed pursuant to
1597 s. 394.4573, and shall give consideration to implementation of
1598 no-wrong-door models; evidence-based, evidence-informed, and
1599 innovative practices for diverting individuals from the acute
1600 behavioral health care system; and the most efficient and cost-
1601 effective manner to address the needs of individuals once they
1602 are in the system.

1603 (b) Treatment and recovery services, and shall emphasize
1604 the provision of care coordination to priority populations and
1605 the use of recovery-oriented, peer-involved approaches.

1606 (c) Coordination between the behavioral health system of
1607 care and other systems, such as the child welfare system, and
1608 shall give consideration to approaches for enhancing such
1609 coordination.

1610 (9) FUNDING FOR MANAGING ENTITIES.—

1611 (a) A contract established between the department and a
1612 managing entity under this section shall be funded by general
1613 revenue, other applicable state funds, or applicable federal
1614 funding sources. A managing entity may carry forward documented
1615 unexpended state funds from one fiscal year to the next, but the

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1616 cumulative amount carried forward may not exceed 8 percent of
1617 the annual amount of the contract. Any unexpended state funds in
1618 excess of that percentage shall be returned to the department.
1619 The funds carried forward may not be used in a way that would
1620 increase future recurring obligations or for any program or
1621 service that was not authorized under the existing contract with
1622 the department. Expenditures of funds carried forward shall be
1623 separately reported to the department. Any unexpended funds that
1624 remain at the end of the contract period shall be returned to
1625 the department. Funds carried forward may be retained through
1626 contract renewals and new contract procurements as long as the
1627 same managing entity is retained by the department.

1628 (b) The method of payment for a fixed-price contract with
1629 a managing entity shall provide for a 2-month advance payment at
1630 the beginning of each fiscal year and equal monthly payments
1631 thereafter.

1632 (10) ACUTE CARE SERVICES UTILIZATION DATABASE.—The
1633 department shall develop, implement, and maintain standards
1634 under which a managing entity shall collect utilization data
1635 from all public receiving facilities situated within its
1636 geographical service area and all detoxification and addictions
1637 receiving facilities under contract with the managing entity. As
1638 used in this subsection, the term "public receiving facility"
1639 means an entity that meets the licensure requirements of, and is
1640 designated by, the department to operate as a public receiving

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1641 facility under s. 394.875 and that is operating as a licensed
1642 crisis stabilization unit.

1643 (a) The department shall develop standards and protocols
1644 to be used for data collection, storage, transmittal, and
1645 analysis. The standards and protocols shall allow for
1646 compatibility of data and data transmittal between public
1647 receiving facilities, detoxification facilities, addictions
1648 receiving facilities, managing entities, and the department for
1649 the implementation, and to meet the requirements, of this
1650 subsection.

1651 (b) A managing entity shall require providers specified in
1652 paragraph (a) to submit data, in real time or at least daily, to
1653 the managing entity for:

1654 1. All admissions and discharges of clients receiving
1655 public receiving facility services who qualify as indigent, as
1656 defined in s. 394.4787.

1657 2. All admissions and discharges of clients receiving
1658 substance abuse services in an addictions receiving facility or
1659 detoxification facility pursuant to parts IV and V of chapter
1660 397 who qualify as indigent.

1661 3. The current active census of total licensed beds, the
1662 number of beds purchased by the department, the number of
1663 clients qualifying as indigent who occupy those beds, and the
1664 total number of unoccupied licensed beds, regardless of funding.

1665 (c) A managing entity shall require providers specified in
1666 paragraph (a) to submit data, on a monthly basis, to the

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1667 managing entity which aggregates the daily data submitted under
1668 paragraph (b). The managing entity shall reconcile the data in
1669 the monthly submission to the data received by the managing
1670 entity under paragraph (b) to check for consistency. If the
1671 monthly aggregate data submitted by a provider under this
1672 paragraph are inconsistent with the daily data submitted under
1673 paragraph (b), the managing entity shall consult with the
1674 provider to make corrections necessary to ensure accurate data.

1675 (d) A managing entity shall require providers specified in
1676 paragraph (a) within its provider network to submit data, on an
1677 annual basis, to the managing entity which aggregates the data
1678 submitted and reconciled under paragraph (c). The managing
1679 entity shall reconcile the data in the annual submission to the
1680 data received and reconciled by the managing entity under
1681 paragraph (c) to check for consistency. If the annual aggregate
1682 data submitted by a provider under this paragraph are
1683 inconsistent with the data received and reconciled under
1684 paragraph (c), the managing entity shall consult with the
1685 provider to make corrections necessary to ensure accurate data.

1686 (e) After ensuring the accuracy of data pursuant to
1687 paragraphs (c) and (d), the managing entity shall submit the
1688 data to the department on a monthly and an annual basis. The
1689 department shall create a statewide database for the data
1690 described under paragraph (b) and submitted under this paragraph
1691 for the purpose of analyzing the payments for and the use of
1692 crisis stabilization services funded by the Baker Act and

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1693 detoxification and addictions receiving services provided
1694 pursuant to parts IV and V of chapter 397 on a statewide basis
1695 and on an individual provider basis.

1696 Section 20. Subsections (4) through (9) of section
1697 397.305, Florida Statutes, are renumbered as subsections (7)
1698 though (12), respectively, and new subsections (4), (5), and (6)
1699 are added to that section to read:

1700 397.305 Legislative findings, intent, and purpose.—

1701 (4) It is the intent of the Legislature that licensed,
1702 qualified health professionals be authorized to practice to the
1703 full extent of their education and training in the performance
1704 of professional functions necessary to carry out the intent of
1705 this chapter.

1706 (5) It is the intent of the Legislature that state policy
1707 and funding decisions be driven by data concerning the
1708 populations served and the effectiveness of the services
1709 provided.

1710 (6) It is the intent of the Legislature to establish
1711 expectations that services provided to persons in this state use
1712 the coordination-of-care principles characteristic of recovery-
1713 oriented services and include social support services, such as
1714 housing support, life skills and vocational training, and
1715 employment assistance, necessary for persons with substance use
1716 disorders or co-occurring substance use and mental health
1717 disorders to live successfully in their communities.

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1718 Section 21. Subsections (19) through (45) of section
1719 397.311, Florida Statutes, are renumbered as subsections (20)
1720 through (48), respectively, new subsections (19), (21), and (22)
1721 are added to that section, and present subsections (30) and (38)
1722 of that section are amended, to read:

1723 397.311 Definitions.—As used in this chapter, except part
1724 VIII, the term:

1725 (19) "Incompetent to consent to treatment" means a state
1726 in which a person's judgment is so affected by a substance abuse
1727 impairment that he or she lacks the capacity to make a well-
1728 reasoned, willful, and knowing decision concerning his or her
1729 medical health, mental health, or substance abuse treatment.

1730 (21) "Informed consent" means consent voluntarily given in
1731 writing by a competent person after sufficient explanation and
1732 disclosure of the subject matter involved to enable the person
1733 to make a knowing and willful decision without any element of
1734 force, fraud, deceit, duress, or other form of constraint or
1735 coercion.

1736 (22) "Involuntary services" means an array of behavioral
1737 health services that may be ordered by the court for persons
1738 with substance abuse impairment or co-occurring substance abuse
1739 impairment and mental health disorders.

1740 (33)~~(30)~~ "Qualified professional" means a physician or a
1741 physician assistant licensed under chapter 458 or chapter 459; a
1742 professional licensed under chapter 490 or chapter 491; an
1743 advanced registered nurse practitioner ~~having a specialty in~~

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1744 ~~psychiatry~~ licensed under part I of chapter 464; or a person who
1745 is certified through a department-recognized certification
1746 process for substance abuse treatment services and who holds, at
1747 a minimum, a bachelor's degree. A person who is certified in
1748 substance abuse treatment services by a state-recognized
1749 certification process in another state at the time of employment
1750 with a licensed substance abuse provider in this state may
1751 perform the functions of a qualified professional as defined in
1752 this chapter but must meet certification requirements contained
1753 in this subsection no later than 1 year after his or her date of
1754 employment.

1755 ~~(41)-(38)~~ "Service component" or "component" means a
1756 discrete operational entity within a service provider which is
1757 subject to licensing as defined by rule. Service components
1758 include prevention, intervention, and clinical treatment
1759 described in subsection (25) ~~(22)~~.

1760 Section 22. Subsections (16) through (20) of section
1761 397.321, Florida Statutes, are renumbered as subsections (15)
1762 through (19), respectively, present subsection (15) is amended,
1763 and a new subsection (20) is added to that section, to read:

1764 397.321 Duties of the department.—The department shall:
1765 ~~(15) Appoint a substance abuse impairment coordinator to~~
1766 ~~represent the department in efforts initiated by the statewide~~
1767 ~~substance abuse impairment prevention and treatment coordinator~~
1768 ~~established in s. 397.801 and to assist the statewide~~
1769 ~~coordinator in fulfilling the responsibilities of that position.~~

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1770 (20) Develop and prominently display on its website all
1771 forms necessary for the implementation and administration of
1772 parts IV and V of this chapter. These forms shall include, but
1773 are not limited to, a petition for involuntary admission form
1774 and all related pleading forms, and a form to be used by law
1775 enforcement agencies pursuant to s. 397.6772. The department
1776 shall notify law enforcement agencies, the courts, and other
1777 state agencies of the existence and availability of such forms.

1778 Section 23. Section 397.675, Florida Statutes, is amended
1779 to read:

1780 397.675 Criteria for involuntary admissions, including
1781 protective custody, emergency admission, and other involuntary
1782 assessment, involuntary treatment, and alternative involuntary
1783 assessment for minors, for purposes of assessment and
1784 stabilization, and for involuntary treatment.—A person meets the
1785 criteria for involuntary admission if there is good faith reason
1786 to believe that the person is substance abuse impaired or has a
1787 co-occurring mental health disorder and, because of such
1788 impairment or disorder:

1789 (1) Has lost the power of self-control with respect to
1790 substance abuse use; and ~~either~~

1791 ~~(2) (a) Has inflicted, or threatened or attempted to~~
1792 ~~inflict, or unless admitted is likely to inflict, physical harm~~
1793 ~~on himself or herself or another; or~~

1794 ~~(b)~~ Is in need of substance abuse services and, by reason
1795 of substance abuse impairment, his or her judgment has been so

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1796 impaired that he or she ~~the person~~ is incapable of appreciating
1797 his or her need for such services and of making a rational
1798 decision in that regard, although ~~thereto; however,~~ mere refusal
1799 to receive such services does not constitute evidence of lack of
1800 judgment with respect to his or her need for such services; or

1801 (b) Without care or treatment, is likely to suffer from
1802 neglect or refuse to care for himself or herself; that such
1803 neglect or refusal poses a real and present threat of
1804 substantial harm to his or her well-being; and that it is not
1805 apparent that such harm may be avoided through the help of
1806 willing family members or friends or the provision of other
1807 services, or there is substantial likelihood that the person has
1808 inflicted, or threatened to or attempted to inflict, or, unless
1809 admitted, is likely to inflict, physical harm on himself,
1810 herself, or another.

1811 Section 24. Paragraph (g) is added to subsection (1) of
1812 section 397.6751, Florida Statutes, to read:

1813 397.6751 Service provider responsibilities regarding
1814 involuntary admissions.—

1815 (1) It is the responsibility of the service provider to:

1816 (g) Submit to the department a copy of any court order,
1817 law enforcement report, or professional certificate requiring an
1818 individual to undergo involuntary services within 1 working day
1819 after it is received.

1820 Section 25. Subsection (1) of section 397.6772, Florida
1821 Statutes, is amended to read:

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1822 397.6772 Protective custody without consent.—

1823 (1) If a person in circumstances which justify protective
1824 custody as described in s. 397.677 fails or refuses to consent
1825 to assistance and a law enforcement officer has determined that
1826 a hospital or a licensed detoxification or addictions receiving
1827 facility is the most appropriate place for the person, the
1828 officer may, after giving due consideration to the expressed
1829 wishes of the person:

1830 (a) Take the person to a hospital or to a licensed
1831 detoxification or addictions receiving facility against the
1832 person's will but without using unreasonable force. The officer
1833 shall use the standard form developed by the department pursuant
1834 to s. 397.321 to execute a written report detailing the
1835 circumstances under which the person was taken into custody. The
1836 written report shall be included in the patient's clinical
1837 record; or

1838 (b) In the case of an adult, detain the person for his or
1839 her own protection in any municipal or county jail or other
1840 appropriate detention facility.

1841
1842 Such detention is not to be considered an arrest for any
1843 purpose, and no entry or other record may be made to indicate
1844 that the person has been detained or charged with any crime. The
1845 officer in charge of the detention facility must notify the
1846 nearest appropriate licensed service provider within the first 8
1847 hours after detention that the person has been detained. It is

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1848 the duty of the detention facility to arrange, as necessary, for
1849 transportation of the person to an appropriate licensed service
1850 provider with an available bed. Persons taken into protective
1851 custody must be assessed by the attending physician within the
1852 72-hour period and without unnecessary delay, to determine the
1853 need for further services.

1854 Section 26. Paragraph (a) of subsection (1) of section
1855 397.6773, Florida Statutes, is amended to read:

1856 397.6773 Dispositional alternatives after protective
1857 custody.—

1858 (1) An individual who is in protective custody must be
1859 released by a qualified professional when:

1860 (a) The individual no longer meets the involuntary
1861 admission criteria in s. 397.675 ~~397.675(1)~~;

1862 Section 27. Section 397.679, Florida Statutes, is amended
1863 to read:

1864 397.679 Emergency admission; circumstances justifying.—A
1865 person who meets the criteria for involuntary admission in s.
1866 397.675 may be admitted to a hospital or to a licensed
1867 detoxification facility or addictions receiving facility for
1868 emergency assessment and stabilization, or to a less intensive
1869 component of a licensed service provider for assessment only,
1870 upon receipt by the facility of a the physician's certificate by
1871 a physician, an advanced registered nurse practitioner, a
1872 clinical psychologist, a clinical social worker, a marriage and
1873 family therapist, a mental health counselor, a physician

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1874 assistant working under the scope of practice of the supervising
1875 physician, or a master's-level-certified addictions professional
1876 for substance abuse services, if the certificate is specific to
1877 substance abuse impairment, and the completion of an application
1878 for emergency admission.

1879 Section 28. Section 397.6791, Florida Statutes, is amended
1880 to read:

1881 397.6791 Emergency admission; persons who may initiate.—
1882 The following persons may request a certificate for ~~an~~ emergency
1883 assessment or admission:

1884 (1) In the case of an adult, any professional who may
1885 issue a professional certificate pursuant to s. 397.6793, the
1886 ~~certifying physician,~~ the person's spouse or legal guardian, any
1887 relative of the person, or any other responsible adult who has
1888 personal knowledge of the person's substance abuse impairment.

1889 (2) In the case of a minor, the minor's parent, legal
1890 guardian, or legal custodian.

1891 Section 29. Section 397.6793, Florida Statutes, is amended
1892 to read:

1893 397.6793 Professional's ~~Physician's~~ certificate for
1894 emergency admission.—

1895 (1) A physician, a clinical psychologist, a physician
1896 assistant working under the scope of practice of the supervising
1897 physician, a psychiatric nurse, an advanced registered nurse
1898 practitioner, a mental health counselor, a marriage and family
1899 therapist, a master's-level-certified addictions professional

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1900 for substance abuse services, or a clinical social worker may
1901 execute a professional's certificate for emergency admission.
1902 The professional's ~~physician's~~ certificate must include the name
1903 of the person to be admitted, the relationship between the
1904 person and the professional executing the certificate ~~physician,~~
1905 the relationship between the applicant and the professional
1906 ~~physician,~~ any relationship between the professional ~~physician~~
1907 and the licensed service provider, ~~and~~ a statement that the
1908 person has been examined and assessed within the preceding 5
1909 days after ~~of~~ the application date, and ~~must include~~ factual
1910 allegations with respect to the need for emergency admission,
1911 including:

1912 (a) The reason for the ~~physician's~~ belief that the person
1913 is substance abuse impaired; ~~and~~

1914 (b) The reason for the ~~physician's~~ belief that because of
1915 such impairment the person has lost the power of self-control
1916 with respect to substance abuse; and ~~either~~

1917 (c)1. The reason for the belief ~~physician believes~~ that,
1918 without care or treatment, the person is likely to suffer from
1919 neglect or refuse to care for himself or herself; that such
1920 neglect or refusal poses a real and present threat of
1921 substantial harm to his or her well-being; and that it is not
1922 apparent that such harm may be avoided through the help of
1923 willing family members or friends or the provision of other
1924 services, or there is substantial likelihood that the person has
1925 inflicted or, unless admitted, is likely to inflict, physical

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1926 harm on himself, ~~or~~ herself, or another ~~others unless admitted;~~
1927 or

1928 2. The reason for the belief ~~physician believes~~ that the
1929 person's refusal to voluntarily receive care is based on
1930 judgment so impaired by reason of substance abuse that the
1931 person is incapable of appreciating his or her need for care and
1932 of making a rational decision regarding his or her need for
1933 care.

1934 (2) The professional's ~~physician's~~ certificate must
1935 recommend the least restrictive type of service that is
1936 appropriate for the person. The certificate must be signed by
1937 the professional ~~physician~~. If other less restrictive means are
1938 not available, such as voluntary appearance for outpatient
1939 evaluation, a law enforcement officer shall take the person
1940 named in the certificate into custody and deliver him or her to
1941 the appropriate facility for involuntary assessment and
1942 stabilization.

1943 (3) A signed copy of the professional's ~~physician's~~
1944 certificate shall accompany the person, and shall be made a part
1945 of the person's clinical record, together with a signed copy of
1946 the application. The application and the professional's
1947 ~~physician's~~ certificate authorize the involuntary admission of
1948 the person pursuant to, and subject to the provisions of, ss.
1949 397.679-397.6797.

1950 (4) The professional's certificate is valid for 7 days
1951 after issuance.

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1952 (5) The professional's physician's certificate must
1953 indicate whether the person requires transportation assistance
1954 for delivery for emergency admission and specify, pursuant to s.
1955 397.6795, the type of transportation assistance necessary.

1956 Section 30. Section 397.6795, Florida Statutes, is amended
1957 to read:

1958 397.6795 Transportation-assisted delivery of persons for
1959 emergency assessment.—An applicant for a person's emergency
1960 admission, ~~or~~ the person's spouse or guardian, or a law
1961 enforcement officer, ~~or a health officer~~ may deliver a person
1962 named in the professional's physician's certificate for
1963 emergency admission to a hospital or a licensed detoxification
1964 facility or addictions receiving facility for emergency
1965 assessment and stabilization.

1966 Section 31. Subsection (1) of section 397.681, Florida
1967 Statutes, is amended to read:

1968 397.681 Involuntary petitions; general provisions; court
1969 jurisdiction and right to counsel.—

1970 (1) JURISDICTION.—The courts have jurisdiction of
1971 involuntary assessment and stabilization petitions and
1972 involuntary treatment petitions for substance abuse impaired
1973 persons, and such petitions must be filed with the clerk of the
1974 court in the county where the person is located. The clerk of
1975 the court may not charge a fee for the filing of a petition
1976 under this section. The chief judge may appoint a general or
1977 special magistrate to preside over all or part of the

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1978 proceedings. The alleged impaired person is named as the
1979 respondent.

1980 Section 32. Subsection (1) of section 397.6811, Florida
1981 Statutes, is amended to read:

1982 397.6811 Involuntary assessment and stabilization.—A
1983 person determined by the court to appear to meet the criteria
1984 for involuntary admission under s. 397.675 may be admitted for a
1985 period of 5 days to a hospital or to a licensed detoxification
1986 facility or addictions receiving facility, for involuntary
1987 assessment and stabilization or to a less restrictive component
1988 of a licensed service provider for assessment only upon entry of
1989 a court order or upon receipt by the licensed service provider
1990 of a petition. Involuntary assessment and stabilization may be
1991 initiated by the submission of a petition to the court.

1992 (1) If the person upon whose behalf the petition is being
1993 filed is an adult, a petition for involuntary assessment and
1994 stabilization may be filed by the respondent's spouse or legal
1995 guardian, any relative, a private practitioner, the director of
1996 a licensed service provider or the director's designee, or an
1997 adult ~~any three adults~~ who has direct ~~have~~ personal knowledge of
1998 the respondent's substance abuse impairment.

1999 Section 33. Section 397.6814, Florida Statutes, is amended
2000 to read:

2001 397.6814 Involuntary assessment and stabilization;
2002 contents of petition.—A petition for involuntary assessment and
2003 stabilization must contain the name of the respondent, + the name

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2004 of the applicant or applicants, ~~and~~ the relationship between the
2005 respondent and the applicant, ~~and~~ the name of the respondent's
2006 attorney, if known, ~~and a statement of the respondent's ability~~
2007 ~~to afford an attorney;~~ and must state facts to support the need
2008 for involuntary assessment and stabilization, including:

2009 (1) The reason for the petitioner's belief that the
2010 respondent is substance abuse impaired; ~~and~~

2011 (2) The reason for the petitioner's belief that because of
2012 such impairment the respondent has lost the power of self-
2013 control with respect to substance abuse; ~~and either~~

2014 (3) (a) The reason the petitioner believes that the
2015 respondent has inflicted or is likely to inflict physical harm
2016 on himself or herself or others unless admitted; or

2017 (b) The reason the petitioner believes that the
2018 respondent's refusal to voluntarily receive care is based on
2019 judgment so impaired by reason of substance abuse that the
2020 respondent is incapable of appreciating his or her need for care
2021 and of making a rational decision regarding that need for care.
2022 If the respondent has refused to submit to an assessment, such
2023 refusal must be alleged in the petition.

2024
2025 A fee may not be charged for the filing of a petition pursuant
2026 to this section.

2027 Section 34. Subsection (4) is added to section 397.6818,
2028 Florida Statutes, to read:

2029 397.6818 Court determination.—At the hearing initiated in

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2030 accordance with s. 397.6811(1), the court shall hear all
2031 relevant testimony. The respondent must be present unless the
2032 court has reason to believe that his or her presence is likely
2033 to be injurious to him or her, in which event the court shall
2034 appoint a guardian advocate to represent the respondent. The
2035 respondent has the right to examination by a court-appointed
2036 qualified professional. After hearing all the evidence, the
2037 court shall determine whether there is a reasonable basis to
2038 believe the respondent meets the involuntary admission criteria
2039 of s. 397.675.

2040 (4) The order is valid only for the period specified in
2041 the order or, if a period is not specified, for 7 days after the
2042 order is signed.

2043 Section 35. Section 397.6819, Florida Statutes, is amended
2044 to read:

2045 397.6819 Involuntary assessment and stabilization;
2046 responsibility of licensed service provider.—A licensed service
2047 provider may admit an individual for involuntary assessment and
2048 stabilization for a period not to exceed 5 days unless a
2049 petition for involuntary services has been initiated and the
2050 individual is being retained pursuant to s. 397.6822(3) or a
2051 request for an extension of time has been filed with the court
2052 pursuant to s. 397.6821. The individual must be assessed within
2053 72 hours ~~without unnecessary delay~~ by a qualified professional.
2054 If an assessment is performed by a qualified professional who is
2055 not a physician, the assessment must be reviewed by a physician

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2056 before the end of the assessment period.

2057 Section 36. Section 397.695, Florida Statutes, is amended
2058 to read:

2059 397.695 Involuntary services ~~treatment~~; persons who may
2060 petition.—

2061 (1) If the respondent is an adult, a petition for
2062 involuntary services ~~treatment~~ may be filed by the respondent's
2063 spouse or legal guardian, any relative, a service provider, or
2064 an adult ~~any three adults~~ who has direct ~~have~~ personal knowledge
2065 of the respondent's substance abuse impairment and his or her
2066 prior course of assessment and treatment.

2067 (2) If the respondent is a minor, a petition for
2068 involuntary treatment may be filed by a parent, legal guardian,
2069 or service provider.

2070 Section 37. Section 397.6951, Florida Statutes, is amended
2071 to read:

2072 397.6951 Contents of petition for involuntary services
2073 ~~treatment~~.—A petition for involuntary services ~~treatment~~ must
2074 contain the name of the respondent ~~to be admitted~~; the name of
2075 the petitioner or petitioners; the relationship between the
2076 respondent and the petitioner; the name of the respondent's
2077 attorney, if known, ~~and a statement of the petitioner's~~
2078 ~~knowledge of the respondent's ability to afford an attorney~~; the
2079 findings and recommendations of the assessment performed by the
2080 qualified professional; and the factual allegations presented by
2081 the petitioner establishing the need for involuntary outpatient

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2082 services. The factual allegations must demonstrate treatment,
2083 including:

2084 (1) The reason for the petitioner's belief that the
2085 respondent is substance abuse impaired; ~~and~~

2086 (2) The reason for the petitioner's belief that because of
2087 such impairment the respondent has lost the power of self-
2088 control with respect to substance abuse; and ~~either~~

2089 (3) (a) The reason the petitioner believes that the
2090 respondent has inflicted or is likely to inflict physical harm
2091 on himself or herself or others unless the court orders the
2092 involuntary services admitted; or

2093 (b) The reason the petitioner believes that the
2094 respondent's refusal to voluntarily receive care is based on
2095 judgment so impaired by reason of substance abuse that the
2096 respondent is incapable of appreciating his or her need for care
2097 and of making a rational decision regarding that need for care.

2098 Section 38. Section 397.6955, Florida Statutes, is amended
2099 to read:

2100 397.6955 Duties of court upon filing of petition for
2101 involuntary services ~~treatment~~.-

2102 (1) Upon the filing of a petition for ~~the~~ involuntary
2103 services for treatment of a substance abuse impaired person with
2104 the clerk of the court, the court shall immediately determine
2105 whether the respondent is represented by an attorney or whether
2106 the appointment of counsel for the respondent is appropriate. If
2107 the court appoints counsel for the person, the clerk of the

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2108 court shall immediately notify the office of criminal conflict
2109 and civil regional counsel, created pursuant to s. 27.511, of
2110 the appointment. The office of criminal conflict and civil
2111 regional counsel shall represent the person until the petition
2112 is dismissed, the court order expires, or the person is
2113 discharged from involuntary services. An attorney that
2114 represents the person named in the petition shall have access to
2115 the person, witnesses, and records relevant to the presentation
2116 of the person's case and shall represent the interests of the
2117 person, regardless of the source of payment to the attorney.

2118 (2) The court shall schedule a hearing to be held on the
2119 petition within 5 ~~10~~ days unless a continuance is granted. The
2120 court may appoint a magistrate to preside at the hearing.

2121 (3) A copy of the petition and notice of the hearing must
2122 be provided to the respondent; the respondent's parent,
2123 guardian, or legal custodian, in the case of a minor; the
2124 respondent's attorney, if known; the petitioner; the
2125 respondent's spouse or guardian, if applicable; and such other
2126 persons as the court may direct. If the respondent is a minor, a
2127 copy of the petition and notice of the hearing must be ~~and have~~
2128 ~~such petition and order~~ personally delivered to the respondent
2129 ~~if he or she is a minor~~. The court shall also issue a summons to
2130 the person whose admission is sought.

2131 Section 39. Section 397.6957, Florida Statutes, is amended
2132 to read:

2133 397.6957 Hearing on petition for involuntary services

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2134 ~~treatment.~~—

2135 (1) At a hearing on a petition for involuntary services
2136 ~~treatment~~, the court shall hear and review all relevant
2137 evidence, including the review of results of the assessment
2138 completed by the qualified professional in connection with the
2139 respondent's protective custody, emergency admission,
2140 involuntary assessment, or alternative involuntary admission.
2141 The respondent must be present unless the court finds that his
2142 or her presence is likely to be injurious to himself or herself
2143 or others, in which event the court must appoint a guardian
2144 advocate to act in behalf of the respondent throughout the
2145 proceedings.

2146 (2) The petitioner has the burden of proving by clear and
2147 convincing evidence that:

2148 (a) The respondent is substance abuse impaired and has a
2149 history of lack of compliance with treatment for substance
2150 abuse; and

2151 (b) Because of such impairment the respondent is unlikely
2152 to voluntarily participate in the recommended services or is
2153 unable to determine for himself or herself whether services are
2154 necessary ~~the respondent has lost the power of self-control with~~
2155 ~~respect to substance abuse;~~ and: either

2156 1. Without services, the respondent is likely to suffer
2157 from neglect or refuse to care for himself or herself; that such
2158 neglect or refusal poses a real and present threat of
2159 substantial harm to his or her well-being; and that there is a

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2160 substantial likelihood that without services the respondent will
2161 cause serious bodily harm to himself, herself, or another in the
2162 near future, as evidenced by recent behavior ~~The respondent has~~
2163 ~~inflicted or is likely to inflict physical harm on himself or~~
2164 ~~herself or others unless admitted; or~~

2165 2. The respondent's refusal to voluntarily receive care is
2166 based on judgment so impaired by reason of substance abuse that
2167 the respondent is incapable of appreciating his or her need for
2168 care and of making a rational decision regarding that need for
2169 care.

2170 (3) One of the qualified professionals who executed the
2171 involuntary services certificate must be a witness. The court
2172 shall allow testimony from individuals, including family
2173 members, deemed by the court to be relevant under state law,
2174 regarding the respondent's prior history and how that prior
2175 history relates to the person's current condition. The testimony
2176 in the hearing must be under oath, and the proceedings must be
2177 recorded. The patient may refuse to testify at the hearing.

2178 (4)~~(3)~~ At the conclusion of the hearing the court shall
2179 ~~either~~ dismiss the petition or order the respondent to receive
2180 undergo involuntary services from his or her ~~substance abuse~~
2181 ~~treatment, with the respondent's~~ chosen licensed service
2182 provider if ~~to deliver the involuntary substance abuse treatment~~
2183 ~~where possible and appropriate.~~

2184 Section 40. Section 397.697, Florida Statutes, is amended
2185 to read:

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2186 397.697 Court determination; effect of court order for
2187 involuntary services ~~substance abuse treatment~~.

2188 (1) When the court finds that the conditions for
2189 involuntary services ~~substance abuse treatment~~ have been proved
2190 by clear and convincing evidence, it may order the respondent to
2191 receive ~~undergo~~ involuntary services ~~from treatment~~ by a
2192 publicly funded licensed service provider for a period not to
2193 exceed 90 ~~60~~ days. The court may also order a respondent to
2194 undergo treatment through a privately funded licensed service
2195 provider if the respondent has the ability to pay for the
2196 treatment, or if any person on the respondent's behalf
2197 voluntarily demonstrates a willingness and an ability to pay for
2198 the treatment. If the court finds it necessary, it may direct
2199 the sheriff to take the respondent into custody and deliver him
2200 or her to the licensed service provider specified in the court
2201 order, or to the nearest appropriate licensed service provider,
2202 for involuntary services ~~treatment~~. When the conditions
2203 justifying involuntary services ~~treatment~~ no longer exist, the
2204 individual must be released as provided in s. 397.6971. When the
2205 conditions justifying involuntary services ~~treatment~~ are
2206 expected to exist after 90 ~~60~~ days of services ~~treatment~~, a
2207 renewal of the involuntary services ~~treatment~~ order may be
2208 requested pursuant to s. 397.6975 before ~~prior to~~ the end of the
2209 90-day ~~60-day~~ period.

2210 (2) In all cases resulting in an order for involuntary
2211 services ~~substance abuse treatment~~, the court shall retain

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2212 jurisdiction over the case and the parties for the entry of such
2213 further orders as the circumstances may require. The court's
2214 requirements for notification of proposed release must be
2215 included in the original ~~treatment~~ order.

2216 (3) An involuntary services ~~treatment~~ order authorizes the
2217 licensed service provider to require the individual to receive
2218 services that undergo such treatment as will benefit him or her,
2219 including services ~~treatment~~ at any licensable service component
2220 of a licensed service provider.

2221 (4) If the court orders involuntary services, a copy of
2222 the order must be sent to the managing entity within 1 working
2223 day after it is received from the court. Documents may be
2224 submitted electronically through existing data systems, if
2225 applicable.

2226 Section 41. Section 397.6971, Florida Statutes, is amended
2227 to read:

2228 397.6971 Early release from involuntary services ~~substance~~
2229 ~~abuse treatment.~~

2230 (1) At any time before ~~prior to~~ the end of the 90-day ~~60-~~
2231 ~~day~~ involuntary services ~~treatment~~ period, or before ~~prior to~~
2232 the end of any extension granted pursuant to s. 397.6975, an
2233 individual receiving ~~admitted for~~ involuntary services ~~treatment~~
2234 may be determined eligible for discharge to the most appropriate
2235 referral or disposition for the individual when any of the
2236 following apply:

2237 (a) The individual no longer meets the criteria for

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2238 involuntary admission and has given his or her informed consent
2239 to be transferred to voluntary treatment status.~~†~~

2240 (b) If the individual was admitted on the grounds of
2241 likelihood of infliction of physical harm upon himself or
2242 herself or others, such likelihood no longer exists.~~†~~~~or~~

2243 (c) If the individual was admitted on the grounds of need
2244 for assessment and stabilization or treatment, accompanied by
2245 inability to make a determination respecting such need,~~†~~~~either:~~

2246 1. Such inability no longer exists; or

2247 2. It is evident that further treatment will not bring
2248 about further significant improvements in the individual's
2249 condition.~~†~~

2250 (d) The individual is no longer in need of services.~~†~~~~or~~

2251 (e) The director of the service provider determines that
2252 the individual is beyond the safe management capabilities of the
2253 provider.

2254 (2) Whenever a qualified professional determines that an
2255 individual admitted for involuntary services qualifies ~~treatment~~
2256 ~~is ready~~ for early release under ~~for any of the reasons listed~~
2257 ~~in~~ subsection (1), the service provider shall immediately
2258 discharge the individual,† and must notify all persons specified
2259 by the court in the original treatment order.

2260 Section 42. Section 397.6975, Florida Statutes, is amended
2261 to read:

2262 397.6975 Extension of involuntary services ~~substance abuse~~
2263 ~~treatment~~ period.-

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2264 (1) Whenever a service provider believes that an
2265 individual who is nearing the scheduled date of his or her
2266 release from involuntary services treatment continues to meet
2267 the criteria for involuntary services treatment in s. 397.693, a
2268 petition for renewal of the involuntary services treatment order
2269 may be filed with the court at least 10 days before the
2270 expiration of the court-ordered services treatment period. The
2271 court shall immediately schedule a hearing to be held not more
2272 than 15 days after filing of the petition. The court shall
2273 provide the copy of the petition for renewal and the notice of
2274 the hearing to all parties to the proceeding. The hearing is
2275 conducted pursuant to s. 397.6957.

2276 (2) If the court finds that the petition for renewal of
2277 the involuntary services treatment order should be granted, it
2278 may order the respondent to receive ~~undergo~~ involuntary services
2279 ~~treatment~~ for a period not to exceed an additional 90 days. When
2280 the conditions justifying involuntary services treatment no
2281 longer exist, the individual must be released as provided in s.
2282 397.6971. When the conditions justifying involuntary services
2283 ~~treatment~~ continue to exist after an additional 90 days of
2284 service additional treatment, a new petition requesting renewal
2285 of the involuntary services treatment order may be filed
2286 pursuant to this section.

2287 (3) Within 1 court working day after the filing of a
2288 petition for continued involuntary services, the court shall
2289 appoint the office of criminal conflict and civil regional

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2290 counsel to represent the respondent, unless the respondent is
2291 otherwise represented by counsel. The clerk of the court shall
2292 immediately notify the office of criminal conflict and civil
2293 regional counsel of such appointment. The office of criminal
2294 conflict and civil regional counsel shall represent the
2295 respondent until the petition is dismissed or the court order
2296 expires or the respondent is discharged from involuntary
2297 services. Any attorney representing the respondent shall have
2298 access to the respondent, witnesses, and records relevant to the
2299 presentation of the respondent's case and shall represent the
2300 interests of the respondent, regardless of the source of payment
2301 to the attorney.

2302 (4) Hearings on petitions for continued involuntary
2303 services shall be before the circuit court. The court may
2304 appoint a magistrate to preside at the hearing. The procedures
2305 for obtaining an order pursuant to this section shall be in
2306 accordance with s. 397.697.

2307 (5) Notice of hearing shall be provided to the respondent
2308 or his or her counsel. The respondent and the respondent's
2309 counsel may agree to a period of continued involuntary services
2310 without a court hearing.

2311 (6) The same procedure shall be repeated before the
2312 expiration of each additional period of involuntary services.

2313 (7) If the respondent has previously been found
2314 incompetent to consent to treatment, the court shall consider
2315 testimony and evidence regarding the respondent's competence.

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2316 Section 43. Section 397.6977, Florida Statutes, is amended
2317 to read:

2318 397.6977 Disposition of individual upon completion of
2319 involuntary services ~~substance abuse treatment~~.—At the
2320 conclusion of the 90-day ~~60-day~~ period of court-ordered
2321 involuntary services ~~treatment~~, the respondent ~~individual~~ is
2322 automatically discharged unless a motion for renewal of the
2323 involuntary services ~~treatment~~ order has been filed with the
2324 court pursuant to s. 397.6975.

2325 Section 44. Section 397.6978, Florida Statutes, is created
2326 to read:

2327 397.6978 Guardian advocate; patient incompetent to
2328 consent; substance abuse disorder.—

2329 (1) The administrator of a receiving facility or
2330 addictions receiving facility may petition the court for the
2331 appointment of a guardian advocate based upon the opinion of a
2332 qualified professional that the patient is incompetent to
2333 consent to treatment. If the court finds that a patient is
2334 incompetent to consent to treatment and has not been adjudicated
2335 incapacitated and that a guardian with the authority to consent
2336 to substance abuse treatment has not been appointed, it may
2337 appoint a guardian advocate. The patient has the right to have
2338 an attorney represent him or her at the hearing. If the person
2339 is indigent, the court shall appoint the office of criminal
2340 conflict and civil regional counsel to represent him or her at
2341 the hearing. The patient has the right to testify, cross-examine

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2342 witnesses, and present witnesses. The proceeding shall be
2343 recorded electronically or stenographically, and testimony must
2344 be provided under oath. One of the qualified professionals
2345 authorized to give an opinion in support of a petition for
2346 involuntary placement, as described in s. 397.675 or s. 397.693,
2347 must testify. A guardian advocate must meet the qualifications
2348 of a guardian contained in part IV of chapter 744. The person
2349 who is appointed as a guardian advocate must agree to the
2350 appointment.

2351 (2) The following persons are prohibited from appointment
2352 as a patient's guardian advocate:

2353 (a) A professional providing clinical services to the
2354 individual under this part.

2355 (b) The qualified professional who initiated the
2356 involuntary examination of the individual, if the examination
2357 was initiated by a qualified professional's certificate.

2358 (c) An employee, an administrator, or a board member of
2359 the facility providing the examination of the individual.

2360 (d) An employee, an administrator, or a board member of
2361 the treatment facility providing treatment of the individual.

2362 (e) A person providing any substantial professional
2363 services, excluding public guardians or professional guardians,
2364 to the individual, including clinical services.

2365 (f) A creditor of the individual.

2366 (g) A person subject to an injunction for protection
2367 against domestic violence under s. 741.30, whether the order of

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2368 injunction is temporary or final, and for which the individual
2369 was the petitioner.

2370 (h) A person subject to an injunction for protection
2371 against repeat violence, stalking, sexual violence, or dating
2372 violence under s. 784.046, whether the order of injunction is
2373 temporary or final, and for which the individual was the
2374 petitioner.

2375 (3) A facility requesting appointment of a guardian
2376 advocate must, before the appointment, provide the prospective
2377 guardian advocate with information about the duties and
2378 responsibilities of guardian advocates, including information
2379 about the ethics of medical decisionmaking. Before asking a
2380 guardian advocate to give consent to treatment for a patient,
2381 the facility must provide to the guardian advocate sufficient
2382 information so that the guardian advocate can decide whether to
2383 give express and informed consent to the treatment. Such
2384 information must include information that demonstrates that the
2385 treatment is essential to the care of the patient and does not
2386 present an unreasonable risk of serious, hazardous, or
2387 irreversible side effects. If possible, before giving consent to
2388 treatment, the guardian advocate must personally meet and talk
2389 with the patient and the patient's physician. If that is not
2390 possible, the discussion may be conducted by telephone. The
2391 decision of the guardian advocate may be reviewed by the court,
2392 upon petition of the patient's attorney, the patient's family,
2393 or the facility administrator.

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2394 (4) In lieu of the training required for guardians
2395 appointed pursuant to chapter 744, a guardian advocate shall
2396 attend at least a 4-hour training course approved by the court
2397 before exercising his or her authority. At a minimum, the
2398 training course must include information about patient rights,
2399 the diagnosis of substance abuse disorders, the ethics of
2400 medical decisionmaking, and the duties of guardian advocates.

2401 (5) The required training course and the information to be
2402 supplied to prospective guardian advocates before their
2403 appointment must be developed by the department, approved by the
2404 chief judge of the circuit court, and taught by a court-approved
2405 organization, which may include, but need not be limited to, a
2406 community college, a guardianship organization, a local bar
2407 association, or The Florida Bar. The training course may be web-
2408 based, provided in video format, or provided in other electronic
2409 means but must be capable of ensuring the identity and
2410 participation of the prospective guardian advocate. The court
2411 may waive some or all of the training requirements for guardian
2412 advocates or impose additional requirements. The court shall
2413 make its decision on a case-by-case basis and, in making its
2414 decision, shall consider the experience and education of the
2415 guardian advocate, the duties assigned to the guardian advocate,
2416 and the needs of the patient.

2417 (6) In selecting a guardian advocate, the court shall give
2418 preference to the patient's health care surrogate, if one has
2419 already been designated by the patient. If the patient has not

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2420 previously designated a health care surrogate, the selection
2421 shall be made, except for good cause documented in the court
2422 record, from among the following persons, listed in order of
2423 priority:

2424 (a) The spouse of the patient.

2425 (b) An adult child of the patient.

2426 (c) A parent of the patient.

2427 (d) The adult next of kin of the patient.

2428 (e) An adult friend of the patient.

2429 (f) An adult trained and willing to serve as the guardian
2430 advocate for the patient.

2431 (7) If a guardian with the authority to consent to medical
2432 treatment has not already been appointed, or if the patient has
2433 not already designated a health care surrogate, the court may
2434 authorize the guardian advocate to consent to medical treatment
2435 as well as substance abuse disorder treatment. Unless otherwise
2436 limited by the court, a guardian advocate with authority to
2437 consent to medical treatment has the same authority to make
2438 health care decisions and is subject to the same restrictions as
2439 a proxy appointed under part IV of chapter 765. Unless the
2440 guardian advocate has sought and received express court approval
2441 in a proceeding separate from the proceeding to determine the
2442 competence of the patient to consent to medical treatment, the
2443 guardian advocate may not consent to:

2444 (a) Abortion.

2445 (b) Sterilization.

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- 2446 (c) Electroshock therapy.
2447 (d) Psychosurgery.
2448 (e) Experimental treatments that have not been approved by
2449 a federally approved institutional review board in accordance
2450 with 45 C.F.R. part 46 or 21 C.F.R. part 56.

2451
2452 The court must base its authorization on evidence that the
2453 treatment or procedure is essential to the care of the patient
2454 and that the treatment does not present an unreasonable risk of
2455 serious, hazardous, or irreversible side effects. In complying
2456 with this subsection, the court shall follow the procedures set
2457 forth in subsection (1).

2458 (8) The guardian advocate shall be discharged when the
2459 patient is discharged from an order for involuntary services or
2460 when the patient is transferred from involuntary to voluntary
2461 status. The court or a hearing officer shall consider the
2462 competence of the patient as provided in subsection (1) and may
2463 consider an involuntarily placed patient's competence to consent
2464 to services at any hearing. Upon sufficient evidence, the court
2465 may restore, or the magistrate may recommend that the court
2466 restore, the patient's competence. A copy of the order restoring
2467 competence or the certificate of discharge containing the
2468 restoration of competence shall be provided to the patient and
2469 the guardian advocate.

2470 Section 45. Paragraphs (d) through (m) of subsection (2)
2471 of section 409.967, are redesignated as paragraphs (e) through

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2472 (n), respectively, and a new paragraph (d) is added to that
2473 subsection to read:

2474 409.967 Managed care plan accountability.—

2475 (2) The agency shall establish such contract requirements
2476 as are necessary for the operation of the statewide managed care
2477 program. In addition to any other provisions the agency may deem
2478 necessary, the contract must require:

2479 (d) Quality care.—Managed care plans shall provide, or
2480 contract for the provision of, care coordination to facilitate
2481 the appropriate delivery of behavioral health care services in
2482 the least restrictive setting with treatment and recovery
2483 capabilities that address the needs of the patient. Services
2484 shall be provided in a manner that integrates behavioral health
2485 services and primary care. Plans shall be required to achieve
2486 specific behavioral health outcome standards, established by the
2487 agency in consultation with the department.

2488 Section 46. Subsection (5) is added to section 409.973,
2489 Florida Statutes, to read:

2490 409.973 Benefits.—

2491 (5) INTEGRATED BEHAVIORAL HEALTH INITIATIVE.—Each plan
2492 operating in the managed medical assistance program shall work
2493 with the managing entity in its service area to establish
2494 specific organizational supports and protocols that enhance the
2495 integration and coordination of primary care and behavioral
2496 health services for Medicaid recipients. Progress in this
2497 initiative shall be measured using the integration framework and

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2498 core measures developed by the Agency for Healthcare Research
2499 and Quality.

2500 Section 47. Section 491.0045, Florida Statutes, is amended
2501 to read:

2502 491.0045 Intern registration; requirements.—

2503 (1) ~~Effective January 1, 1998,~~ An individual who has not
2504 satisfied ~~intends to practice in Florida to satisfy~~ the
2505 postgraduate or post-master's level experience requirements, as
2506 specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register
2507 as an intern in the profession for which he or she is seeking
2508 licensure before ~~prior to~~ commencing the post-master's
2509 experience requirement or an individual who intends to satisfy
2510 part of the required graduate-level practicum, internship, or
2511 field experience, outside the academic arena for any profession,
2512 must register as an intern in the profession for which he or she
2513 is seeking licensure before ~~prior to~~ commencing the practicum,
2514 internship, or field experience.

2515 (2) The department shall register as a clinical social
2516 worker intern, marriage and family therapist intern, or mental
2517 health counselor intern each applicant who the board certifies
2518 has:

2519 (a) Completed the application form and remitted a
2520 nonrefundable application fee not to exceed \$200, as set by
2521 board rule;

2522 (b)1. Completed the education requirements as specified in
2523 s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for which

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2524 he or she is applying for licensure, if needed; and

2525 2. Submitted an acceptable supervision plan, as determined
2526 by the board, for meeting the practicum, internship, or field
2527 work required for licensure that was not satisfied in his or her
2528 graduate program.

2529 (c) Identified a qualified supervisor.

2530 (3) An individual registered under this section must
2531 remain under supervision while practicing under registered
2532 intern status until he or she is in receipt of a license or a
2533 letter from the department stating that he or she is licensed to
2534 practice the profession for which he or she applied.

2535 ~~(4) An individual who has applied for intern registration~~
2536 ~~on or before December 31, 2001, and has satisfied the education~~
2537 ~~requirements of s. 491.005 that are in effect through December~~
2538 ~~31, 2000, will have met the educational requirements for~~
2539 ~~licensure for the profession for which he or she has applied.~~

2540 (4)-(5) An individual who fails ~~Individuals who have~~
2541 ~~commenced the experience requirement as specified in s.~~
2542 ~~491.005(1)(c), (3)(c), or (4)(c) but failed to register as~~
2543 ~~required by subsection (1) shall register with the department~~
2544 ~~before January 1, 2000. Individuals who fail to comply with this~~
2545 section may ~~subsection shall~~ not be granted a license under this
2546 chapter, and any time spent by the individual completing the
2547 experience requirement as specified in s. 491.005(1)(c), (3)(c),
2548 or (4)(c) before ~~prior to~~ registering as an intern does shall
2549 not count toward completion of the ~~such~~ requirement.

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- 2550 (5) An intern registration is valid for 5 years.
- 2551 (6) A registration issued on or before March 31, 2017,
2552 expires March 31, 2022, and may not be renewed or reissued. Any
2553 registration issued after March 31, 2017, expires 60 months
2554 after the date it is issued. A subsequent intern registration
2555 may not be issued unless the candidate has passed the theory and
2556 practice examination described in s. 491.005(1)(d), (3)(d), and
2557 (4)(d).
- 2558 (7) An individual who has held a provisional license
2559 issued by the board may not apply for an intern registration in
2560 the same profession.
- 2561 Section 48. Section 394.4674, Florida Statutes, is
2562 repealed.
- 2563 Section 49. Section 394.4985, Florida Statutes, is
2564 repealed.
- 2565 Section 50. Section 394.745, Florida Statutes, is
2566 repealed.
- 2567 Section 51. Section 397.331, Florida Statutes, is
2568 repealed.
- 2569 Section 52. Section 397.801, Florida Statutes, is
2570 repealed.
- 2571 Section 53. Section 397.811, Florida Statutes, is
2572 repealed.
- 2573 Section 54. Section 397.821, Florida Statutes, is
2574 repealed.
- 2575 Section 55. Section 397.901, Florida Statutes, is

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2576 repealed.2577 Section 56. Section 397.93, Florida Statutes, is repealed.2578 Section 57. Section 397.94, Florida Statutes, is repealed.2579 Section 58. Section 397.951, Florida Statutes, is2580 repealed.2581 Section 59. Section 397.97, Florida Statutes, is repealed.2582 Section 60. Section 397.98, Florida Statutes, is repealed.

2583 Section 61. Paragraph (a) of subsection (3) of section

2584 39.407, Florida Statutes, is amended to read:

2585 39.407 Medical, psychiatric, and psychological examination
2586 and treatment of child; physical, mental, or substance abuse
2587 examination of person with or requesting child custody.—

2588 (3) (a) 1. Except as otherwise provided in subparagraph
2589 (b) 1. or paragraph (e), before the department provides
2590 psychotropic medications to a child in its custody, the
2591 prescribing physician shall attempt to obtain express and
2592 informed consent, as defined in s. 394.455(15) ~~s. 394.455(9)~~ and
2593 as described in s. 394.459(3) (a), from the child's parent or
2594 legal guardian. The department must take steps necessary to
2595 facilitate the inclusion of the parent in the child's
2596 consultation with the physician. However, if the parental rights
2597 of the parent have been terminated, the parent's location or
2598 identity is unknown or cannot reasonably be ascertained, or the
2599 parent declines to give express and informed consent, the
2600 department may, after consultation with the prescribing
2601 physician, seek court authorization to provide the psychotropic

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2602 medications to the child. Unless parental rights have been
2603 terminated and if it is possible to do so, the department shall
2604 continue to involve the parent in the decisionmaking process
2605 regarding the provision of psychotropic medications. If, at any
2606 time, a parent whose parental rights have not been terminated
2607 provides express and informed consent to the provision of a
2608 psychotropic medication, the requirements of this section that
2609 the department seek court authorization do not apply to that
2610 medication until such time as the parent no longer consents.

2611 2. Any time the department seeks a medical evaluation to
2612 determine the need to initiate or continue a psychotropic
2613 medication for a child, the department must provide to the
2614 evaluating physician all pertinent medical information known to
2615 the department concerning that child.

2616 Section 62. Paragraph (e) of subsection (5) of section
2617 212.055, Florida Statutes, is amended to read:

2618 212.055 Discretionary sales surtaxes; legislative intent;
2619 authorization and use of proceeds.—It is the legislative intent
2620 that any authorization for imposition of a discretionary sales
2621 surtax shall be published in the Florida Statutes as a
2622 subsection of this section, irrespective of the duration of the
2623 levy. Each enactment shall specify the types of counties
2624 authorized to levy; the rate or rates which may be imposed; the
2625 maximum length of time the surtax may be imposed, if any; the
2626 procedure which must be followed to secure voter approval, if
2627 required; the purpose for which the proceeds may be expended;

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2628 and such other requirements as the Legislature may provide.
2629 Taxable transactions and administrative procedures shall be as
2630 provided in s. 212.054.

2631 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined
2632 in s. 125.011(1) may levy the surtax authorized in this
2633 subsection pursuant to an ordinance either approved by
2634 extraordinary vote of the county commission or conditioned to
2635 take effect only upon approval by a majority vote of the
2636 electors of the county voting in a referendum. In a county as
2637 defined in s. 125.011(1), for the purposes of this subsection,
2638 "county public general hospital" means a general hospital as
2639 defined in s. 395.002 which is owned, operated, maintained, or
2640 governed by the county or its agency, authority, or public
2641 health trust.

2642 (e) A governing board, agency, or authority shall be
2643 chartered by the county commission upon this act becoming law.
2644 The governing board, agency, or authority shall adopt and
2645 implement a health care plan for indigent health care services.
2646 The governing board, agency, or authority shall consist of no
2647 more than seven and no fewer than five members appointed by the
2648 county commission. The members of the governing board, agency,
2649 or authority shall be at least 18 years of age and residents of
2650 the county. No member may be employed by or affiliated with a
2651 health care provider or the public health trust, agency, or
2652 authority responsible for the county public general hospital.
2653 The following community organizations shall each appoint a

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2654 representative to a nominating committee: the South Florida
2655 Hospital and Healthcare Association, the Miami-Dade County
2656 Public Health Trust, the Dade County Medical Association, the
2657 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
2658 County. This committee shall nominate between 10 and 14 county
2659 citizens for the governing board, agency, or authority. The
2660 slate shall be presented to the county commission and the county
2661 commission shall confirm the top five to seven nominees,
2662 depending on the size of the governing board. Until such time as
2663 the governing board, agency, or authority is created, the funds
2664 provided for in subparagraph (d)2. shall be placed in a
2665 restricted account set aside from other county funds and not
2666 disbursed by the county for any other purpose.

2667 1. The plan shall divide the county into a minimum of four
2668 and maximum of six service areas, with no more than one
2669 participant hospital per service area. The county public general
2670 hospital shall be designated as the provider for one of the
2671 service areas. Services shall be provided through participants'
2672 primary acute care facilities.

2673 2. The plan and subsequent amendments to it shall fund a
2674 defined range of health care services for both indigent persons
2675 and the medically poor, including primary care, preventive care,
2676 hospital emergency room care, and hospital care necessary to
2677 stabilize the patient. For the purposes of this section,
2678 "stabilization" means stabilization as defined in s. 397.311(44)
2679 ~~s. 397.311(41)~~. Where consistent with these objectives, the plan

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2680 may include services rendered by physicians, clinics, community
2681 hospitals, and alternative delivery sites, as well as at least
2682 one regional referral hospital per service area. The plan shall
2683 provide that agreements negotiated between the governing board,
2684 agency, or authority and providers shall recognize hospitals
2685 that render a disproportionate share of indigent care, provide
2686 other incentives to promote the delivery of charity care to draw
2687 down federal funds where appropriate, and require cost
2688 containment, including, but not limited to, case management.
2689 From the funds specified in subparagraphs (d)1. and 2. for
2690 indigent health care services, service providers shall receive
2691 reimbursement at a Medicaid rate to be determined by the
2692 governing board, agency, or authority created pursuant to this
2693 paragraph for the initial emergency room visit, and a per-member
2694 per-month fee or capitation for those members enrolled in their
2695 service area, as compensation for the services rendered
2696 following the initial emergency visit. Except for provisions of
2697 emergency services, upon determination of eligibility,
2698 enrollment shall be deemed to have occurred at the time services
2699 were rendered. The provisions for specific reimbursement of
2700 emergency services shall be repealed on July 1, 2001, unless
2701 otherwise reenacted by the Legislature. The capitation amount or
2702 rate shall be determined before ~~prior to~~ program implementation
2703 by an independent actuarial consultant. In no event shall such
2704 reimbursement rates exceed the Medicaid rate. The plan must also
2705 provide that any hospitals owned and operated by government

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2706 entities on or after the effective date of this act must, as a
2707 condition of receiving funds under this subsection, afford
2708 public access equal to that provided under s. 286.011 as to any
2709 meeting of the governing board, agency, or authority the subject
2710 of which is budgeting resources for the retention of charity
2711 care, as that term is defined in the rules of the Agency for
2712 Health Care Administration. The plan shall also include
2713 innovative health care programs that provide cost-effective
2714 alternatives to traditional methods of service and delivery
2715 funding.

2716 3. The plan's benefits shall be made available to all
2717 county residents currently eligible to receive health care
2718 services as indigents or medically poor as defined in paragraph
2719 (4) (d).

2720 4. Eligible residents who participate in the health care
2721 plan shall receive coverage for a period of 12 months or the
2722 period extending from the time of enrollment to the end of the
2723 current fiscal year, per enrollment period, whichever is less.

2724 5. At the end of each fiscal year, the governing board,
2725 agency, or authority shall prepare an audit that reviews the
2726 budget of the plan, delivery of services, and quality of
2727 services, and makes recommendations to increase the plan's
2728 efficiency. The audit shall take into account participant
2729 hospital satisfaction with the plan and assess the amount of
2730 poststabilization patient transfers requested, and accepted or
2731 denied, by the county public general hospital.

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2732 Section 63. Paragraph (c) of subsection (2) of section
2733 394.4599, Florida Statutes, is amended to read:

2734 394.4599 Notice.—

2735 (2) INVOLUNTARY ADMISSION.—

2736 (c)1. A receiving facility shall give notice of the
2737 whereabouts of a minor who is being involuntarily held for
2738 examination pursuant to s. 394.463 to the minor's parent,
2739 guardian, caregiver, or guardian advocate, in person or by
2740 telephone or other form of electronic communication, immediately
2741 after the minor's arrival at the facility. The facility may
2742 delay notification for no more than 24 hours after the minor's
2743 arrival if the facility has submitted a report to the central
2744 abuse hotline, pursuant to s. 39.201, based upon knowledge or
2745 suspicion of abuse, abandonment, or neglect and if the facility
2746 deems a delay in notification to be in the minor's best
2747 interest.

2748 2. The receiving facility shall attempt to notify the
2749 minor's parent, guardian, caregiver, or guardian advocate until
2750 the receiving facility receives confirmation from the parent,
2751 guardian, caregiver, or guardian advocate, verbally, by
2752 telephone or other form of electronic communication, or by
2753 recorded message, that notification has been received. Attempts
2754 to notify the parent, guardian, caregiver, or guardian advocate
2755 must be repeated at least once every hour during the first 12
2756 hours after the minor's arrival and once every 24 hours
2757 thereafter and must continue until such confirmation is

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2758 received, unless the minor is released at the end of the 72-hour
2759 examination period, or until a petition for involuntary services
2760 ~~placement~~ is filed with the court pursuant to s. 394.463(2)(g)
2761 ~~s. 394.463(2)(i)~~. The receiving facility may seek assistance
2762 from a law enforcement agency to notify the minor's parent,
2763 guardian, caregiver, or guardian advocate if the facility has
2764 not received within the first 24 hours after the minor's arrival
2765 a confirmation by the parent, guardian, caregiver, or guardian
2766 advocate that notification has been received. The receiving
2767 facility must document notification attempts in the minor's
2768 clinical record.

2769 Section 64. Subsection (3) of section 394.495, Florida
2770 Statutes, is amended to read:

2771 394.495 Child and adolescent mental health system of care;
2772 programs and services.—

2773 (3) Assessments must be performed by:

2774 (a) A professional as defined in s. 394.455(5), (7), (32),
2775 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~;

2776 (b) A professional licensed under chapter 491; or

2777 (c) A person who is under the direct supervision of a
2778 qualified professional as defined in s. 394.455(5), (7), (32),
2779 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a
2780 professional licensed under chapter 491.

2781 Section 65. Subsection (5) of section 394.496, Florida
2782 Statutes, is amended to read:

2783 394.496 Service planning.—

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2784 (5) A professional as defined in s. 394.455(5), (7), (32),
2785 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a
2786 professional licensed under chapter 491 must be included among
2787 those persons developing the services plan.

2788 Section 66. Subsection (6) of section 394.9085, Florida
2789 Statutes, is amended to read:

2790 394.9085 Behavioral provider liability.—

2791 (6) For purposes of this section, the terms
2792 "detoxification services," "addictions receiving facility," and
2793 "receiving facility" have the same meanings as those provided in
2794 ss. 397.311(25)(a)4., 397.311(25)(a)1., and 394.455(38) ~~ss.~~
2795 ~~397.311(22)(a)4., 397.311(22)(a)1., and 394.455(26),~~
2796 respectively.

2797 Section 67. Subsections (16) through (20) of section
2798 397.321, Florida Statutes, are renumbered as subsections (15)
2799 through (19), respectively, and present subsection (15) of that
2800 section is amended to read:

2801 397.321 Duties of the department.—The department shall:

2802 ~~(15) Appoint a substance abuse impairment coordinator to~~
2803 ~~represent the department in efforts initiated by the statewide~~
2804 ~~substance abuse impairment prevention and treatment coordinator~~
2805 ~~established in s. 397.801 and to assist the statewide~~
2806 ~~coordinator in fulfilling the responsibilities of that position.~~

2807 Section 68. Subsection (8) of section 397.405, Florida
2808 Statutes, is amended to read:

2809 397.405 Exemptions from licensure.—The following are

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2810 exempt from the licensing provisions of this chapter:

2811 (8) A legally cognizable church or nonprofit religious
2812 organization or denomination providing substance abuse services,
2813 including prevention services, which are solely religious,
2814 spiritual, or ecclesiastical in nature. A church or nonprofit
2815 religious organization or denomination providing any of the
2816 licensed service components itemized under s. 397.311(25) ~~s.~~
2817 ~~397.311(22)~~ is not exempt from substance abuse licensure but
2818 retains its exemption with respect to all services which are
2819 solely religious, spiritual, or ecclesiastical in nature.

2820

2821 The exemptions from licensure in this section do not apply to
2822 any service provider that receives an appropriation, grant, or
2823 contract from the state to operate as a service provider as
2824 defined in this chapter or to any substance abuse program
2825 regulated pursuant to s. 397.406. Furthermore, this chapter may
2826 not be construed to limit the practice of a physician or
2827 physician assistant licensed under chapter 458 or chapter 459, a
2828 psychologist licensed under chapter 490, a psychotherapist
2829 licensed under chapter 491, or an advanced registered nurse
2830 practitioner licensed under part I of chapter 464, who provides
2831 substance abuse treatment, so long as the physician, physician
2832 assistant, psychologist, psychotherapist, or advanced registered
2833 nurse practitioner does not represent to the public that he or
2834 she is a licensed service provider and does not provide services
2835 to individuals pursuant to part V of this chapter. Failure to

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2836 comply with any requirement necessary to maintain an exempt
2837 status under this section is a misdemeanor of the first degree,
2838 punishable as provided in s. 775.082 or s. 775.083.

2839 Section 69. Subsections (1) and (5) of section 397.407,
2840 Florida Statutes, are amended to read:

2841 397.407 Licensure process; fees.—

2842 (1) The department shall establish the licensure process
2843 to include fees and categories of licenses and must prescribe a
2844 fee range that is based, at least in part, on the number and
2845 complexity of programs listed in s. 397.311(25) ~~s. 397.311(22)~~
2846 which are operated by a licensee. The fees from the licensure of
2847 service components are sufficient to cover at least 50 percent
2848 of the costs of regulating the service components. The
2849 department shall specify a fee range for public and privately
2850 funded licensed service providers. Fees for privately funded
2851 licensed service providers must exceed the fees for publicly
2852 funded licensed service providers.

2853 (5) The department may issue probationary, regular, and
2854 interim licenses. The department shall issue one license for
2855 each service component that is operated by a service provider
2856 and defined pursuant to s. 397.311(25) ~~s. 397.311(22)~~. The
2857 license is valid only for the specific service components listed
2858 for each specific location identified on the license. The
2859 licensed service provider shall apply for a new license at least
2860 60 days before the addition of any service components or 30 days
2861 before the relocation of any of its service sites. Provision of

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2862 service components or delivery of services at a location not
2863 identified on the license may be considered an unlicensed
2864 operation that authorizes the department to seek an injunction
2865 against operation as provided in s. 397.401, in addition to
2866 other sanctions authorized by s. 397.415. Probationary and
2867 regular licenses may be issued only after all required
2868 information has been submitted. A license may not be
2869 transferred. As used in this subsection, the term "transfer"
2870 includes, but is not limited to, the transfer of a majority of
2871 the ownership interest in the licensed entity or transfer of
2872 responsibilities under the license to another entity by
2873 contractual arrangement.

2874 Section 70. Section 397.416, Florida Statutes, is amended
2875 to read:

2876 397.416 Substance abuse treatment services; qualified
2877 professional.—Notwithstanding any other provision of law, a
2878 person who was certified through a certification process
2879 recognized by the former Department of Health and Rehabilitative
2880 Services before January 1, 1995, may perform the duties of a
2881 qualified professional with respect to substance abuse treatment
2882 services as defined in this chapter, and need not meet the
2883 certification requirements contained in s. 397.311(33) ~~s.~~
2884 ~~397.311(30)~~.

2885 Section 71. Subsection (2) of section 397.4871, Florida
2886 Statutes, is amended to read:

2887 397.4871 Recovery residence administrator certification.—

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2888 (2) The department shall approve at least one
2889 credentialing entity by December 1, 2015, for the purpose of
2890 developing and administering a voluntary credentialing program
2891 for administrators. The department shall approve any
2892 credentialing entity that the department endorses pursuant to s.
2893 397.321(15) ~~s. 397.321(16)~~ if the credentialing entity also
2894 meets the requirements of this section. The approved
2895 credentialing entity shall:

2896 (a) Establish recovery residence administrator core
2897 competencies, certification requirements, testing instruments,
2898 and recertification requirements.

2899 (b) Establish a process to administer the certification
2900 application, award, and maintenance processes.

2901 (c) Develop and administer:

2902 1. A code of ethics and disciplinary process.

2903 2. Biennial continuing education requirements and annual
2904 certification renewal requirements.

2905 3. An education provider program to approve training
2906 entities that are qualified to provide precertification training
2907 to applicants and continuing education opportunities to
2908 certified persons.

2909 Section 72. Paragraph (e) of subsection (3) of section
2910 409.966, Florida Statutes, is amended to read:

2911 409.966 Eligible plans; selection.—

2912 (3) QUALITY SELECTION CRITERIA.—

2913 (e) To ensure managed care plan participation in Regions 1

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2914 and 2, the agency shall award an additional contract to each
2915 plan with a contract award in Region 1 or Region 2. Such
2916 contract shall be in any other region in which the plan
2917 submitted a responsive bid and negotiates a rate acceptable to
2918 the agency. If a plan that is awarded an additional contract
2919 pursuant to this paragraph is subject to penalties pursuant to
2920 s. 409.967(2)(i) ~~s. 409.967(2)(h)~~ for activities in Region 1 or
2921 Region 2, the additional contract is automatically terminated
2922 180 days after the imposition of the penalties. The plan must
2923 reimburse the agency for the cost of enrollment changes and
2924 other transition activities.

2925 Section 73. Paragraph (b) of subsection (1) of section
2926 409.972, Florida Statutes, is amended to read:

2927 409.972 Mandatory and voluntary enrollment.—

2928 (1) The following Medicaid-eligible persons are exempt
2929 from mandatory managed care enrollment required by s. 409.965,
2930 and may voluntarily choose to participate in the managed medical
2931 assistance program:

2932 (b) Medicaid recipients residing in residential commitment
2933 facilities operated through the Department of Juvenile Justice
2934 or a mental health treatment facility ~~facilities~~ as defined in
2935 s. 394.455(46) ~~by s. 394.455(32)~~.

2936 Section 74. Paragraphs (d) and (g) of subsection (1) of
2937 section 440.102, Florida Statutes, are amended to read:

2938 440.102 Drug-free workplace program requirements.—The
2939 following provisions apply to a drug-free workplace program

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2940 implemented pursuant to law or to rules adopted by the Agency
2941 for Health Care Administration:

2942 (1) DEFINITIONS.—Except where the context otherwise
2943 requires, as used in this act:

2944 (d) "Drug rehabilitation program" means a service
2945 provider, established pursuant to s. 397.311(42) ~~s. 397.311(39)~~,
2946 that provides confidential, timely, and expert identification,
2947 assessment, and resolution of employee drug abuse.

2948 (g) "Employee assistance program" means an established
2949 program capable of providing expert assessment of employee
2950 personal concerns; confidential and timely identification
2951 services with regard to employee drug abuse; referrals of
2952 employees for appropriate diagnosis, treatment, and assistance;
2953 and followup services for employees who participate in the
2954 program or require monitoring after returning to work. If, in
2955 addition to the above activities, an employee assistance program
2956 provides diagnostic and treatment services, these services shall
2957 in all cases be provided by service providers pursuant to s.
2958 397.311(42) ~~s. 397.311(39)~~.

2959 Section 75. Subsection (7) of section 744.704, Florida
2960 Statutes, is amended to read:

2961 744.704 Powers and duties.—

2962 (7) A public guardian may ~~shall~~ not commit a ward to a
2963 ~~mental health~~ treatment facility, as defined in s. 394.455(46)
2964 ~~s. 394.455(32)~~, without an involuntary placement proceeding as
2965 provided by law.

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2966 Section 76. The Secretary of Children and Families shall
2967 appoint a workgroup to consider the feasibility of individuals
2968 using advance directives to express the treatment wishes for
2969 substance use disorders. The workgroup shall be composed of
2970 individuals with expertise in the treatment of substance use
2971 disorders. The workgroup must review the use of advance
2972 directives in mental health, the use of advance directives for
2973 substance use disorders in other states, and the use of similar
2974 legal instruments to express the treatment wishes of individuals
2975 suffering from substance use disorders. The workgroup shall
2976 provide a report to the Governor, the President of the Senate,
2977 and the Speaker of the House of Representatives by January 1,
2978 2017. The report must include recommendations on the feasibility
2979 of using advance directives for individuals with substance use
2980 disorders and recommendations for any revisions to state laws or
2981 agency rules. The members of the workgroup are not entitled to
2982 reimbursement from the Department of Children and Families for
2983 travel for workgroup meetings unless they are employees of the
2984 department. This section expires on May 6, 2017.

2985 Section 77. Paragraph (b) of subsection (2) of section
2986 61.13, Florida Statutes, is amended to read:

2987 61.13 Support of children; parenting and time-sharing;
2988 powers of court.—

2989 (2)

2990 (b) A parenting plan approved by the court must, at a
2991 minimum:7

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2992 1. Describe in adequate detail how the parents will share
2993 and be responsible for the daily tasks associated with the
2994 upbringing of the child;

2995 2. Include the time-sharing schedule arrangements that
2996 specify the time that the minor child will spend with each
2997 parent;

2998 3. Designate a designation of who will be responsible for:
2999 a. Any and all forms of health care. If the court orders
3000 shared parental responsibility over health care decisions, the
3001 parenting plan must provide that either parent may consent to
3002 mental health treatment for the child.

3003 b. School-related matters, including the address to be
3004 used for school-boundary determination and registration. 7 ~~and~~

3005 c. Other activities; and

3006 4. Describe in adequate detail the methods and
3007 technologies that the parents will use to communicate with the
3008 child.

3009 Section 78. Subsection (6) of section 39.001, Florida
3010 Statutes, is amended to read:

3011 39.001 Purposes and intent; personnel standards and
3012 screening.—

3013 (6) MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES.—

3014 (a) The Legislature recognizes that early referral and
3015 comprehensive treatment can help combat mental illness and
3016 substance abuse disorders in families and that treatment is
3017 cost-effective.

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3018 (b) The Legislature establishes the following goals for
3019 the state related to mental illness and substance abuse
3020 treatment services in the dependency process:

3021 1. To ensure the safety of children.

3022 2. To prevent and remediate the consequences of mental
3023 illness and substance abuse disorders on families involved in
3024 protective supervision or foster care and reduce the occurrences
3025 of mental illness and substance abuse disorders, including
3026 alcohol abuse or other related disorders, for families who are
3027 at risk of being involved in protective supervision or foster
3028 care.

3029 3. To expedite permanency for children and reunify
3030 healthy, intact families, when appropriate.

3031 4. To support families in recovery.

3032 (c) The Legislature finds that children in the care of the
3033 state's dependency system need appropriate health care services,
3034 that the impact of mental illnesses and substance abuse on
3035 health indicates the need for health care services to include
3036 treatment for mental health and substance abuse disorders for
3037 ~~services to~~ children and parents where appropriate, and that it
3038 is in the state's best interest that such children be provided
3039 the services they need to enable them to become and remain
3040 independent of state care. In order to provide these services,
3041 the state's dependency system must have the ability to identify
3042 and provide appropriate intervention and treatment for children
3043 with personal or family-related mental illness and substance

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3044 abuse problems.

3045 (d) It is the intent of the Legislature to encourage the
3046 use of the mental health programs established under chapter 394
3047 and the drug court program model established under ~~by~~ s. 397.334
3048 and authorize courts to assess children and persons who have
3049 custody or are requesting custody of children where good cause
3050 is shown to identify and address mental illnesses and substance
3051 abuse disorders ~~problems~~ as the court deems appropriate at every
3052 stage of the dependency process. Participation in treatment,
3053 including a treatment-based drug court program, may be required
3054 by the court following adjudication. Participation in assessment
3055 and treatment before ~~prior to~~ adjudication is ~~shall be~~
3056 voluntary, except as provided in s. 39.407(16).

3057 (e) It is therefore the purpose of the Legislature to
3058 provide authority for the state to contract with mental health
3059 service providers and community substance abuse treatment
3060 providers for the development and operation of specialized
3061 support and overlay services for the dependency system, which
3062 will be fully implemented and used as resources permit.

3063 (f) Participation in the treatment-based drug court program
3064 does not divest any public or private agency of its
3065 responsibility for a child or adult, but is intended to enable
3066 these agencies to better meet their needs through shared
3067 responsibility and resources.

3068 Section 79. Subsection (10) of section 39.507, Florida
3069 Statutes, is amended to read:

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39.507 Adjudicatory hearings; orders of adjudication.—

(10) After an adjudication of dependency, or a finding of dependency in which ~~where~~ adjudication is withheld, the court may order a person who has, ~~custody~~ or is requesting, custody of the child to submit to a mental health or substance abuse disorder assessment or evaluation. The order may be made only upon good cause shown and pursuant to notice and procedural requirements provided under the Florida Rules of Juvenile Procedure. The assessment or evaluation must be administered by an appropriate ~~a~~ qualified professional, as defined in s. 39.01 or s. 397.311. The court may also require such person to participate in and comply with treatment and services identified as necessary, including, when appropriate and available, participation in and compliance with a mental health program established under chapter 394 or a treatment-based drug court program established under s. 397.334. In addition to supervision by the department, the court, including the treatment-based drug court program, may oversee the progress and compliance with treatment by a person who has custody or is requesting custody of the child. The court may impose appropriate available sanctions for noncompliance upon a person who has custody or is requesting custody of the child or make a finding of noncompliance for consideration in determining whether an alternative placement of the child is in the child's best interests. Any order entered under this subsection may be made only upon good cause shown. This subsection does not authorize

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3096 placement of a child with a person seeking custody, other than
3097 the parent or legal custodian, who requires mental health or
3098 substance abuse disorder treatment.

3099 Section 80. Paragraph (b) of subsection (1) of section
3100 39.521, Florida Statutes, is amended to read:

3101 39.521 Disposition hearings; powers of disposition.—

3102 (1) A disposition hearing shall be conducted by the court,
3103 if the court finds that the facts alleged in the petition for
3104 dependency were proven in the adjudicatory hearing, or if the
3105 parents or legal custodians have consented to the finding of
3106 dependency or admitted the allegations in the petition, have
3107 failed to appear for the arraignment hearing after proper
3108 notice, or have not been located despite a diligent search
3109 having been conducted.

3110 (b) When any child is adjudicated by a court to be
3111 dependent, the court having jurisdiction of the child has the
3112 power by order to:

3113 1. Require the parent and, when appropriate, the legal
3114 custodian and the child to participate in treatment and services
3115 identified as necessary. The court may require the person who
3116 has custody or who is requesting custody of the child to submit
3117 to a mental health or substance abuse disorder assessment or
3118 evaluation. The order may be made only upon good cause shown and
3119 pursuant to notice and procedural requirements provided under
3120 the Florida Rules of Juvenile Procedure. The mental health
3121 assessment or evaluation must be administered by a qualified

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3122 professional, as defined in s. 39.01, and the substance abuse
3123 assessment or evaluation must be administered by a qualified
3124 professional as defined in s. 397.311. The court may also
3125 require such person to participate in and comply with treatment
3126 and services identified as necessary, including, when
3127 appropriate and available, participation in and compliance with
3128 a mental health program established under chapter 394 or a
3129 treatment-based drug court program established under s. 397.334.
3130 In addition to supervision by the department, the court,
3131 including the treatment-based drug court program, may oversee
3132 the progress and compliance with treatment by a person who has
3133 custody or is requesting custody of the child. The court may
3134 impose appropriate available sanctions for noncompliance upon a
3135 person who has custody or is requesting custody of the child or
3136 make a finding of noncompliance for consideration in determining
3137 whether an alternative placement of the child is in the child's
3138 best interests. Any order entered under this subparagraph may be
3139 made only upon good cause shown. This subparagraph does not
3140 authorize placement of a child with a person seeking custody of
3141 the child, other than the child's parent or legal custodian, who
3142 requires mental health or substance abuse treatment.

3143 2. Require, if the court deems necessary, the parties to
3144 participate in dependency mediation.

3145 3. Require placement of the child either under the
3146 protective supervision of an authorized agent of the department
3147 in the home of one or both of the child's parents or in the home

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3148 of a relative of the child or another adult approved by the
3149 court, or in the custody of the department. Protective
3150 supervision continues until the court terminates it or until the
3151 child reaches the age of 18, whichever date is first. Protective
3152 supervision shall be terminated by the court whenever the court
3153 determines that permanency has been achieved for the child,
3154 whether with a parent, another relative, or a legal custodian,
3155 and that protective supervision is no longer needed. The
3156 termination of supervision may be with or without retaining
3157 jurisdiction, at the court's discretion, and shall in either
3158 case be considered a permanency option for the child. The order
3159 terminating supervision by the department must ~~shall~~ set forth
3160 the powers of the custodian of the child and ~~shall~~ include the
3161 powers ordinarily granted to a guardian of the person of a minor
3162 unless otherwise specified. Upon the court's termination of
3163 supervision by the department, ~~no~~ further judicial reviews are
3164 not required if, so long as permanency has been established for
3165 the child.

3166 Section 81. Section 394.4655, Florida Statutes, is amended
3167 to read:

3168 394.4655 Involuntary outpatient services ~~placement~~.—

3169 (1) CRITERIA FOR INVOLUNTARY OUTPATIENT SERVICES
3170 PLACEMENT.—A person may be ordered to involuntary outpatient
3171 services ~~placement~~ upon a finding of the court, by clear and
3172 convincing evidence, that the person meets all of the following
3173 criteria ~~by clear and convincing evidence:~~

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- 3174 (a) The person is 18 years of age or older.†
3175 (b) The person has a mental illness.†
3176 (c) The person is unlikely to survive safely in the
3177 community without supervision, based on a clinical
3178 determination.†
3179 (d) The person has a history of lack of compliance with
3180 treatment for mental illness.†
3181 (e) The person has:
3182 1. At least twice within the immediately preceding 36
3183 months been involuntarily admitted to a receiving or treatment
3184 facility as defined in s. 394.455, or has received mental health
3185 services in a forensic or correctional facility. The 36-month
3186 period does not include any period during which the person was
3187 admitted or incarcerated; or
3188 2. Engaged in one or more acts of serious violent behavior
3189 toward self or others, or attempts at serious bodily harm to
3190 himself or herself or others, within the preceding 36 months.†
3191 (f) The person is, as a result of his or her mental
3192 illness, unlikely to voluntarily participate in the recommended
3193 treatment plan and ~~either he or she~~ has refused voluntary
3194 services ~~placement~~ for treatment after sufficient and
3195 conscientious explanation and disclosure of why the services are
3196 necessary ~~purpose of placement for treatment~~ or ~~he or she~~ is
3197 unable to determine for himself or herself whether services are
3198 ~~placement is~~ necessary.†
3199 (g) In view of the person's treatment history and current

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3200 behavior, the person is in need of involuntary outpatient
3201 services placement in order to prevent a relapse or
3202 deterioration that would be likely to result in serious bodily
3203 harm to himself or herself or others, or a substantial harm to
3204 his or her well-being as set forth in s. 394.463(1).~~†~~

3205 (h) It is likely that the person will benefit from
3206 involuntary outpatient services. ~~placement; and~~

3207 (i) All available, less restrictive alternatives that
3208 would offer an opportunity for improvement of his or her
3209 condition have been judged to be inappropriate or unavailable.

3210 (2) INVOLUNTARY OUTPATIENT SERVICES PLACEMENT.—

3211 (a)1. A patient who is being recommended for involuntary
3212 outpatient services placement by the administrator of the
3213 ~~receiving~~ facility where the patient has been examined may be
3214 retained by the facility after adherence to the notice
3215 procedures provided in s. 394.4599. The recommendation must be
3216 supported by the opinion of a—psychiatrist and the second
3217 opinion of a clinical psychologist or another psychiatrist, both
3218 of whom have personally examined the patient within the
3219 preceding 72 hours, that the criteria for involuntary outpatient
3220 services placement are met. However, ~~in a county having a~~
3221 ~~population of fewer than 50,000,~~ if the administrator certifies
3222 that a psychiatrist or clinical psychologist is not available to
3223 provide the second opinion, the second opinion may be provided
3224 by a licensed physician who has postgraduate training and
3225 experience in diagnosis and treatment of mental illness ~~and~~

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3226 ~~nervous disorders~~ or by a psychiatric nurse. Any second opinion
3227 authorized in this subparagraph may be conducted through a face-
3228 to-face examination, in person or by electronic means. Such
3229 recommendation must be entered on an involuntary outpatient
3230 services placement certificate that authorizes the ~~receiving~~
3231 facility to retain the patient pending completion of a hearing.
3232 The certificate must ~~shall~~ be made a part of the patient's
3233 clinical record.

3234 2. If the patient has been stabilized and no longer meets
3235 the criteria for involuntary examination pursuant to s.
3236 394.463(1), the patient must be released from the ~~receiving~~
3237 facility while awaiting the hearing for involuntary outpatient
3238 services placement. Before filing a petition for involuntary
3239 outpatient services treatment, the administrator of the a
3240 ~~receiving~~ facility or a designated department representative
3241 must identify the service provider that will have primary
3242 responsibility for service provision under an order for
3243 involuntary outpatient services placement, unless the person is
3244 otherwise participating in outpatient psychiatric treatment and
3245 is not in need of public financing for that treatment, in which
3246 case the individual, if eligible, may be ordered to involuntary
3247 treatment pursuant to the existing psychiatric treatment
3248 relationship.

3249 3. The service provider shall prepare a written proposed
3250 treatment plan in consultation with the patient or the patient's
3251 guardian advocate, if appointed, for the court's consideration

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3252 for inclusion in the involuntary outpatient services placement
3253 order that addresses the nature and extent of the mental illness
3254 and any co-occurring substance use disorder that necessitate
3255 involuntary outpatient services. The treatment plan must specify
3256 the likely level of care, including the use of medication, and
3257 anticipated discharge criteria for terminating involuntary
3258 outpatient services. The service provider shall also provide a
3259 copy of the proposed treatment plan to the patient and the
3260 administrator of the receiving facility. The treatment plan must
3261 specify the nature and extent of the patient's mental illness,
3262 address the reduction of symptoms that necessitate involuntary
3263 outpatient placement, and include measurable goals and
3264 objectives for the services and treatment that are provided to
3265 treat the person's mental illness and assist the person in
3266 living and functioning in the community or to prevent a relapse
3267 or deterioration. Service providers may select and supervise
3268 other individuals to implement specific aspects of the treatment
3269 plan. The services in the ~~treatment~~ plan must be deemed
3270 clinically appropriate by a physician, clinical psychologist,
3271 psychiatric nurse, mental health counselor, marriage and family
3272 therapist, or clinical social worker who consults with, or is
3273 employed or contracted by, the service provider. The service
3274 provider must certify to the court in the proposed ~~treatment~~
3275 plan whether sufficient services for improvement and
3276 stabilization are currently available and whether the service
3277 provider agrees to provide those services. If the service

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3278 provider certifies that the services in the proposed treatment
3279 plan are not available, the petitioner may not file the
3280 petition. The service provider must notify the managing entity
3281 if the requested services are not available. The managing entity
3282 must document such efforts to obtain the requested services.

3283 (b) If a patient in involuntary inpatient placement meets
3284 the criteria for involuntary outpatient services placement, the
3285 administrator of the ~~treatment~~ facility may, before the
3286 expiration of the period during which the ~~treatment~~ facility is
3287 authorized to retain the patient, recommend involuntary
3288 outpatient services placement. The recommendation must be
3289 supported by the opinion of a psychiatrist and the second
3290 opinion of a clinical psychologist or another psychiatrist, both
3291 of whom have personally examined the patient within the
3292 preceding 72 hours, that the criteria for involuntary outpatient
3293 services placement are met. However, ~~in a county having a~~
3294 ~~population of fewer than 50,000,~~ if the administrator certifies
3295 that a psychiatrist or clinical psychologist is not available to
3296 provide the second opinion, the second opinion may be provided
3297 by a licensed physician who has postgraduate training and
3298 experience in diagnosis and treatment of mental illness ~~and~~
3299 ~~nervous disorders~~ or by a psychiatric nurse. Any second opinion
3300 authorized in this subparagraph may be conducted through a face-
3301 to-face examination, in person or by electronic means. Such
3302 recommendation must be entered on an involuntary outpatient
3303 services placement certificate, and the certificate must be made

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3304 a part of the patient's clinical record.

3305 (c)1. The administrator of the treatment facility shall
3306 provide a copy of the involuntary outpatient services placement
3307 certificate and a copy of the state mental health discharge form
3308 to the managing entity ~~a department representative~~ in the county
3309 where the patient will be residing. For persons who are leaving
3310 a state mental health treatment facility, the petition for
3311 involuntary outpatient services placement must be filed in the
3312 county where the patient will be residing.

3313 2. The service provider that will have primary
3314 responsibility for service provision shall be identified by the
3315 designated department representative before ~~prior to~~ the order
3316 for involuntary outpatient services placement and must, before
3317 ~~prior to~~ filing a petition for involuntary outpatient services
3318 ~~placement~~, certify to the court whether the services recommended
3319 in the patient's discharge plan are available ~~in the local~~
3320 ~~community~~ and whether the service provider agrees to provide
3321 those services. The service provider must develop with the
3322 patient, or the patient's guardian advocate, if appointed, a
3323 treatment or service plan that addresses the needs identified in
3324 the discharge plan. The plan must be deemed to be clinically
3325 appropriate by a physician, clinical psychologist, psychiatric
3326 nurse, mental health counselor, marriage and family therapist,
3327 or clinical social worker, as defined in this chapter, who
3328 consults with, or is employed or contracted by, the service
3329 provider.

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3330 3. If the service provider certifies that the services in
3331 the proposed treatment or service plan are not available, the
3332 petitioner may not file the petition. The service provider must
3333 notify the managing entity if the requested services are not
3334 available. The managing entity must document such efforts to
3335 obtain the requested services.

3336 (3) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES
3337 PLACEMENT.—

3338 (a) A petition for involuntary outpatient services
3339 ~~placement~~ may be filed by:

- 3340 1. The administrator of a receiving facility; or
- 3341 2. The administrator of a treatment facility.

3342 (b) Each required criterion for involuntary outpatient
3343 services placement must be alleged and substantiated in the
3344 petition for involuntary outpatient services placement. A copy
3345 of the certificate recommending involuntary outpatient services
3346 ~~placement~~ completed by a qualified professional specified in
3347 subsection (2) must be attached to the petition. A copy of the
3348 proposed treatment plan must be attached to the petition. Before
3349 the petition is filed, the service provider shall certify that
3350 the services in the proposed ~~treatment~~ plan are available. If
3351 the necessary services are not available ~~in the patient's local~~
3352 ~~community to respond to the person's individual needs~~, the
3353 petition may not be filed. The service provider must notify the
3354 managing entity if the requested services are not available. The
3355 managing entity must document such efforts to obtain the

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3356 requested services.

3357 (c) The petition for involuntary outpatient services
3358 ~~placement~~ must be filed in the county where the patient is
3359 located, unless the patient is being placed from a state
3360 treatment facility, in which case the petition must be filed in
3361 the county where the patient will reside. When the petition has
3362 been filed, the clerk of the court shall provide copies of the
3363 petition and the proposed treatment plan to the department, the
3364 managing entity, the patient, the patient's guardian or
3365 representative, the state attorney, and the public defender or
3366 the patient's private counsel. A fee may not be charged for
3367 filing a petition under this subsection.

3368 (4) APPOINTMENT OF COUNSEL.—Within 1 court working day
3369 after the filing of a petition for involuntary outpatient
3370 services placement, the court shall appoint the public defender
3371 to represent the person who is the subject of the petition,
3372 unless the person is otherwise represented by counsel. The clerk
3373 of the court shall immediately notify the public defender of the
3374 appointment. The public defender shall represent the person
3375 until the petition is dismissed, the court order expires, or the
3376 patient is discharged from involuntary outpatient services
3377 ~~placement~~. An attorney who represents the patient must be
3378 provided ~~shall have~~ access to the patient, witnesses, and
3379 records relevant to the presentation of the patient's case and
3380 shall represent the interests of the patient, regardless of the
3381 source of payment to the attorney.

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3382 (5) CONTINUANCE OF HEARING.—The patient is entitled, with
3383 the concurrence of the patient's counsel, to at least one
3384 continuance of the hearing. The continuance shall be for a
3385 period of up to 4 weeks.

3386 (6) HEARING ON INVOLUNTARY OUTPATIENT SERVICES ~~PLACEMENT~~.—

3387 (a)1. The court shall hold the hearing on involuntary
3388 outpatient services ~~placement~~ within 5 working days after the
3389 filing of the petition, unless a continuance is granted. The
3390 hearing must ~~shall~~ be held in the county where the petition is
3391 filed, must ~~shall~~ be as convenient to the patient as is
3392 consistent with orderly procedure, and must ~~shall~~ be conducted
3393 in physical settings not likely to be injurious to the patient's
3394 condition. If the court finds that the patient's attendance at
3395 the hearing is not consistent with the best interests of the
3396 patient and if the patient's counsel does not object, the court
3397 may waive the presence of the patient from all or any portion of
3398 the hearing. The state attorney for the circuit in which the
3399 patient is located shall represent the state, rather than the
3400 petitioner, as the real party in interest in the proceeding.

3401 2. The court may appoint a magistrate ~~master~~ to preside at
3402 the hearing. One of the professionals who executed the
3403 involuntary outpatient services ~~placement~~ certificate shall be a
3404 witness. The patient and the patient's guardian or
3405 representative shall be informed by the court of the right to an
3406 independent expert examination. If the patient cannot afford
3407 such an examination, the court shall ensure that one is

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3408 provided, as otherwise provided by law ~~provide for one~~. The
3409 independent expert's report is ~~shall be~~ confidential and not
3410 discoverable, unless the expert is to be called as a witness for
3411 the patient at the hearing. The court shall allow testimony from
3412 individuals, including family members, deemed by the court to be
3413 relevant under state law, regarding the person's prior history
3414 and how that prior history relates to the person's current
3415 condition. The testimony in the hearing must be given under
3416 oath, and the proceedings must be recorded. The patient may
3417 refuse to testify at the hearing.

3418 (b)1. If the court concludes that the patient meets the
3419 criteria for involuntary outpatient services ~~placement~~ pursuant
3420 to subsection (1), the court shall issue an order for
3421 involuntary outpatient services ~~placement~~. The court order shall
3422 be for a period of up to 90 days ~~6 months~~. The order must
3423 specify the nature and extent of the patient's mental illness.
3424 The order of the court and the treatment plan must ~~shall~~ be made
3425 part of the patient's clinical record. The service provider
3426 shall discharge a patient from involuntary outpatient services
3427 ~~placement~~ when the order expires or any time the patient no
3428 longer meets the criteria for involuntary services ~~placement~~.
3429 Upon discharge, the service provider shall send a certificate of
3430 discharge to the court.

3431 2. The court may not order the department or the service
3432 provider to provide services if the program or service is not
3433 available in the patient's local community, if there is no space

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3434 available in the program or service for the patient, or if
3435 funding is not available for the program or service. The service
3436 provider must notify the managing entity if the requested
3437 services are not available. The managing entity must document
3438 such efforts to obtain the requested services. A copy of the
3439 order must be sent to the managing entity ~~Agency for Health Care~~
3440 ~~Administration~~ by the service provider within 1 working day
3441 after it is received from the court. The order may be submitted
3442 electronically through existing data systems. After the
3443 ~~placement~~ order for involuntary services is issued, the service
3444 provider and the patient may modify ~~provisions of~~ the treatment
3445 plan. For any material modification of the treatment plan to
3446 which the patient or, if one is appointed, the patient's
3447 guardian advocate agrees, ~~if appointed, does agree,~~ the service
3448 provider shall send notice of the modification to the court. Any
3449 material modifications of the treatment plan which are contested
3450 by the patient or the patient's guardian advocate, if applicable
3451 ~~appointed,~~ must be approved or disapproved by the court
3452 consistent with subsection (2).

3453 3. If, in the clinical judgment of a physician, the
3454 patient has failed or ~~has~~ refused to comply with the treatment
3455 ordered by the court, and, in the clinical judgment of the
3456 physician, efforts were made to solicit compliance and the
3457 patient may meet the criteria for involuntary examination, a
3458 person may be brought to a receiving facility pursuant to s.
3459 394.463. If, after examination, the patient does not meet the

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3460 criteria for involuntary inpatient placement pursuant to s.
3461 394.467, the patient must be discharged from the ~~receiving~~
3462 facility. The involuntary outpatient services ~~placement~~ order
3463 shall remain in effect unless the service provider determines
3464 that the patient no longer meets the criteria for involuntary
3465 outpatient services ~~placement~~ or until the order expires. The
3466 service provider must determine whether modifications should be
3467 made to the existing treatment plan and must attempt to continue
3468 to engage the patient in treatment. For any material
3469 modification of the treatment plan to which the patient or the
3470 patient's guardian advocate, if applicable ~~appointed~~, agrees
3471 ~~does agree~~, the service provider shall send notice of the
3472 modification to the court. Any material modifications of the
3473 treatment plan which are contested by the patient or the
3474 patient's guardian advocate, if applicable ~~appointed~~, must be
3475 approved or disapproved by the court consistent with subsection
3476 (2).

3477 (c) If, at any time before the conclusion of the initial
3478 hearing on involuntary outpatient services ~~placement~~, it appears
3479 to the court that the person does not meet the criteria for
3480 involuntary outpatient services ~~placement~~ under this section
3481 but, instead, meets the criteria for involuntary inpatient
3482 placement, the court may order the person admitted for
3483 involuntary inpatient examination under s. 394.463. If the
3484 person instead meets the criteria for involuntary assessment,
3485 protective custody, or involuntary admission pursuant to s.

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3486 397.675, the court may order the person to be admitted for
3487 involuntary assessment for a period of 5 days pursuant to s.
3488 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by
3489 chapter 397.

3490 (d) At the hearing on involuntary outpatient services
3491 ~~placement~~, the court shall consider testimony and evidence
3492 regarding the patient's competence to consent to treatment. If
3493 the court finds that the patient is incompetent to consent to
3494 treatment, it shall appoint a guardian advocate as provided in
3495 s. 394.4598. The guardian advocate shall be appointed or
3496 discharged in accordance with s. 394.4598.

3497 (e) The administrator of the receiving facility or the
3498 designated department representative shall provide a copy of the
3499 court order and adequate documentation of a patient's mental
3500 illness to the service provider for involuntary outpatient
3501 services ~~placement~~. Such documentation must include any advance
3502 directives made by the patient, a psychiatric evaluation of the
3503 patient, and any evaluations of the patient performed by a
3504 ~~elinical~~ psychologist or a clinical social worker.

3505 (7) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT
3506 SERVICES ~~PLACEMENT~~.—

3507 (a)1. If the person continues to meet the criteria for
3508 involuntary outpatient services ~~placement~~, the service provider
3509 shall, at least 10 days before the expiration of the period
3510 during which the treatment is ordered for the person, file in
3511 the circuit court a petition for continued involuntary

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3512 outpatient services placement. The court shall immediately
3513 schedule a hearing on the petition to be held within 15 days
3514 after the petition is filed.

3515 2. The existing involuntary outpatient services placement
3516 order remains in effect until disposition on the petition for
3517 continued involuntary outpatient services placement.

3518 3. A certificate shall be attached to the petition which
3519 includes a statement from the person's physician or clinical
3520 psychologist justifying the request, a brief description of the
3521 patient's treatment during the time he or she was receiving
3522 involuntary services involuntarily placed, and an individualized
3523 plan of continued treatment.

3524 4. The service provider shall develop the individualized
3525 plan of continued treatment in consultation with the patient or
3526 the patient's guardian advocate, if applicable appointed. When
3527 the petition has been filed, the clerk of the court shall
3528 provide copies of the certificate and the individualized plan of
3529 continued treatment to the department, the patient, the
3530 patient's guardian advocate, the state attorney, and the
3531 patient's private counsel or the public defender.

3532 (b) Within 1 court working day after the filing of a
3533 petition for continued involuntary outpatient services
3534 placement, the court shall appoint the public defender to
3535 represent the person who is the subject of the petition, unless
3536 the person is otherwise represented by counsel. The clerk of the
3537 court shall immediately notify the public defender of such

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3538 appointment. The public defender shall represent the person
3539 until the petition is dismissed or the court order expires or
3540 the patient is discharged from involuntary outpatient services
3541 ~~placement~~. Any attorney representing the patient shall have
3542 access to the patient, witnesses, and records relevant to the
3543 presentation of the patient's case and shall represent the
3544 interests of the patient, regardless of the source of payment to
3545 the attorney.

3546 (c) Hearings on petitions for continued involuntary
3547 outpatient services must ~~placement shall~~ be before the circuit
3548 court. The court may appoint a magistrate ~~master~~ to preside at
3549 the hearing. The procedures for obtaining an order pursuant to
3550 this paragraph must meet the requirements of ~~shall be in~~
3551 ~~accordance with~~ subsection (6), except that the time period
3552 included in paragraph (1) (e) does not apply when is not
3553 ~~applicable in~~ determining the appropriateness of additional
3554 periods of involuntary outpatient services ~~placement~~.

3555 (d) Notice of the hearing must ~~shall~~ be provided as set
3556 forth in s. 394.4599. The patient and the patient's attorney may
3557 agree to a period of continued outpatient services ~~placement~~
3558 without a court hearing.

3559 (e) The same procedure must ~~shall~~ be repeated before the
3560 expiration of each additional period the patient is placed in
3561 treatment.

3562 (f) If the patient has previously been found incompetent
3563 to consent to treatment, the court shall consider testimony and

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3564 evidence regarding the patient's competence. Section 394.4598
3565 governs the discharge of the guardian advocate if the patient's
3566 competency to consent to treatment has been restored.

3567 Section 82. Section 394.455, Florida Statutes, is amended
3568 to read:

3569 394.455 Definitions.—As used in this part, ~~unless the~~
3570 ~~context clearly requires otherwise,~~ the term:

3571 (1) "Access center" means a facility that has medical,
3572 mental health, and substance abuse professionals to provide
3573 emergency screening and evaluation for mental health or
3574 substance abuse disorders and may provide transportation to an
3575 appropriate facility if an individual is in need of more
3576 intensive services.

3577 (2) "Addictions receiving facility" is a secure, acute
3578 care facility that, at a minimum, provides emergency screening,
3579 evaluation, detoxification, and stabilization services; is
3580 operated 24 hours per day, 7 days per week; and is designated by
3581 the department to serve individuals found to have substance
3582 abuse impairment who qualify for services under this part.

3583 (3)-(1) "Administrator" means the chief administrative
3584 officer of a receiving or treatment facility or his or her
3585 designee.

3586 (4) "Adult" means an individual who is 18 years of age or
3587 older or who has had the disability of nonage removed under
3588 chapter 743.

3589 (5)-(2) "Clinical psychologist" means a psychologist as

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3590 defined in s. 490.003(7) with 3 years of postdoctoral experience
3591 in the practice of clinical psychology, inclusive of the
3592 experience required for licensure, or a psychologist employed by
3593 a facility operated by the United States Department of Veterans
3594 Affairs that qualifies as a receiving or treatment facility
3595 under this part.

3596 ~~(6)-(3)~~ "Clinical record" means all parts of the record
3597 required to be maintained and includes all medical records,
3598 progress notes, charts, and admission and discharge data, and
3599 all other information recorded by a facility staff which
3600 pertains to the patient's hospitalization or treatment.

3601 ~~(7)-(4)~~ "Clinical social worker" means a person licensed as
3602 a clinical social worker under s. 491.005 or s. 491.006 ~~chapter~~
3603 ~~491~~.

3604 ~~(8)-(5)~~ "Community facility" means a ~~any~~ community service
3605 provider that contracts ~~contracting~~ with the department to
3606 furnish substance abuse or mental health services under part IV
3607 of this chapter.

3608 ~~(9)-(6)~~ "Community mental health center or clinic" means a
3609 publicly funded, not-for-profit center that ~~which~~ contracts with
3610 the department for the provision of inpatient, outpatient, day
3611 treatment, or emergency services.

3612 ~~(10)-(7)~~ "Court," unless otherwise specified, means the
3613 circuit court.

3614 ~~(11)-(8)~~ "Department" means the Department of Children and
3615 Families.

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3616 (12) "Designated receiving facility" means a facility
3617 approved by the department which may be a public or private
3618 hospital, crisis stabilization unit, or addictions receiving
3619 facility; which provides, at a minimum, emergency screening,
3620 evaluation, and short-term stabilization for mental health or
3621 substance abuse disorders; and which may have an agreement with
3622 a corresponding facility for transportation and services.

3623 (13) "Detoxification facility" means a facility licensed
3624 to provide detoxification services under chapter 397.

3625 (14) "Electronic means" means a form of telecommunication
3626 which requires all parties to maintain visual as well as audio
3627 communication when being used to conduct an examination by a
3628 qualified professional.

3629 (15)-(9) "Express and informed consent" means consent
3630 voluntarily given in writing, by a competent person, after
3631 sufficient explanation and disclosure of the subject matter
3632 involved to enable the person to make a knowing and willful
3633 decision without any element of force, fraud, deceit, duress, or
3634 other form of constraint or coercion.

3635 (16)-(10) "Facility" means any hospital, community
3636 facility, public or private facility, or receiving or treatment
3637 facility providing for the evaluation, diagnosis, care,
3638 treatment, training, or hospitalization of persons who appear to
3639 have a mental illness or who have been diagnosed as having a
3640 mental illness or substance abuse impairment. The term
3641 "Facility" does not include a any program or an entity licensed

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3642 under ~~pursuant to~~ chapter 400 or chapter 429.

3643 (17)~~(11)~~ "Guardian" means the natural guardian of a minor,
3644 or a person appointed by a court to act on behalf of a ward's
3645 person if the ward is a minor or has been adjudicated
3646 incapacitated.

3647 (18)~~(12)~~ "Guardian advocate" means a person appointed by a
3648 court to make decisions regarding mental health treatment on
3649 behalf of a patient who has been found incompetent to consent to
3650 treatment pursuant to this part. ~~The guardian advocate may be~~
3651 ~~granted specific additional powers by written order of the~~
3652 ~~court, as provided in this part.~~

3653 (19)~~(13)~~ "Hospital" means a hospital facility ~~as defined~~
3654 ~~in s. 395.002 and~~ licensed under chapter 395 and part II of
3655 chapter 408.

3656 (20)~~(14)~~ "Incapacitated" means that a person has been
3657 adjudicated incapacitated pursuant to part V of chapter 744 and
3658 a guardian of the person has been appointed.

3659 (21)~~(15)~~ "Incompetent to consent to treatment" means a
3660 state in which ~~that~~ a person's judgment is so affected by a his
3661 ~~or her~~ mental illness or a substance abuse impairment that he or
3662 she ~~the person~~ lacks the capacity to make a well-reasoned,
3663 willful, and knowing decision concerning his or her medical, ~~or~~
3664 mental health, or substance abuse treatment.

3665 (22) "Involuntary examination" means an examination
3666 performed under s. 394.463, s. 397.6772, s. 397.679, s.
3667 397.6798, or s. 397.6811 to determine whether a person qualifies

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3668 for involuntary services.

3669 (23) "Involuntary services" means court-ordered outpatient
3670 services or inpatient placement for mental health treatment
3671 pursuant to s. 394.4655 or s. 394.467.

3672 (24)~~(16)~~ "Law enforcement officer" has the same meaning as
3673 provided ~~means a law enforcement officer as defined in s.~~
3674 ~~943.10.~~

3675 (25) "Marriage and family therapist" means a person
3676 licensed to practice marriage and family therapy under s.
3677 491.005 or s. 491.006.

3678 (26) "Mental health counselor" means a person licensed to
3679 practice mental health counseling under s. 491.005 or s.
3680 491.006.

3681 (27)~~(17)~~ "Mental health overlay program" means a mobile
3682 service that ~~which~~ provides an independent examination for
3683 voluntary admission ~~admissions~~ and a range of supplemental
3684 onsite services to persons with a mental illness in a
3685 residential setting such as a nursing home, an assisted living
3686 facility, or an adult family-care home, ~~or a nonresidential~~
3687 setting such as an adult day care center. Independent
3688 examinations provided pursuant to this part through a mental
3689 health overlay program must only be provided under contract with
3690 the department ~~for this service~~ or be attached to a public
3691 receiving facility that is also a community mental health
3692 center.

3693 (28)~~(18)~~ "Mental illness" means an impairment of the

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3694 mental or emotional processes that exercise conscious control of
3695 one's actions or of the ability to perceive or understand
3696 reality, which impairment substantially interferes with the
3697 person's ability to meet the ordinary demands of living. For the
3698 purposes of this part, the term does not include a developmental
3699 disability as defined in chapter 393, intoxication, or
3700 conditions manifested only by antisocial behavior or substance
3701 abuse ~~impairment~~.

3702 (29) "Minor" means an individual who is 17 years of age or
3703 younger and who has not had the disability of nonage removed
3704 pursuant to s. 743.01 or s. 743.015.

3705 (30)-(19) "Mobile crisis response service" means a
3706 nonresidential crisis service attached to a public receiving
3707 facility and available 24 hours per a day, 7 days per a week,
3708 through which provides immediate intensive assessments and
3709 interventions, including screening for admission into a mental
3710 health receiving facility, an addictions receiving facility, or
3711 a detoxification facility, take place for the purpose of
3712 identifying appropriate treatment services.

3713 (31)-(20) "Patient" means any person, with or without a co-
3714 occurring substance abuse disorder, who is held or accepted for
3715 mental health treatment.

3716 (32)-(21) "Physician" means a medical practitioner licensed
3717 under chapter 458 or chapter 459 who has experience in the
3718 diagnosis and treatment of mental illness and nervous disorders
3719 or a physician employed by a facility operated by the United

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3720 States Department of Veterans Affairs or the United States
3721 Department of Defense ~~which qualifies as a receiving or~~
3722 ~~treatment facility under this part.~~

3723 (33) "Physician assistant" means a person licensed under
3724 chapter 458 or chapter 459 who has experience in the diagnosis
3725 and treatment of mental disorders.

3726 (34)-(22) "Private facility" means a ~~any~~ hospital or
3727 facility operated by a for-profit or not-for-profit corporation
3728 or association which ~~that~~ provides mental health or substance
3729 abuse services and is not a public facility.

3730 (35)-(23) "Psychiatric nurse" means an advanced registered
3731 nurse practitioner certified under s. 464.012 who has a master's
3732 or doctoral degree in psychiatric nursing, holds a national
3733 advanced practice certification as a psychiatric mental health
3734 advanced practice nurse, and has 2 years of post-master's
3735 clinical experience under the supervision of a physician.

3736 (36)-(24) "Psychiatrist" means a medical practitioner
3737 licensed under chapter 458 or chapter 459 ~~who has primarily~~
3738 ~~diagnosed and treated mental and nervous disorders~~ for at least
3739 ~~a period of not less than~~ 3 years, inclusive of psychiatric
3740 residency.

3741 (37)-(25) "Public facility" means a ~~any~~ facility that has
3742 contracted with the department to provide mental health services
3743 to all persons, regardless of ~~their~~ ability to pay, and is
3744 receiving state funds for such purpose.

3745 (38)-(26) "Receiving facility" means a ~~any~~ public or

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3746 private facility or hospital designated by the department to
3747 receive and hold or refer, as appropriate, involuntary patients
3748 under emergency conditions ~~or~~ for mental health or substance
3749 abuse psychiatric evaluation and to provide ~~short-term~~ treatment
3750 or transportation to the appropriate service provider. The term
3751 does not include a county jail.

3752 ~~(39)-(27)~~ "Representative" means a person selected to
3753 receive notice of proceedings during the time a patient is held
3754 in or admitted to a receiving or treatment facility.

3755 ~~(40)-(28)(a)~~ "Restraint" means: ~~a physical device, method,~~
3756 ~~or drug used to control behavior.~~

3757 (a) A physical restraint, including is any manual method
3758 or physical or mechanical device, material, or equipment
3759 attached or adjacent to an the individual's body so that he or
3760 she cannot easily remove the restraint and which restricts
3761 freedom of movement or normal access to one's body. "Physical
3762 restraint" includes the physical holding of a person during a
3763 procedure to forcibly administer psychotropic medication.
3764 "Physical restraint" does not include physical devices such as
3765 orthopedically prescribed appliances, surgical dressings and
3766 bandages, supportive body bands, or other physical holding when
3767 necessary for routine physical examinations and tests or for
3768 purposes of orthopedic, surgical, or other similar medical
3769 treatment when used to provide support for the achievement of
3770 functional body position or proper balance or when used to
3771 protect a person from falling out of bed.

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3772 (b) A drug or ~~used as a restraint is a~~ medication used to
3773 control a ~~the~~ person's behavior or to restrict his or her
3774 freedom of movement which ~~and~~ is not part of the standard
3775 treatment regimen of a person with a diagnosed mental illness
3776 ~~who is a client of the department. Physically holding a person~~
3777 ~~during a procedure to forcibly administer psychotropic~~
3778 ~~medication is a physical restraint.~~

3779 ~~(c) Restraint does not include physical devices, such as~~
3780 ~~orthopedically prescribed appliances, surgical dressings and~~
3781 ~~bandages, supportive body bands, or other physical holding when~~
3782 ~~necessary for routine physical examinations and tests; or for~~
3783 ~~purposes of orthopedic, surgical, or other similar medical~~
3784 ~~treatment; when used to provide support for the achievement of~~
3785 ~~functional body position or proper balance; or when used to~~
3786 ~~protect a person from falling out of bed.~~

3787 ~~(41)-(29)~~ "Seclusion" means the physical segregation ~~of a~~
3788 ~~person in any fashion~~ or involuntary isolation of a person in a
3789 room or area from which the person is prevented from leaving.
3790 The prevention may be by physical barrier or by a staff member
3791 who is acting in a manner, or who is physically situated, so as
3792 to prevent the person from leaving the room or area. For
3793 purposes of this part ~~chapter~~, the term does not mean isolation
3794 due to a person's medical condition or symptoms.

3795 ~~(42)-(30)~~ "Secretary" means the Secretary of Children and
3796 Families.

3797 (43) "Service provider" means a receiving facility, a

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3798 facility licensed under chapter 397, a treatment facility, an
3799 entity under contract with the department to provide mental
3800 health or substance abuse services, a community mental health
3801 center or clinic, a psychologist, a clinical social worker, a
3802 marriage and family therapist, a mental health counselor, a
3803 physician, a psychiatrist, an advanced registered nurse
3804 practitioner, a psychiatric nurse, or a qualified professional
3805 as defined in s. 39.01.

3806 (44) "Substance abuse impairment" means a condition
3807 involving the use of alcoholic beverages or any psychoactive or
3808 mood-altering substance in such a manner that a person has lost
3809 the power of self-control and has inflicted or is likely to
3810 inflict physical harm on himself, herself, or another.

3811 (45)-(31) "Transfer evaluation" means the process by which,
3812 as approved by the appropriate district office of the
3813 department, whereby a person who is being considered for
3814 placement in a state treatment facility is first evaluated for
3815 appropriateness of admission to such the facility by a
3816 community-based public receiving facility or by a community
3817 mental health center or clinic if the public receiving facility
3818 is not a community mental health center or clinic.

3819 (46)-(32) "Treatment facility" means a any state-owned,
3820 state-operated, or state-supported hospital, center, or clinic
3821 designated by the department for extended treatment and
3822 hospitalization, beyond that provided for by a receiving
3823 facility, of persons who have a mental illness, including

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3824 facilities of the United States Government, and any private
3825 facility designated by the department when rendering such
3826 services to a person pursuant to the provisions of this part.
3827 Patients treated in facilities of the United States Government
3828 shall be solely those whose care is the responsibility of the
3829 United States Department of Veterans Affairs.

3830 (47) "Triage center" means a facility that has medical,
3831 mental health, and substance abuse professionals present or on
3832 call to provide emergency screening and evaluation for mental
3833 health or substance abuse disorders for individuals transported
3834 to the center by a law enforcement officer.

3835 ~~(33) "Service provider" means any public or private~~
3836 ~~receiving facility, an entity under contract with the Department~~
3837 ~~of Children and Families to provide mental health services, a~~
3838 ~~clinical psychologist, a clinical social worker, a marriage and~~
3839 ~~family therapist, a mental health counselor, a physician, a~~
3840 ~~psychiatric nurse as defined in subsection (23), or a community~~
3841 ~~mental health center or clinic as defined in this part.~~

3842 ~~(34) "Involuntary examination" means an examination~~
3843 ~~performed under s. 394.463 to determine if an individual~~
3844 ~~qualifies for involuntary inpatient treatment under s.~~
3845 ~~394.467(1) or involuntary outpatient treatment under s.~~
3846 ~~394.4655(1).~~

3847 ~~(35) "Involuntary placement" means either involuntary~~
3848 ~~outpatient treatment pursuant to s. 394.4655 or involuntary~~
3849 ~~inpatient treatment pursuant to s. 394.467.~~

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3850 ~~(36) "Marriage and family therapist" means a person~~
3851 ~~licensed as a marriage and family therapist under chapter 491.~~

3852 ~~(37) "Mental health counselor" means a person licensed as~~
3853 ~~a mental health counselor under chapter 491.~~

3854 ~~(38) "Electronic means" means a form of telecommunication~~
3855 ~~that requires all parties to maintain visual as well as audio~~
3856 ~~communication.~~

3857 Section 83. Subsection (2) of section 394.463, Florida
3858 Statutes, is amended to read:

3859 394.463 Involuntary examination.—

3860 (2) INVOLUNTARY EXAMINATION.—

3861 (a) An involuntary examination may be initiated by any one
3862 of the following means:

3863 1. A circuit or county court may enter an ex parte order
3864 stating that a person appears to meet the criteria for
3865 involuntary examination and specifying, ~~giving~~ the findings on
3866 which that conclusion is based. The ex parte order for
3867 involuntary examination must be based on written or oral sworn
3868 testimony that includes specific facts that support the
3869 findings, ~~written or oral~~. If other less restrictive means are
3870 not available, such as voluntary appearance for outpatient
3871 evaluation, a law enforcement officer, or other designated agent
3872 of the court, shall take the person into custody and deliver him
3873 or her to an appropriate, or the nearest, receiving facility
3874 within the designated receiving system pursuant to s. 394.462
3875 for involuntary examination. The order of the court shall be

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3876 made a part of the patient's clinical record. A No fee may not
3877 ~~shall~~ be charged for the filing of an order under this
3878 subsection. A Any receiving facility accepting the patient based
3879 on this order must send a copy of the order to the department
3880 ~~Agency for Health Care Administration~~ on the next working day.
3881 The order may be submitted electronically through existing data
3882 systems, if available. The order shall be valid only until the
3883 person is delivered to the facility or executed or, if not
3884 executed, for the period specified in the order itself,
3885 whichever comes first. If no time limit is specified in the
3886 order, the order shall be valid for 7 days after the date that
3887 the order was signed.

3888 2. A law enforcement officer shall take a person who
3889 appears to meet the criteria for involuntary examination into
3890 custody and deliver the person or have him or her delivered to
3891 the appropriate or the nearest receiving facility within the
3892 designated receiving system pursuant to s. 394.462 for
3893 examination. The officer shall execute a written report
3894 detailing the circumstances under which the person was taken
3895 into custody, which must ~~and the report shall~~ be made a part of
3896 the patient's clinical record. Any ~~receiving~~ facility accepting
3897 the patient based on this report must send a copy of the report
3898 to the department ~~Agency for Health Care Administration~~ on the
3899 next working day.

3900 3. A physician, clinical psychologist, psychiatric nurse,
3901 mental health counselor, marriage and family therapist, or

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3902 clinical social worker may execute a certificate stating that he
3903 or she has examined a person within the preceding 48 hours and
3904 finds that the person appears to meet the criteria for
3905 involuntary examination and stating the observations upon which
3906 that conclusion is based. If other less restrictive means, such
3907 as voluntary appearance for outpatient evaluation, are not
3908 available, ~~such as voluntary appearance for outpatient~~
3909 ~~evaluation,~~ a law enforcement officer shall take into custody
3910 the person named in the certificate ~~into custody~~ and deliver him
3911 or her to the appropriate nearest receiving facility within the
3912 designated receiving system pursuant to s. 394.462 for
3913 involuntary examination. The law enforcement officer shall
3914 execute a written report detailing the circumstances under which
3915 the person was taken into custody. The report and certificate
3916 shall be made a part of the patient's clinical record. Any
3917 ~~receiving~~ facility accepting the patient based on this
3918 certificate must send a copy of the certificate to the
3919 department ~~Agency for Health Care Administration~~ on the next
3920 working day. The document may be submitted electronically
3921 through existing data systems, if applicable.

3922 (b) A person may ~~shall~~ not be removed from any program or
3923 residential placement licensed under chapter 400 or chapter 429
3924 and transported to a receiving facility for involuntary
3925 examination unless an ex parte order, a professional
3926 certificate, or a law enforcement officer's report is first
3927 prepared. If the condition of the person is such that

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3928 preparation of a law enforcement officer's report is not
3929 practicable before removal, the report shall be completed as
3930 soon as possible after removal, but in any case before the
3931 person is transported to a receiving facility. A ~~receiving~~
3932 facility admitting a person for involuntary examination who is
3933 not accompanied by the required ex parte order, professional
3934 certificate, or law enforcement officer's report shall notify
3935 the department ~~Agency for Health Care Administration~~ of such
3936 admission by certified mail or by e-mail, if available, by no
3937 ~~later than~~ the next working day. The provisions of this
3938 paragraph do not apply when transportation is provided by the
3939 patient's family or guardian.

3940 (c) A law enforcement officer acting in accordance with an
3941 ex parte order issued pursuant to this subsection may serve and
3942 execute such order on any day of the week, at any time of the
3943 day or night.

3944 (d) A law enforcement officer acting in accordance with an
3945 ex parte order issued pursuant to this subsection may use such
3946 reasonable physical force as is necessary to gain entry to the
3947 premises, and any dwellings, buildings, or other structures
3948 located on the premises, and to take custody of the person who
3949 is the subject of the ex parte order.

3950 (e) The department ~~Agency for Health Care Administration~~
3951 shall receive and maintain the copies of ex parte orders,
3952 involuntary outpatient services ~~placement~~ orders issued pursuant
3953 to s. 394.4655, involuntary inpatient placement orders issued

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3954 pursuant to s. 394.467, professional certificates, and law
3955 enforcement officers' reports. These documents shall be
3956 considered part of the clinical record, governed by the
3957 provisions of s. 394.4615. These documents shall be used to ~~The~~
3958 ~~agency shall~~ prepare annual reports analyzing the data obtained
3959 from these documents, without information identifying patients,
3960 and shall provide copies of reports to the department, the
3961 President of the Senate, the Speaker of the House of
3962 Representatives, and the minority leaders of the Senate and the
3963 House of Representatives.

3964 (f) A patient shall be examined by a physician or, a
3965 clinical psychologist, or by a psychiatric nurse performing
3966 within the framework of an established protocol with a
3967 psychiatrist at a ~~receiving~~ facility without unnecessary delay
3968 to determine if the criteria for involuntary services are met.
3969 Emergency treatment may be provided ~~and may~~, upon the order of a
3970 physician if the physician determines, ~~be given emergency~~
3971 ~~treatment if it is determined~~ that such treatment is necessary
3972 for the safety of the patient or others. The patient may not be
3973 released by the receiving facility or its contractor without the
3974 documented approval of a psychiatrist or a clinical psychologist
3975 or, if the receiving facility is owned or operated by a hospital
3976 or health system, the release may also be approved by a
3977 psychiatric nurse performing within the framework of an
3978 established protocol with a psychiatrist, or an attending
3979 emergency department physician with experience in the diagnosis

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3980 and treatment of mental illness ~~and nervous disorders~~ and after
3981 completion of an involuntary examination pursuant to this
3982 subsection. A psychiatric nurse may not approve the release of a
3983 patient if the involuntary examination was initiated by a
3984 psychiatrist unless the release is approved by the initiating
3985 psychiatrist. ~~However, a patient may not be held in a receiving~~
3986 ~~facility for involuntary examination longer than 72 hours.~~

3987 (g) Within the 72-hour examination period or, if the 72
3988 hours ends on a weekend or holiday, no later than the next
3989 working day thereafter, one of the following actions must be
3990 taken, based on the individual needs of the patient:

3991 1. The patient shall be released, unless he or she is
3992 charged with a crime, in which case the patient shall be
3993 returned to the custody of a law enforcement officer;

3994 2. The patient shall be released, subject to the
3995 provisions of subparagraph 1., for voluntary outpatient
3996 treatment;

3997 3. The patient, unless he or she is charged with a crime,
3998 shall be asked to give express and informed consent to placement
3999 as a voluntary patient and, if such consent is given, the
4000 patient shall be admitted as a voluntary patient; or

4001 4. A petition for involuntary placement shall be filed in
4002 the circuit court when outpatient or inpatient treatment is
4003 deemed necessary. When inpatient treatment is deemed necessary,
4004 the least restrictive treatment consistent with the optimum
4005 improvement of the patient's condition shall be made available.

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4006 When a petition is to be filed for involuntary outpatient
4007 placement, it shall be filed by one of the petitioners specified
4008 in s. 394.4655(3) (a). A petition for involuntary inpatient
4009 placement shall be filed by the facility administrator.

4010 (h) ~~(g)~~ A person for whom an involuntary examination has
4011 been initiated who is being evaluated or treated at a hospital
4012 for an emergency medical condition specified in s. 395.002 must
4013 be examined by a ~~receiving~~ facility within 72 hours. The 72-hour
4014 period begins when the patient arrives at the hospital and
4015 ceases when the attending physician documents that the patient
4016 has an emergency medical condition. If the patient is examined
4017 at a hospital providing emergency medical services by a
4018 professional qualified to perform an involuntary examination and
4019 is found as a result of that examination not to meet the
4020 criteria for involuntary outpatient services placement pursuant
4021 to s. 394.4655(1) or involuntary inpatient placement pursuant to
4022 s. 394.467(1), the patient may be offered voluntary services or
4023 placement, if appropriate, or released directly from the
4024 hospital providing emergency medical services. The finding by
4025 the professional that the patient has been examined and does not
4026 meet the criteria for involuntary inpatient placement or
4027 involuntary outpatient services placement must be entered into
4028 the patient's clinical record. ~~Nothing in~~ This paragraph is not
4029 intended to prevent a hospital providing emergency medical
4030 services from appropriately transferring a patient to another
4031 hospital before ~~prior to~~ stabilization if, ~~provided~~ the

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4032 requirements of s. 395.1041(3)(c) have been met.

4033 ~~(i)-(h)~~ One of the following must occur within 12 hours
4034 after the patient's attending physician documents that the
4035 patient's medical condition has stabilized or that an emergency
4036 medical condition does not exist:

4037 1. The patient must be examined by a ~~designated receiving~~
4038 facility and released; or

4039 2. The patient must be transferred to a designated
4040 ~~receiving~~ facility in which appropriate medical treatment is
4041 available. However, the ~~receiving~~ facility must be notified of
4042 the transfer within 2 hours after the patient's condition has
4043 been stabilized or after determination that an emergency medical
4044 condition does not exist.

4045 ~~(i) Within the 72-hour examination period or, if the 72~~
4046 ~~hours ends on a weekend or holiday, no later than the next~~
4047 ~~working day thereafter, one of the following actions must be~~
4048 ~~taken, based on the individual needs of the patient:~~

4049 1. ~~The patient shall be released, unless he or she is~~
4050 ~~charged with a crime, in which case the patient shall be~~
4051 ~~returned to the custody of a law enforcement officer;~~

4052 2. ~~The patient shall be released, subject to the~~
4053 ~~provisions of subparagraph 1., for voluntary outpatient~~
4054 ~~treatment;~~

4055 3. ~~The patient, unless he or she is charged with a crime,~~
4056 ~~shall be asked to give express and informed consent to placement~~
4057 ~~as a voluntary patient, and, if such consent is given, the~~

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4058 ~~patient shall be admitted as a voluntary patient; or~~

4059 ~~4. A petition for involuntary placement shall be filed in~~
4060 ~~the circuit court when outpatient or inpatient treatment is~~
4061 ~~deemed necessary. When inpatient treatment is deemed necessary,~~
4062 ~~the least restrictive treatment consistent with the optimum~~
4063 ~~improvement of the patient's condition shall be made available.~~
4064 ~~When a petition is to be filed for involuntary outpatient~~
4065 ~~placement, it shall be filed by one of the petitioners specified~~
4066 ~~in s. 394.4655(3)(a). A petition for involuntary inpatient~~
4067 ~~placement shall be filed by the facility administrator.~~

4068 Section 84. Paragraph (a) of subsection (2) of section
4069 790.065, Florida Statutes, is amended to read:

4070 790.065 Sale and delivery of firearms.—

4071 (2) Upon receipt of a request for a criminal history
4072 record check, the Department of Law Enforcement shall, during
4073 the licensee's call or by return call, forthwith:

4074 (a) Review any records available to determine if the
4075 potential buyer or transferee:

4076 1. Has been convicted of a felony and is prohibited from
4077 receipt or possession of a firearm pursuant to s. 790.23;

4078 2. Has been convicted of a misdemeanor crime of domestic
4079 violence, and therefore is prohibited from purchasing a firearm;

4080 3. Has had adjudication of guilt withheld or imposition of
4081 sentence suspended on any felony or misdemeanor crime of
4082 domestic violence unless 3 years have elapsed since probation or
4083 any other conditions set by the court have been fulfilled or

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4084 expunction has occurred; or

4085 4. Has been adjudicated mentally defective or has been
4086 committed to a mental institution by a court or as provided in
4087 sub-sub-subparagraph b.(II), and as a result is prohibited by
4088 state or federal law from purchasing a firearm.

4089 a. As used in this subparagraph, "adjudicated mentally
4090 defective" means a determination by a court that a person, as a
4091 result of marked subnormal intelligence, or mental illness,
4092 incompetency, condition, or disease, is a danger to himself or
4093 herself or to others or lacks the mental capacity to contract or
4094 manage his or her own affairs. The phrase includes a judicial
4095 finding of incapacity under s. 744.331(6)(a), an acquittal by
4096 reason of insanity of a person charged with a criminal offense,
4097 and a judicial finding that a criminal defendant is not
4098 competent to stand trial.

4099 b. As used in this subparagraph, "committed to a mental
4100 institution" means:

4101 (I) Involuntary commitment, commitment for mental
4102 defectiveness or mental illness, and commitment for substance
4103 abuse. The phrase includes involuntary inpatient placement as
4104 defined in s. 394.467, involuntary outpatient services ~~placement~~
4105 as defined in s. 394.4655, involuntary assessment and
4106 stabilization under s. 397.6818, and involuntary substance abuse
4107 treatment under s. 397.6957, but does not include a person in a
4108 mental institution for observation or discharged from a mental
4109 institution based upon the initial review by the physician or a

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4110 voluntary admission to a mental institution; or

4111 (II) Notwithstanding sub-sub-subparagraph (I), voluntary
4112 admission to a mental institution for outpatient or inpatient
4113 treatment of a person who had an involuntary examination under
4114 s. 394.463, where each of the following conditions have been
4115 met:

4116 (A) An examining physician found that the person is an
4117 imminent danger to himself or herself or others.

4118 (B) The examining physician certified that if the person
4119 did not agree to voluntary treatment, a petition for involuntary
4120 outpatient or inpatient services ~~treatment~~ would have been filed
4121 under s. 394.463(2)(g) ~~s. 394.463(2)(i)4.~~, or the examining
4122 physician certified that a petition was filed and the person
4123 subsequently agreed to voluntary treatment before ~~prior to~~ a
4124 court hearing on the petition.

4125 (C) Before agreeing to voluntary treatment, the person
4126 received written notice of that finding and certification, and
4127 written notice that as a result of such finding, he or she may
4128 be prohibited from purchasing a firearm, and may not be eligible
4129 to apply for or retain a concealed weapon or firearms license
4130 under s. 790.06 and the person acknowledged such notice in
4131 writing, in substantially the following form:

4132

4133 "I understand that the doctor who examined me believes
4134 I am a danger to myself or to others. I understand
4135 that if I do not agree to voluntary treatment, a

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4136 petition will be filed in court to require me to
4137 receive involuntary treatment. I understand that if
4138 that petition is filed, I have the right to contest
4139 it. In the event a petition has been filed, I
4140 understand that I can subsequently agree to voluntary
4141 treatment prior to a court hearing. I understand that
4142 by agreeing to voluntary treatment in either of these
4143 situations, I may be prohibited from buying firearms
4144 and from applying for or retaining a concealed weapons
4145 or firearms license until I apply for and receive
4146 relief from that restriction under Florida law."
4147

4148 (D) A judge or a magistrate has, pursuant to sub-sub-
4149 subparagraph c.(II), reviewed the record of the finding,
4150 certification, notice, and written acknowledgment classifying
4151 the person as an imminent danger to himself or herself or
4152 others, and ordered that such record be submitted to the
4153 department.

4154 c. In order to check for these conditions, the department
4155 shall compile and maintain an automated database of persons who
4156 are prohibited from purchasing a firearm based on court records
4157 of adjudications of mental defectiveness or commitments to
4158 mental institutions.

4159 (I) Except as provided in sub-sub-subparagraph (II),
4160 clerks of court shall submit these records to the department
4161 within 1 month after the rendition of the adjudication or

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4162 commitment. Reports shall be submitted in an automated format.
4163 The reports must, at a minimum, include the name, along with any
4164 known alias or former name, the sex, and the date of birth of
4165 the subject.

4166 (II) For persons committed to a mental institution
4167 pursuant to sub-sub-subparagraph b.(II), within 24 hours after
4168 the person's agreement to voluntary admission, a record of the
4169 finding, certification, notice, and written acknowledgment must
4170 be filed by the administrator of the receiving or treatment
4171 facility, as defined in s. 394.455, with the clerk of the court
4172 for the county in which the involuntary examination under s.
4173 394.463 occurred. No fee shall be charged for the filing under
4174 this sub-sub-subparagraph. The clerk must present the records to
4175 a judge or magistrate within 24 hours after receipt of the
4176 records. A judge or magistrate is required and has the lawful
4177 authority to review the records ex parte and, if the judge or
4178 magistrate determines that the record supports the classifying
4179 of the person as an imminent danger to himself or herself or
4180 others, to order that the record be submitted to the department.
4181 If a judge or magistrate orders the submittal of the record to
4182 the department, the record must be submitted to the department
4183 within 24 hours.

4184 d. A person who has been adjudicated mentally defective or
4185 committed to a mental institution, as those terms are defined in
4186 this paragraph, may petition the circuit court that made the
4187 adjudication or commitment, or the court that ordered that the

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4188 record be submitted to the department pursuant to sub-sub-
4189 subparagraph c.(II), for relief from the firearm disabilities
4190 imposed by such adjudication or commitment. A copy of the
4191 petition shall be served on the state attorney for the county in
4192 which the person was adjudicated or committed. The state
4193 attorney may object to and present evidence relevant to the
4194 relief sought by the petition. The hearing on the petition may
4195 be open or closed as the petitioner may choose. The petitioner
4196 may present evidence and subpoena witnesses to appear at the
4197 hearing on the petition. The petitioner may confront and cross-
4198 examine witnesses called by the state attorney. A record of the
4199 hearing shall be made by a certified court reporter or by court-
4200 approved electronic means. The court shall make written findings
4201 of fact and conclusions of law on the issues before it and issue
4202 a final order. The court shall grant the relief requested in the
4203 petition if the court finds, based on the evidence presented
4204 with respect to the petitioner's reputation, the petitioner's
4205 mental health record and, if applicable, criminal history
4206 record, the circumstances surrounding the firearm disability,
4207 and any other evidence in the record, that the petitioner will
4208 not be likely to act in a manner that is dangerous to public
4209 safety and that granting the relief would not be contrary to the
4210 public interest. If the final order denies relief, the
4211 petitioner may not petition again for relief from firearm
4212 disabilities until 1 year after the date of the final order. The
4213 petitioner may seek judicial review of a final order denying

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4214 relief in the district court of appeal having jurisdiction over
4215 the court that issued the order. The review shall be conducted
4216 de novo. Relief from a firearm disability granted under this
4217 sub-subparagraph has no effect on the loss of civil rights,
4218 including firearm rights, for any reason other than the
4219 particular adjudication of mental defectiveness or commitment to
4220 a mental institution from which relief is granted.

4221 e. Upon receipt of proper notice of relief from firearm
4222 disabilities granted under sub-subparagraph d., the department
4223 shall delete any mental health record of the person granted
4224 relief from the automated database of persons who are prohibited
4225 from purchasing a firearm based on court records of
4226 adjudications of mental defectiveness or commitments to mental
4227 institutions.

4228 f. The department is authorized to disclose data collected
4229 pursuant to this subparagraph to agencies of the Federal
4230 Government and other states for use exclusively in determining
4231 the lawfulness of a firearm sale or transfer. The department is
4232 also authorized to disclose this data to the Department of
4233 Agriculture and Consumer Services for purposes of determining
4234 eligibility for issuance of a concealed weapons or concealed
4235 firearms license and for determining whether a basis exists for
4236 revoking or suspending a previously issued license pursuant to
4237 s. 790.06(10). When a potential buyer or transferee appeals a
4238 nonapproval based on these records, the clerks of court and
4239 mental institutions shall, upon request by the department,

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4240 provide information to help determine whether the potential
4241 buyer or transferee is the same person as the subject of the
4242 record. Photographs and any other data that could confirm or
4243 negate identity must be made available to the department for
4244 such purposes, notwithstanding any other provision of state law
4245 to the contrary. Any such information that is made confidential
4246 or exempt from disclosure by law shall retain such confidential
4247 or exempt status when transferred to the department.

4248 Section 85. This act shall take effect July 1, 2016.

4249 -----
4250 -----

4251 **T I T L E A M E N D M E N T**

4252 Remove everything before the enacting clause and insert:

4253 A bill to be entitled

4254 An act relating to mental health and substance abuse;
4255 amending s. 29.004, F.S.; including services provided
4256 to treatment-based mental health programs within case
4257 management funded from state revenues as an element of
4258 the state courts system; amending s. 39.01, F.S.;
4259 defining a term; amending s. 39.407, F.S.; requiring
4260 assessment findings to be provided to the plan that is
4261 financially responsible for a child's care in
4262 residential treatment under certain circumstances;
4263 amending s. 394.453, F.S.; revising legislative
4264 intent; amending s. 394.4573, F.S.; requiring the
4265 Department of Children and Families to submit a

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4266 certain assessment to the Governor and Legislature by
4267 a specified date; redefining terms; providing
4268 essential elements of a coordinated system of care;
4269 providing requirements for the department's annual
4270 assessment; authorizing the department to award
4271 certain grants; deleting duties and measures of the
4272 department regarding continuity of care management
4273 systems; amending s. 394.461, F.S.; creating a
4274 designated receiving system that functions as a no-
4275 wrong-door model, based on certain receiving system
4276 models; authorizing, rather than requiring, the
4277 department to adopt rules to implement the designated
4278 receiving system; repealing s. 394.675, F.S., relating
4279 to the substance abuse and mental health service
4280 system; amending ss. 394.75 and 394.76, F.S.;
4281 conforming provisions and cross-references to changes
4282 made by the act; amending s. 394.4597, F.S.; revising
4283 the prioritization of health care surrogates to be
4284 selected for involuntary patients; specifying certain
4285 persons who are prohibited from being selected as an
4286 individual's representative; amending s. 394.4598,
4287 F.S.; specifying certain persons who are prohibited
4288 from being appointed as a person's guardian advocate;
4289 amending s. 394.462, F.S.; requiring that counties
4290 develop and implement transportation plans; providing
4291 requirements for the plans; revising requirements for

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4292 transportation to receiving facilities and treatment
4293 facilities; revising exceptions to such requirements;
4294 amending s. 394.467, F.S.; revising criteria for
4295 involuntary inpatient placement; requiring a facility
4296 filing a petition for involuntary inpatient placement
4297 to send a copy to the department and managing entity;
4298 revising criteria for a hearing on involuntary
4299 inpatient placement; revising criteria for a procedure
4300 for continued involuntary inpatient services;
4301 specifying requirements for a certain waiver of the
4302 patient's attendance at a hearing; requiring the court
4303 to consider certain testimony and evidence regarding a
4304 patient's incompetence; amending s. 394.46715, F.S.;
4305 revising rulemaking authority of the department;
4306 amending s. 394.4685, F.S.; requiring a public
4307 receiving facility initiating a patient transfer to a
4308 licensed hospital for certain mental health services
4309 to provide notice and transfer patient records to the
4310 hospital; amending s. 394.656, F.S.; revising the
4311 membership of the Criminal Justice, Mental Health, and
4312 Substance Abuse Statewide Grant Review Committee;
4313 providing duties for the committee; authorizing a not-
4314 for-profit community provider or managing entity to
4315 apply for certain grants; revising eligibility for
4316 such grants; defining a term; creating s. 394.761,
4317 F.S.; authorizing the agency and the department to

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4318 develop a plan for revenue maximization; requiring the
4319 plan to be submitted to the Legislature by a certain
4320 date; amending s. 394.879, F.S.; providing an
4321 exception for certain treatment and receiving
4322 facilities from Florida Building Code and Florida Fire
4323 Prevention Code standards; requiring the department to
4324 modify licensure rules and procedures to create an
4325 option for a single, consolidated license for certain
4326 providers by a specified date; amending s. 394.9082,
4327 F.S.; providing a purpose for behavioral health
4328 managing entities; revising definitions; providing
4329 duties of the department; requiring the department to
4330 revise its contracts with managing entities; providing
4331 duties for managing entities; providing requirements
4332 for network accreditation and systems coordination
4333 agreements; providing a funding mechanism for managing
4334 entities; renaming the Crisis Stabilization Services
4335 Utilization Database as the Acute Care Services
4336 Utilization Database and requiring certain substance
4337 abuse providers to provide utilization data; deleting
4338 provisions relating to legislative findings and
4339 intent, service delivery strategies, essential
4340 elements, reporting requirements, and rulemaking
4341 authority; amending s. 397.305; providing legislative
4342 intent; amending s. 397.311, F.S.; defining and
4343 redefining terms; conforming a cross-reference;

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4344 amending s. 397.321, F.S.; deleting a requirement for
4345 the department to appoint a substance abuse impairment
4346 coordinator; requiring the department to develop
4347 certain forms, display such forms on its website, and
4348 notify certain entities of the existence and
4349 availability of such forms; amending s. 397.675, F.S.;
4350 revising the criteria for involuntary admissions due
4351 to substance abuse or co-occurring mental health
4352 disorders; amending s. 397.6751, F.S.; requiring the
4353 service provider to submit certain documents to the
4354 department within a specified time when a person is
4355 involuntarily admitted; amending s. 397.6772, F.S.;
4356 requiring law enforcement officers to use standard
4357 forms developed by the department to execute a written
4358 report detailing the circumstances under which a
4359 person was taken into custody under the Hal S.
4360 Marchman Alcohol and Other Drug Services Act; amending
4361 s. 397.6773, F.S.; revising a cross-reference;
4362 amending s. 397.679, F.S.; authorizing specified
4363 licensed professionals to complete a certificate for
4364 the involuntary admission of an individual; amending
4365 s. 397.6791, F.S.; providing a list of professionals
4366 authorized to initiate a certificate for an emergency
4367 assessment or admission of a person with a substance
4368 abuse disorder; amending s. 397.6793, F.S.; revising
4369 the criteria for initiation of a certificate for an

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4370 emergency admission for a person who is substance
4371 abuse impaired; amending s. 397.6795, F.S.; revising
4372 the list of persons authorized to deliver a person for
4373 an emergency assessment; amending s. 397.681, F.S.;
4374 prohibiting the court from charging a fee for
4375 involuntary petitions; amending s. 397.6811, F.S.;
4376 revising the list of persons authorized to file a
4377 petition for an involuntary assessment and
4378 stabilization; amending s. 397.6814, F.S.; prohibiting
4379 a fee from being charged for the filing of a petition
4380 for involuntary assessment and stabilization; amending
4381 s. 397.6818, F.S.; limiting the validity of an order
4382 for involuntary admission to 7 days after it is signed
4383 unless otherwise specified in the order; amending s.
4384 397.6819, F.S.; revising the responsibilities of
4385 service providers who admit an individual for an
4386 involuntary assessment and stabilization; requiring a
4387 managing entity to be notified of certain
4388 recommendations; amending s. 397.695, F.S.;
4389 authorizing certain persons to file a petition for
4390 involuntary outpatient services of an individual;
4391 providing procedures and requirements for such
4392 petitions; amending s. 397.6951, F.S.; requiring that
4393 certain additional information be included in a
4394 petition for involuntary outpatient services; amending
4395 s. 397.6955, F.S.; requiring a court to fulfill

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4396 certain additional duties upon the filing of a
4397 petition for involuntary outpatient services; amending
4398 s. 397.6957, F.S.; providing additional requirements
4399 for a hearing on a petition for involuntary outpatient
4400 services; amending s. 397.697, F.S.; authorizing a
4401 court to make a determination of involuntary
4402 outpatient services; authorizing a court to order a
4403 respondent to undergo treatment through a publicly or
4404 privately funded licensed service provider under
4405 certain circumstances; prohibiting a court from
4406 ordering involuntary outpatient services under certain
4407 circumstances; requiring the service provider to
4408 document certain inquiries; requiring the managing
4409 entity to document certain efforts; requiring a copy
4410 of the court's order to be sent to the department and
4411 managing entity; providing procedures for
4412 modifications to such orders; amending s. 397.6971,
4413 F.S.; establishing the requirements for an early
4414 release from involuntary outpatient services; amending
4415 s. 397.6975, F.S.; requiring the court to appoint
4416 certain counsel; providing requirements for hearings
4417 on petitions for continued involuntary outpatient
4418 services; requiring notice of such hearings; amending
4419 s. 397.6977, F.S.; conforming provisions to changes
4420 made by the act; creating s. 397.6978, F.S.; providing
4421 for the appointment of guardian advocates if an

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4422 individual is found incompetent to consent to
4423 treatment; prohibiting specified persons from being
4424 appointed as an individual's guardian advocate;
4425 providing requirements for a facility requesting the
4426 appointment of a guardian advocate; requiring a
4427 training course for guardian advocates; providing
4428 requirements for the training course; providing
4429 requirements for the prioritization of individuals to
4430 be selected as guardian advocates; authorizing certain
4431 guardian advocates to consent to medical treatment;
4432 providing exceptions; providing procedures for the
4433 discharge of a guardian advocate; amending s. 409.967,
4434 F.S.; requiring managed care plans to provide for
4435 quality care; amending s. 409.973, F.S.; providing an
4436 integrated behavioral health initiative; amending s.
4437 491.0045, F.S.; revising registration requirements for
4438 interns; repealing s. 394.4674, F.S., relating to the
4439 comprehensive plan and report on the
4440 deinstitutionalization of patients in a treatment
4441 facility; repealing s. 394.4985, F.S., relating to the
4442 implementation of a districtwide information and
4443 referral network; repealing s. 394.745, F.S., relating
4444 to the annual report on the compliance of providers
4445 under contract with the department; repealing s.
4446 397.331, F.S., relating to definitions and legislative
4447 intent; repealing part IX of chapter 397, F.S.,

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4448 consisting of ss. 397.801, 397.811, and 397.821, F.S.,
4449 relating to substance abuse impairment coordination,
4450 juvenile substance abuse impairment coordination, and
4451 juvenile substance abuse impairment prevention and
4452 early intervention councils, respectively; repealing
4453 s. 397.901, F.S., relating to prototype juvenile
4454 addictions receiving facilities; repealing s. 397.93,
4455 F.S., relating to target populations for children's
4456 substance abuse services; repealing s. 397.94, F.S.,
4457 relating to the information and referral network for
4458 children's substance abuse services; repealing s.
4459 397.951, F.S., relating to substance abuse treatment
4460 and sanctions; repealing s. 397.97, F.S., relating to
4461 demonstration models for children's substance abuse
4462 services; repealing s. 397.98, F.S., relating to
4463 utilization management for children's substance abuse
4464 services; amending ss. 39.407, 212.055, 394.4599,
4465 394.495, 394.496, 394.9085, 397.321, 397.405, 397.407,
4466 397.416, 397.4871, 409.966, 409.972, 440.102, and
4467 744.704, F.S.; conforming cross-references; requiring
4468 the Secretary of Children and Families to appoint a
4469 workgroup on the use of advance directives for
4470 substance use disorders; requiring a report to the
4471 Governor and Legislature by a specified date;
4472 providing for expiration of the workgroup; amending s.
4473 61.13, F.S.; providing that a parenting plan that

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4474 provides for shared parental responsibility over
4475 health care decisions must authorize either parent to
4476 consent to mental health treatment for the child;
4477 amending s. 39.001, F.S.; providing legislative intent
4478 regarding mental illness for purposes of the child
4479 welfare system; amending s. 39.507, F.S.; providing
4480 for consideration of mental health issues and
4481 involvement in treatment-based mental health programs
4482 in adjudicatory hearings and orders; providing
4483 requirements for certain court orders; amending s.
4484 39.521, F.S.; providing for consideration of mental
4485 health issues and involvement in treatment-based
4486 mental health programs in disposition hearings;
4487 providing requirements for certain court orders;
4488 amending s. 394.4655, F.S.; providing for involuntary
4489 outpatient services; requiring a service provider to
4490 document certain inquiries; requiring the managing
4491 entity to document certain efforts; making technical
4492 changes; amending s. 394.455, F.S.; defining and
4493 redefining terms; amending s. 394.463, F.S.;
4494 authorizing county or circuit courts to enter ex parte
4495 orders for involuntary examinations; requiring a
4496 facility to provide copies of ex parte orders,
4497 reports, and certificates to the department, rather
4498 than the Agency for Health Care Administration;
4499 requiring the department to receive certain orders,

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4500 certificates, and reports; requiring the department to
4501 receive and maintain copies of certain documents;
4502 prohibiting a person from being held for involuntary
4503 examination for more than a specified period of time;
4504 providing exceptions; requiring certain individuals to
4505 be released to law enforcement custody; providing
4506 exceptions; amending s. 790.065, F.S.; conforming
4507 references and cross-references; providing an
4508 effective date.

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