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1                   A bill to be entitled  
2           An act relating to mental health and substance abuse;  
3           amending s. 29.004, F.S.; including services provided  
4           to treatment-based mental health programs within case  
5           management funded from state revenues as an element of  
6           the state courts system; amending s. 39.01, F.S.;  
7           defining a term; amending s. 39.407, F.S.; requiring  
8           assessment findings to be provided to the plan that is  
9           financially responsible for a child's care in  
10          residential treatment under certain circumstances;  
11          amending s. 394.453, F.S.; revising legislative  
12          intent; amending s. 394.4573, F.S.; requiring the  
13          Department of Children and Families to submit a  
14          certain assessment to the Governor and Legislature by  
15          a specified date; defining and revising terms;  
16          providing essential elements of a coordinated system  
17          of care; providing requirements for the department's  
18          annual assessment; authorizing the department to award  
19          certain grants; deleting duties and measures of the  
20          department regarding continuity of care management  
21          systems; amending s. 394.461, F.S.; creating a  
22          designated receiving system that functions as a no-  
23          wrong-door model, based on certain receiving system  
24          models; authorizing, rather than requiring, the  
25          department to adopt rules to implement the designated  
26          receiving system; repealing s. 394.675, F.S., relating  
27          to the substance abuse and mental health service  
28          system; amending ss. 394.75 and 394.76, F.S.;  
29          conforming provisions and cross-references to changes

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30 made by the act; amending s. 394.4597, F.S.; revising  
31 the prioritization of health care surrogates to be  
32 selected for involuntary patients; specifying certain  
33 persons who are prohibited from being selected as an  
34 individual's representative; amending s. 394.4598,  
35 F.S.; specifying certain persons who are prohibited  
36 from being appointed as a person's guardian advocate;  
37 amending s. 394.462, F.S.; requiring that counties  
38 develop and implement transportation plans; providing  
39 requirements for the plans; revising requirements for  
40 transportation to receiving facilities and treatment  
41 facilities; revising exceptions to such requirements;  
42 amending s. 394.467, F.S.; revising criteria for  
43 involuntary inpatient placement; revising criteria for  
44 a procedure for continued involuntary inpatient  
45 services; specifying requirements for a certain waiver  
46 of the patient's attendance at a hearing; requiring  
47 the court to consider certain testimony and evidence  
48 regarding a patient's incompetence; amending s.  
49 394.46715, F.S.; revising rulemaking authority of the  
50 department; amending s. 394.4685, F.S.; requiring a  
51 public receiving facility initiating a patient  
52 transfer to a licensed hospital for certain mental  
53 health services to provide notice and transfer patient  
54 records to the hospital; amending s. 394.656, F.S.;  
55 revising the membership of the Criminal Justice,  
56 Mental Health, and Substance Abuse Statewide Grant  
57 Review Committee; providing duties for the committee;  
58 authorizing a not-for-profit community provider or

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59 managing entity to apply for certain grants; revising  
60 eligibility for such grants; defining a term; creating  
61 s. 394.761, F.S.; requiring the agency and the  
62 department to develop a plan for revenue maximization;  
63 providing requirements for the plan; providing duties  
64 for the agency and department relating to the plan;  
65 requiring the plan to be submitted to the Legislature  
66 by a certain date; amending s. 394.879, F.S.;

67 providing that certain facilities may be in a multi-  
68 story building and authorized on certain floors;  
69 requiring the department to develop a plan to create  
70 an option for a single, consolidated license for  
71 certain providers by a specified date; amending s.  
72 394.9082, F.S.; providing a purpose for behavioral  
73 health managing entities; revising definitions;  
74 providing duties of the department; requiring the  
75 department to revise its contracts with managing  
76 entities; providing duties for managing entities;  
77 providing requirements for network accreditation and  
78 systems coordination agreements; providing for  
79 performance measurement and accountability and  
80 enhancements plans; providing a funding mechanism for  
81 managing entities; renaming the Crisis Stabilization  
82 Services Utilization Database as the Acute Care  
83 Services Utilization Database; requiring certain  
84 providers to provide utilization data; deleting  
85 provisions relating to legislative findings and  
86 intent, service delivery strategies, essential  
87 elements, reporting requirements, and rulemaking

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88 authority; amending s. 397.305, F.S.; providing  
89 legislative intent; amending s. 397.311, F.S.;  
90 defining and redefining terms; conforming a cross-  
91 reference; amending s. 397.321, F.S.; deleting a  
92 requirement for the department to appoint a substance  
93 abuse impairment coordinator; requiring the department  
94 to develop certain forms, display such forms on its  
95 website, and notify certain entities of the existence  
96 and availability of such forms; amending s. 397.675,  
97 F.S.; revising the criteria for involuntary admissions  
98 due to substance abuse or co-occurring mental health  
99 disorders; amending s. 397.6772, F.S.; requiring law  
100 enforcement officers to use standard forms developed  
101 by the department to execute a certain written report;  
102 amending s. 397.6773, F.S.; revising a cross-  
103 reference; amending s. 397.679, F.S.; authorizing  
104 specified licensed professionals to complete a  
105 certificate for the involuntary admission of an  
106 individual; amending s. 397.6791, F.S.; providing a  
107 list of professionals authorized to initiate a  
108 certificate for an emergency assessment or admission  
109 of a person who has a substance abuse disorder;  
110 amending s. 397.6793, F.S.; revising the criteria for  
111 initiation of a certificate for an emergency admission  
112 for a person who is substance abuse impaired; amending  
113 s. 397.6795, F.S.; revising the list of persons  
114 authorized to deliver a person for an emergency  
115 assessment; amending s. 397.681, F.S.; prohibiting the  
116 court from charging a fee for involuntary petitions;

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117 amending s. 397.6811, F.S.; revising the list of  
118 persons authorized to file a petition for an  
119 involuntary assessment and stabilization; amending s.  
120 397.6814, F.S.; prohibiting a fee from being charged  
121 for the filing of a petition for involuntary  
122 assessment and stabilization; amending s. 397.6818,  
123 F.S.; limiting the validity of an order for  
124 involuntary admission to 7 days after it is signed  
125 unless otherwise specified in the order; amending s.  
126 397.6819, F.S.; revising the responsibilities of  
127 service providers who admit an individual for an  
128 involuntary assessment and stabilization; amending s.  
129 397.695, F.S.; authorizing certain persons to file a  
130 petition for involuntary outpatient services of an  
131 individual; providing procedures and requirements for  
132 such petitions; amending s. 397.6951, F.S.; requiring  
133 that certain additional information be included in a  
134 petition for involuntary outpatient services; amending  
135 s. 397.6955, F.S.; requiring a court to fulfill  
136 certain additional duties upon the filing of a  
137 petition for involuntary outpatient services; amending  
138 s. 397.6957, F.S.; providing additional requirements  
139 for a hearing on a petition for involuntary outpatient  
140 services; amending s. 397.697, F.S.; authorizing a  
141 court to make a determination of involuntary  
142 outpatient services; extending the timeframe a  
143 respondent receives certain publicly funded licensed  
144 services; authorizing a court to order a respondent to  
145 undergo treatment through a publicly or privately

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146 funded licensed service provider under certain  
147 circumstances; requiring a copy of the court's order  
148 to be sent to the managing entity; amending s.  
149 397.6971, F.S.; establishing the requirements for an  
150 early release from involuntary outpatient services;  
151 amending s. 397.6975, F.S.; requiring the court to  
152 appoint certain counsel; providing requirements for  
153 hearings on petitions for continued involuntary  
154 outpatient services; requiring notice of such  
155 hearings; amending s. 397.6977, F.S.; conforming  
156 provisions to changes made by the act; creating s.  
157 397.6978, F.S.; providing for the appointment of  
158 guardian advocates if an individual is found  
159 incompetent to consent to treatment; prohibiting  
160 specified persons from being appointed as an  
161 individual's guardian advocate; providing requirements  
162 for a facility requesting the appointment of a  
163 guardian advocate; requiring a training course for  
164 guardian advocates; providing requirements for the  
165 training course; providing requirements for the  
166 prioritization of individuals to be selected as  
167 guardian advocates; authorizing certain guardian  
168 advocates to consent to medical treatment; providing  
169 exceptions; providing procedures for the discharge of  
170 a guardian advocate; amending s. 409.967, F.S.;  
171 requiring managed care plans to provide for quality  
172 care; amending s. 409.973, F.S.; providing an  
173 integrated behavioral health initiative; reenacting s.  
174 409.975(6), F.S., relating to provider payment;

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175 providing legislative intent; amending s. 491.0045,  
176 F.S.; revising registration requirements for interns;  
177 repealing s. 394.4674, F.S., relating to the  
178 comprehensive plan and report on the  
179 deinstitutionalization of patients in a treatment  
180 facility; repealing s. 394.4985, F.S., relating to the  
181 implementation of a districtwide information and  
182 referral network; repealing s. 394.745, F.S., relating  
183 to the annual report on the compliance of providers  
184 under contract with the department; repealing s.  
185 397.331, F.S., relating to definitions and legislative  
186 intent; repealing part IX of chapter 397, F.S.,  
187 consisting of ss. 397.801, 397.811, and 397.821, F.S.,  
188 relating to substance abuse impairment coordination,  
189 juvenile substance abuse impairment coordination, and  
190 juvenile substance abuse impairment prevention and  
191 early intervention councils, respectively; repealing  
192 s. 397.901, F.S., relating to prototype juvenile  
193 addictions receiving facilities; repealing s. 397.93,  
194 F.S., relating to target populations for children's  
195 substance abuse services; repealing s. 397.94, F.S.,  
196 relating to the information and referral network for  
197 children's substance abuse services; repealing s.  
198 397.951, F.S., relating to substance abuse treatment  
199 and sanctions; repealing s. 397.97, F.S., relating to  
200 demonstration models for children's substance abuse  
201 services; repealing s. 397.98, F.S., relating to  
202 utilization management for children's substance abuse  
203 services; amending ss. 39.407, 39.524, 212.055,

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204 394.4599, 394.495, 394.496, 394.9085, 397.321,  
205 397.405, 397.407, 397.416, 397.4871, 409.1678,  
206 409.966, 409.972, 440.102, 744.704, and 960.065, F.S.;  
207 conforming cross-references; requiring the Secretary  
208 of Children and Families to appoint a workgroup on the  
209 use of advance directives for substance use disorders;  
210 requiring a report to the Governor and Legislature by  
211 a specified date; providing for expiration of the  
212 workgroup; amending s. 61.13, F.S.; providing that a  
213 parenting plan that provides for shared parental  
214 responsibility over health care decisions must  
215 authorize either parent to consent to mental health  
216 treatment for the child; amending s. 39.001, F.S.;  
217 conforming provisions to changes made by the act;  
218 amending ss. 39.507 and 39.521, F.S.; providing for  
219 consideration of mental health issues and involvement  
220 in mental health programs in adjudicatory hearings and  
221 orders; providing requirements for certain court  
222 orders; revising the qualifications for administrators  
223 of mental health and substance abuse assessments or  
224 evaluations; amending s. 394.4655, F.S.; defining the  
225 terms "court" and "criminal county court"; providing  
226 for involuntary outpatient services; authorizing  
227 certain licensed physicians and psychiatric nurses to  
228 provide a second opinion regarding a recommendation  
229 for involuntary outpatient services under certain  
230 circumstances; requiring a service provider to  
231 document certain inquiries; requiring the managing  
232 entity to document certain efforts; making technical

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233 changes; amending s. 394.4599, F.S.; conforming  
234 provisions to changes made by the act; amending s.  
235 394.455, F.S.; defining and redefining terms; amending  
236 s. 394.463, F.S.; authorizing circuit or county courts  
237 to enter ex parte orders for involuntary examinations;  
238 requiring a facility to provide copies of ex parte  
239 orders, reports, and certificates to the department,  
240 rather than the Agency for Health Care Administration;  
241 requiring the department to receive certain orders,  
242 certificates, and reports; requiring the department to  
243 receive and maintain copies of certain documents;  
244 prohibiting a person from being held for involuntary  
245 examination for more than a specified period of time;  
246 providing exceptions; requiring certain individuals to  
247 be released to law enforcement custody; providing  
248 exceptions; conforming cross-references; amending s.  
249 394.4615, F.S.; conforming a cross-reference;  
250 providing an appropriation; providing an effective  
251 date.

252  
253 Be It Enacted by the Legislature of the State of Florida:

254  
255 Section 1. Paragraph (e) is added to subsection (10) of  
256 section 29.004, Florida Statutes, to read:

257 29.004 State courts system.—For purposes of implementing s.  
258 14, Art. V of the State Constitution, the elements of the state  
259 courts system to be provided from state revenues appropriated by  
260 general law are as follows:

261 (10) Case management. Case management includes:

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262 (e) Service referral, coordination, monitoring, and  
263 tracking for treatment-based mental health court programs under  
264 chapter 394.

265

266 Case management may not include costs associated with the  
267 application of therapeutic jurisprudence principles by the  
268 courts. Case management also may not include case intake and  
269 records management conducted by the clerk of court.

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

274 39.01 Definitions.—When used in this chapter, unless the  
275 context otherwise requires:

276 (65) "Qualified professional" means a physician or a  
277 physician assistant licensed under chapter 458 or chapter 459; a  
278 psychiatrist licensed under chapter 458 or chapter 459; a  
279 psychologist as defined in s. 490.003(7) or a professional  
280 licensed under chapter 491; or a psychiatric nurse as defined in  
281 s. 394.455.

282 Section 3. Paragraph (c) of subsection (6) of section  
283 39.407, Florida Statutes, is amended to read:

284 39.407 Medical, psychiatric, and psychological examination  
285 and treatment of child; physical, mental, or substance abuse  
286 examination of person with or requesting child custody.—

287 (6) Children who are in the legal custody of the department  
288 may be placed by the department, without prior approval of the  
289 court, in a residential treatment center licensed under s.  
290 394.875 or a hospital licensed under chapter 395 for residential

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291 mental health treatment only pursuant to this section or may be  
292 placed by the court in accordance with an order of involuntary  
293 examination or involuntary placement entered pursuant to s.  
294 394.463 or s. 394.467. All children placed in a residential  
295 treatment program under this subsection must have a guardian ad  
296 litem appointed.

297 (c) Before a child is admitted under this subsection, the  
298 child shall be assessed for suitability for residential  
299 treatment by a qualified evaluator who has conducted a personal  
300 examination and assessment of the child and has made written  
301 findings that:

302 1. The child appears to have an emotional disturbance  
303 serious enough to require residential treatment and is  
304 reasonably likely to benefit from the treatment.

305 2. The child has been provided with a clinically  
306 appropriate explanation of the nature and purpose of the  
307 treatment.

308 3. All available modalities of treatment less restrictive  
309 than residential treatment have been considered, and a less  
310 restrictive alternative that would offer comparable benefits to  
311 the child is unavailable.

312  
313 A copy of the written findings of the evaluation and suitability  
314 assessment must be provided to the department, ~~and~~ to the  
315 guardian ad litem, and, if the child is a member of a Medicaid  
316 managed care plan, to the plan that is financially responsible  
317 for the child's care in residential treatment, all of whom must  
318 be provided with ~~who shall have~~ the opportunity to discuss the  
319 findings with the evaluator.

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320 Section 4. Section 394.453, Florida Statutes, is amended to  
321 read:

322 394.453 Legislative intent.—

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

324 (a) To authorize and direct the Department of Children and  
325 Families to evaluate, research, plan, and recommend to the  
326 Governor and the Legislature programs designed to reduce the  
327 occurrence, severity, duration, and disabling aspects of mental,  
328 emotional, and behavioral disorders.

329 ~~(b) It is the intent of the Legislature~~ That treatment  
330 programs for such disorders ~~shall~~ include, but not be limited  
331 to, comprehensive health, social, educational, and  
332 rehabilitative services to persons requiring intensive short-  
333 term and continued treatment in order to encourage them to  
334 assume responsibility for their treatment and recovery. It is  
335 intended that:

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

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

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

343 4. ~~that~~ Any involuntary treatment or examination be  
344 accomplished in a setting that ~~which~~ is clinically appropriate  
345 and most likely to facilitate the person's return to the  
346 community as soon as possible; and

347 5. ~~that~~ Individual dignity and human rights be guaranteed  
348 to all persons who are admitted to mental health facilities or

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349 who are being held under s. 394.463.

350 (c) That services provided to persons in this state use the  
351 coordination-of-care principles characteristic of recovery-  
352 oriented services and include social support services, such as  
353 housing support, life skills and vocational training, and  
354 employment assistance, necessary for persons with mental health  
355 disorders and co-occurring mental health and substance use  
356 disorders to live successfully in their communities.

357 (d) That licensed, qualified health professionals be  
358 authorized to practice to the fullest extent of their education  
359 and training in the performance of professional functions  
360 necessary to carry out the intent of this part.

361 ~~(2) It is the further intent of the Legislature that the~~  
362 ~~least restrictive means of intervention be employed based on the~~  
363 ~~individual needs of each person, within the scope of available~~  
364 ~~services.~~ It is the policy of this state that the use of  
365 restraint and seclusion on clients is justified only as an  
366 emergency safety measure to be used in response to imminent  
367 danger to the client or others. It is, therefore, the intent of  
368 the Legislature to achieve an ongoing reduction in the use of  
369 restraint and seclusion in programs and facilities serving  
370 persons with mental illness.

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

373 394.4573 Coordinated system of care; annual assessment;  
374 essential elements ~~Continuity of care management system;~~  
375 measures of performance; system improvement grants; reports.—On  
376 or before December 1 of each year, the department shall submit  
377 to the Governor, the President of the Senate, and the Speaker of

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378 the House of Representatives an assessment of the behavioral  
379 health services in this state. The assessment shall consider, at  
380 a minimum, the extent to which designated receiving systems  
381 function as no-wrong-door models, the availability of treatment  
382 and recovery services that use recovery-oriented and peer-  
383 involved approaches, the availability of less-restrictive  
384 services, and the use of evidence-informed practices. The  
385 department's assessment shall consider, at a minimum, the needs  
386 assessments conducted by the managing entities pursuant to s.  
387 394.9082(5). Beginning in 2017, the department shall compile and  
388 include in the report all plans submitted by managing entities  
389 pursuant to s. 394.9082(8) and the department's evaluation of  
390 each plan.

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

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

403 (b) ~~(a)~~ "Case management" means those direct services  
404 provided to a client in order to assess his or her activities  
405 ~~aimed at assessing client needs, plan, or arrange planning~~  
406 services, coordinate service providers, link ~~linking~~ the service

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407 system to a client, monitor ~~coordinating the various system~~  
408 ~~components, monitoring~~ service delivery, and evaluate patient  
409 outcomes to ensure the client is receiving the appropriate  
410 services ~~evaluating the effect of service delivery.~~

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

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

418 ~~(c)(d) "Coordinated system~~ Continuity of care management  
419 ~~system" means a system that assures, within available resources,~~  
420 ~~that clients have access to the full array of~~ behavioral and  
421 related services in a region or community offered by all service  
422 providers, whether participating under contract with the  
423 managing entity or by another method of community partnership or  
424 mutual agreement ~~within the mental health services delivery~~  
425 ~~system.~~

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

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

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

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

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

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

461 a. A central receiving system that consists of a designated  
462 central receiving facility that serves as a single entry point  
463 for persons with mental health or substance use disorders, or  
464 co-occurring disorders. The central receiving facility shall be

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465 capable of assessment, evaluation, and triage or treatment or  
466 stabilization of persons with mental health or substance use  
467 disorders, or co-occurring disorders.

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

475 c. A tiered receiving system that consists of multiple  
476 entry points, some of which offer only specialized or limited  
477 services. Each service provider shall be classified according to  
478 its capabilities as either a designated receiving facility or  
479 another type of service provider, such as a triage center, a  
480 licensed detoxification facility, or an access center. All  
481 participating service providers shall, within existing  
482 resources, be linked by methods to share data, formal referral  
483 agreements, and cooperative arrangements for care coordination  
484 and case management.

485  
486 An accurate inventory of the participating service providers  
487 which specifies the capabilities and limitations of each  
488 provider and its ability to accept patients under the designated  
489 receiving system agreements and the transportation plan  
490 developed pursuant to this section shall be maintained and made  
491 available at all times to all first responders in the service  
492 area.

493 (c) Transportation in accordance with a plan developed

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494 under s. 394.462.

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

498 (e) Case management. Each case manager or person directly  
499 supervising a case manager who provides Medicaid-funded targeted  
500 case management services shall hold a valid certification from a  
501 department-approved credentialing entity as defined in s.  
502 397.311(9) by July 1, 2017, and, thereafter, within 6 months  
503 after hire.

504 (f) Care coordination that involves coordination with other  
505 local systems and entities, public and private, which are  
506 involved with the individual, such as primary care, child  
507 welfare, behavioral health care, and criminal and juvenile  
508 justice organizations.

509 (g) Outpatient services.

510 (h) Residential services.

511 (i) Hospital inpatient care.

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

513 (k) Medication-assisted treatment and medication  
514 management.

515 (l) Recovery support, including, but not limited to,  
516 support for competitive employment, educational attainment,  
517 independent living skills development, family support and  
518 education, wellness management and self-care, and assistance in  
519 obtaining housing that meets the individual's needs. Such  
520 housing may include mental health residential treatment  
521 facilities, limited mental health assisted living facilities,  
522 adult family care homes, and supportive housing. Housing

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523 provided using state funds must provide a safe and decent  
524 environment free from abuse and neglect.

525 (m) Care plans shall assign specific responsibility for  
526 initial and ongoing evaluation of the supervision and support  
527 needs of the individual and the identification of housing that  
528 meets such needs. For purposes of this paragraph, the term  
529 "supervision" means oversight of and assistance with compliance  
530 with the clinical aspects of an individual's care plan.

531 (3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific  
532 appropriation by the Legislature, the department may award  
533 system improvement grants to managing entities based on a  
534 detailed plan to enhance services in accordance with the no-  
535 wrong-door model as defined in subsection (1) and to address  
536 specific needs identified in the assessment prepared by the  
537 department pursuant to this section. Such a grant must be  
538 awarded through a performance-based contract that links payments  
539 to the documented and measurable achievement of system  
540 improvements. The department is directed to implement a  
541 continuity of care management system for the provision of mental  
542 health care, through the provision of client and case  
543 management, including clients referred from state treatment  
544 facilities to community mental health facilities. Such system  
545 shall include a network of client managers and case managers  
546 throughout the state designed to:

547 (a) Reduce the possibility of a client's admission or  
548 readmission to a state treatment facility.

549 (b) Provide for the creation or designation of an agency in  
550 each county to provide single intake services for each person  
551 seeking mental health services. Such agency shall provide

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552 ~~information and referral services necessary to ensure that~~  
553 ~~clients receive the most appropriate and least restrictive form~~  
554 ~~of care, based on the individual needs of the person seeking~~  
555 ~~treatment. Such agency shall have a single telephone number,~~  
556 ~~operating 24 hours per day, 7 days per week, where practicable,~~  
557 ~~at a central location, where each client will have a central~~  
558 ~~record.~~

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

562 ~~(d) Require that any public receiving facility initiating a~~  
563 ~~patient transfer to a licensed hospital for acute care mental~~  
564 ~~health services not accessible through the public receiving~~  
565 ~~facility shall notify the hospital of such transfer and send all~~  
566 ~~records relating to the emergency psychiatric or medical~~  
567 ~~condition.~~

568 ~~(3) The department is directed to develop and include in~~  
569 ~~contracts with service providers measures of performance with~~  
570 ~~regard to goals and objectives as specified in the state plan.~~  
571 ~~Such measures shall use, to the extent practical, existing data~~  
572 ~~collection methods and reports and shall not require, as a~~  
573 ~~result of this subsection, additional reports on the part of~~  
574 ~~service providers. The department shall plan monitoring visits~~  
575 ~~of community mental health facilities with other state, federal,~~  
576 ~~and local governmental and private agencies charged with~~  
577 ~~monitoring such facilities.~~

578 Section 6. Section 394.461, Florida Statutes, is amended to  
579 read:

580 394.461 Designation of receiving and treatment facilities

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581 and receiving systems.—The department is authorized to designate  
582 and monitor receiving facilities, and treatment facilities, and  
583 receiving systems and may suspend or withdraw such designation  
584 for failure to comply with this part and rules adopted under  
585 this part. Unless designated by the department, facilities are  
586 not permitted to hold or treat involuntary patients under this  
587 part.

588 (1) RECEIVING FACILITY.—The department may designate any  
589 community facility as a receiving facility. Any other facility  
590 within the state, including a private facility or a federal  
591 facility, may be so designated by the department, provided that  
592 such designation is agreed to by the governing body or authority  
593 of the facility.

594 (2) TREATMENT FACILITY.—The department may designate any  
595 state-owned, state-operated, or state-supported facility as a  
596 state treatment facility. A civil patient shall not be admitted  
597 to a state treatment facility without previously undergoing a  
598 transfer evaluation. Before a court hearing for involuntary  
599 placement in a state treatment facility, the court shall receive  
600 and consider the information documented in the transfer  
601 evaluation. Any other facility, including a private facility or  
602 a federal facility, may be designated as a treatment facility by  
603 the department, provided that such designation is agreed to by  
604 the appropriate governing body or authority of the facility.

605 (3) PRIVATE FACILITIES.—Private facilities designated as  
606 receiving and treatment facilities by the department may provide  
607 examination and treatment of involuntary patients, as well as  
608 voluntary patients, and are subject to all the provisions of  
609 this part.

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610 (4) REPORTING REQUIREMENTS.—

611 (a) A facility designated as a public receiving or  
612 treatment facility under this section shall report to the  
613 department on an annual basis the following data, unless these  
614 data are currently being submitted to the Agency for Health Care  
615 Administration:

- 616 1. Number of licensed beds.
- 617 2. Number of contract days.
- 618 3. Number of admissions by payor class and diagnoses.
- 619 4. Number of bed days by payor class.
- 620 5. Average length of stay by payor class.
- 621 6. Total revenues by payor class.

622 (b) For the purposes of this subsection, "payor class"  
623 means Medicare, Medicare HMO, Medicaid, Medicaid HMO, private-  
624 pay health insurance, private-pay health maintenance  
625 organization, private preferred provider organization, the  
626 Department of Children and Families, other government programs,  
627 self-pay patients, and charity care.

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

633 (d) The department shall issue an annual report based on  
634 the data required pursuant to this subsection. The report shall  
635 include individual facilities' data, as well as statewide  
636 totals. The report shall be submitted to the Governor, the  
637 President of the Senate, and the Speaker of the House of  
638 Representatives.

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639       (5) RECEIVING SYSTEM.—The department shall designate as a  
640 receiving system one or more facilities serving a defined  
641 geographic area developed pursuant to s. 394.4573 which is  
642 responsible for assessment and evaluation, both voluntary and  
643 involuntary, and treatment, stabilization, or triage for  
644 patients who have a mental illness, a substance use disorder, or  
645 co-occurring disorders. Any transportation plans developed  
646 pursuant to s. 394.462 must support the operation of the  
647 receiving system.

648       (6)~~(5)~~ RULES.—The department may ~~shall~~ adopt rules relating  
649 to:

650       (a) Procedures and criteria for receiving and evaluating  
651 facility applications for designation, which may include onsite  
652 facility inspection and evaluation of an applicant's licensing  
653 status and performance history, as well as consideration of  
654 local service needs.

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

659       (c) Procedures and criteria for designating receiving  
660 systems which may include consideration of the adequacy of  
661 services provided by facilities within the receiving system to  
662 meet the needs of the geographic area using available resources.

663       (d)~~(e)~~ Procedures for receiving complaints against a  
664 designated facility or designated receiving system and for  
665 initiating inspections and investigations of facilities or  
666 receiving systems alleged to have violated the provisions of  
667 this part or rules adopted under this part.

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668           (e) ~~(d)~~ Procedures and criteria for the suspension or  
669 withdrawal of designation as a receiving facility or receiving  
670 system.

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

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

674           394.75 State and district substance abuse and mental health  
675 plans.—

676           (3) The district health and human services board shall  
677 prepare an integrated district substance abuse and mental health  
678 plan. The plan shall be prepared and updated on a schedule  
679 established by the Alcohol, Drug Abuse, and Mental Health  
680 Program Office. The plan shall reflect the needs and program  
681 priorities established by the department and the needs of the  
682 district established under ss. 394.4573 and 394.674 ~~and 394.675~~.  
683 The plan must list in order of priority the mental health and  
684 the substance abuse treatment needs of the district and must  
685 rank each program separately. The plan shall include:

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

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

690           (c) A record of the amount of money allocated for each  
691 service identified in the plan as being purchased with state  
692 funds.

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

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

696           (f) Input from community-based persons, organizations, and

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697 agencies interested in substance abuse and mental health  
698 treatment services; local government entities that contribute  
699 funds to the public substance abuse and mental health treatment  
700 systems; and consumers of publicly funded substance abuse and  
701 mental health services, and their family members. The plan must  
702 describe the means by which this local input occurred.

703

704 The plan shall be submitted by the district board to the  
705 district administrator and to the governing bodies for review,  
706 comment, and approval.

707 (4) The district plan shall:

708 (b) Provide the means for meeting the needs of the  
709 district's eligible clients, specified in ss. 394.4573 and  
710 394.674 ~~and 394.675~~, for substance abuse and mental health  
711 services.

712 Section 9. Paragraph (a) of subsection (3) of section  
713 394.76, Florida Statutes, is amended to read:

714 394.76 Financing of district programs and services.—If the  
715 local match funding level is not provided in the General  
716 Appropriations Act or the substantive bill implementing the  
717 General Appropriations Act, such funding level shall be provided  
718 as follows:

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

721 (a) The state share of approved program costs shall be a  
722 percentage of the net balance determined by deducting from the  
723 total operating cost of services and programs, as specified in  
724 s. 394.4573 ~~394.675(1)~~, those expenditures which are ineligible  
725 for state participation as provided in subsection (7) and those

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726 ineligible expenditures established by rule of the department  
727 pursuant to s. 394.78.

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

730 394.4597 Persons to be notified; patient's representative.—

731 (2) INVOLUNTARY PATIENTS.—

732 (d) When the receiving or treatment facility selects a  
733 representative, first preference shall be given to a health care  
734 surrogate, if one has been previously selected by the patient.  
735 If the patient has not previously selected a health care  
736 surrogate, the selection, except for good cause documented in  
737 the patient's clinical record, shall be made from the following  
738 list in the order of listing:

- 739 1. The patient's spouse.
- 740 2. An adult child of the patient.
- 741 3. A parent of the patient.
- 742 4. The adult next of kin of the patient.
- 743 5. An adult friend of the patient.

744 ~~6. The appropriate Florida local advocacy council as~~  
745 ~~provided in s. 402.166.~~

746 (e) The following persons are prohibited from selection as  
747 a patient's representative:

- 748 1. A professional providing clinical services to the  
749 patient under this part.
- 750 2. The licensed professional who initiated the involuntary  
751 examination of the patient, if the examination was initiated by  
752 professional certificate.
- 753 3. An employee, an administrator, or a board member of the  
754 facility providing the examination of the patient.

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

757       5. A person providing any substantial professional services  
758 to the patient, including clinical services.

759       6. A creditor of the patient.

760       7. A person subject to an injunction for protection against  
761 domestic violence under s. 741.30, whether the order of  
762 injunction is temporary or final, and for which the patient was  
763 the petitioner.

764       8. A person subject to an injunction for protection against  
765 repeat violence, stalking, sexual violence, or dating violence  
766 under s. 784.046, whether the order of injunction is temporary  
767 or final, and for which the patient was the petitioner A  
768 ~~licensed professional providing services to the patient under~~  
769 ~~this part, an employee of a facility providing direct services~~  
770 ~~to the patient under this part, a department employee, a person~~  
771 ~~providing other substantial services to the patient in a~~  
772 ~~professional or business capacity, or a creditor of the patient~~  
773 ~~shall not be appointed as the patient's representative.~~

774       Section 11. Subsections (2) through (7) of section  
775 394.4598, Florida Statutes, are renumbered as subsections (3)  
776 through (8), respectively, a new subsection (2) is added to that  
777 section, and present subsections (3) and (4) of that section are  
778 amended, to read:

779       394.4598 Guardian advocate.—

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

782       (a) A professional providing clinical services to the  
783 patient under this part.

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784 (b) The licensed professional who initiated the involuntary  
785 examination of the patient, if the examination was initiated by  
786 professional certificate.

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

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

791 (e) A person providing any substantial professional  
792 services, excluding public and professional guardians, to the  
793 patient, including clinical services.

794 (f) A creditor of the patient.

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

799 (h) A person subject to an injunction for protection  
800 against repeat violence, stalking, sexual violence, or dating  
801 violence under s. 784.046, whether the order of injunction is  
802 temporary or final, and for which the patient was the  
803 petitioner.

804 (4)(3) In lieu of the training required of guardians  
805 appointed pursuant to chapter 744, ~~Prior to~~ a guardian advocate  
806 must, at a minimum, participate in a 4-hour training course  
807 approved by the court before exercising his or her authority,  
808 ~~the guardian advocate shall attend a training course approved by~~  
809 ~~the court. At a minimum, this training course, of not less than~~  
810 ~~4 hours,~~ must include, ~~at minimum,~~ information about the patient  
811 rights, psychotropic medications, the diagnosis of mental  
812 illness, the ethics of medical decisionmaking, and duties of

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813 guardian advocates. ~~This training course shall take the place of~~  
814 ~~the training required for guardians appointed pursuant to~~  
815 ~~chapter 744.~~

816 (5)~~(4)~~ The required training course and the information to  
817 be supplied to prospective guardian advocates before ~~prior to~~  
818 ~~their appointment and the training course for guardian advocates~~  
819 ~~must be developed and completed through a course developed by~~  
820 ~~the department, and approved by the chief judge of the circuit~~  
821 ~~court, and taught by a court-approved organization, which-~~  
822 ~~Court-approved organizations~~ may include, but is ~~are~~ not limited  
823 to, a community college ~~community or junior colleges, a~~  
824 guardianship organization ~~guardianship organizations, a~~ and the  
825 local bar association, or The Florida Bar. The training course  
826 may be web-based, provided in video format, or other electronic  
827 means but must be capable of ensuring the identity and  
828 participation of the prospective guardian advocate. The court  
829 ~~may, in its discretion,~~ waive some or all of the training  
830 requirements for guardian advocates or impose additional  
831 requirements. The court shall make its decision on a case-by-  
832 case basis and, in making its decision, shall consider the  
833 experience and education of the guardian advocate, the duties  
834 assigned to the guardian advocate, and the needs of the patient.

835 Section 12. Section 394.462, Florida Statutes, is amended  
836 to read:

837 394.462 Transportation.-A transportation plan shall be  
838 developed and implemented by each county by July 1, 2017, in  
839 collaboration with the managing entity in accordance with this  
840 section. A county may enter into a memorandum of understanding  
841 with the governing boards of nearby counties to establish a

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842 shared transportation plan. When multiple counties enter into a  
843 memorandum of understanding for this purpose, the counties shall  
844 notify the managing entity and provide it with a copy of the  
845 agreement. The transportation plan shall describe methods of  
846 transport to a facility within the designated receiving system  
847 for individuals subject to involuntary examination under s.  
848 394.463 or involuntary admission under s. 397.6772, s. 397.679,  
849 s. 397.6798, or s. 397.6811, and may identify responsibility for  
850 other transportation to a participating facility when necessary  
851 and agreed to by the facility. The plan may rely on emergency  
852 medical transport services or private transport companies, as  
853 appropriate. The plan shall comply with the transportation  
854 provisions of this section and ss. 397.6772, 397.6795, 397.6822,  
855 and 397.697.

856 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

857 (a) Each county shall designate a single law enforcement  
858 agency within the county, or portions thereof, to take a person  
859 into custody upon the entry of an ex parte order or the  
860 execution of a certificate for involuntary examination by an  
861 authorized professional and to transport that person to the  
862 appropriate facility within the designated receiving system  
863 pursuant to a transportation plan or an exception under  
864 subsection (4), or to the nearest receiving facility if neither  
865 apply for examination.

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

868 a.1- The jurisdiction designated by the county has  
869 contracted on an annual basis with an emergency medical  
870 transport service or private transport company for

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871 transportation of persons to receiving facilities pursuant to  
872 this section at the sole cost of the county; and

873 ~~b.2.~~ The law enforcement agency and the emergency medical  
874 transport service or private transport company agree that the  
875 continued presence of law enforcement personnel is not necessary  
876 for the safety of the person or others.

877 ~~2.3.~~ The entity providing transportation jurisdiction  
878 ~~designated by the county~~ may seek reimbursement for  
879 transportation expenses. The party responsible for payment for  
880 such transportation is the person receiving the transportation.  
881 The county shall seek reimbursement from the following sources  
882 in the following order:

883 a. From a private or public third-party payor ~~an insurance~~  
884 ~~company, health care corporation, or other source~~, if the person  
885 receiving the transportation has applicable coverage ~~is covered~~  
886 ~~by an insurance policy or subscribes to a health care~~  
887 ~~corporation or other source for payment of such expenses.~~

888 b. From the person receiving the transportation.

889 c. From a financial settlement for medical care, treatment,  
890 hospitalization, or transportation payable or accruing to the  
891 injured party.

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

898 ~~(d)-(e)~~ Any company that contracts with a governing board of  
899 a county to transport patients shall comply with the applicable

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900 rules of the department to ensure the safety and dignity of ~~the~~  
901 patients.

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

906 (f)~~(e)~~ When a member of a mental health overlay program or  
907 a mobile crisis response service is a professional authorized to  
908 initiate an involuntary examination pursuant to s. 394.463 or s.  
909 397.675 and that professional evaluates a person and determines  
910 that transportation to a receiving facility is needed, the  
911 service, at its discretion, may transport the person to the  
912 facility or may call on the law enforcement agency or other  
913 transportation arrangement best suited to the needs of the  
914 patient.

915 (g)~~(f)~~ When any law enforcement officer has custody of a  
916 person based on either noncriminal or minor criminal behavior  
917 that meets the statutory guidelines for involuntary examination  
918 pursuant to s. 394.463 ~~under this part~~, the law enforcement  
919 officer shall transport the person to the appropriate facility  
920 within the designated receiving system pursuant to a  
921 transportation plan or an exception under subsection (4), or to  
922 the nearest receiving facility if neither apply for examination.  
923 Persons who meet the statutory guidelines for involuntary  
924 admission pursuant to s. 397.675 may also be transported by law  
925 enforcement officers to the extent resources are available and  
926 as otherwise provided by law. Such persons shall be transported  
927 to an appropriate facility within the designated receiving  
928 system pursuant to a transportation plan or an exception under

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929 subsection (4), or to the nearest facility if neither apply.

930 (h)~~(g)~~ When any law enforcement officer has arrested a  
931 person for a felony and it appears that the person meets the  
932 statutory guidelines for involuntary examination or placement  
933 under this part, such person must ~~shall~~ first be processed in  
934 the same manner as any other criminal suspect. The law  
935 enforcement agency shall thereafter immediately notify the  
936 appropriate facility within the designated receiving system  
937 pursuant to a transportation plan or an exception under  
938 subsection (4), or to the nearest public receiving facility if  
939 neither apply. The receiving facility, ~~which~~ shall be  
940 responsible for promptly arranging for the examination and  
941 treatment of the person. A receiving facility is not required to  
942 admit a person charged with a crime for whom the facility  
943 determines and documents that it is unable to provide adequate  
944 security, but shall provide ~~mental health~~ examination and  
945 treatment to the person where he or she is held.

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

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

956 (k)~~(j)~~ The appropriate facility within the designated  
957 receiving system pursuant to a transportation plan or an

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958 exception under subsection (4), or the nearest receiving  
959 facility if neither apply, must accept persons brought by law  
960 enforcement officers, or an emergency medical transport service  
961 or a private transport company authorized by the county, for  
962 involuntary examination pursuant to s. 394.463.

963 (l) The appropriate facility within the designated  
964 receiving system pursuant to a transportation plan or an  
965 exception under subsection (4), or the nearest receiving  
966 facility if neither apply, must provide persons brought by law  
967 enforcement officers, or an emergency medical transport service  
968 or a private transport company authorized by the county,  
969 pursuant to s. 397.675, a basic screening or triage sufficient  
970 to refer the person to the appropriate services.

971 (m) ~~(k)~~ Each law enforcement agency designated pursuant to  
972 paragraph (a) shall establish a policy that develop a memorandum  
973 of understanding with each receiving facility within the law  
974 enforcement agency's jurisdiction which reflects a single set of  
975 protocols for the safe and secure transportation of the person  
976 and transfer of custody of the person. Each law enforcement  
977 agency shall provide a copy of the protocols to the managing  
978 entity. These protocols must also address crisis intervention  
979 measures.

980 (n) ~~(l)~~ When a jurisdiction has entered into a contract with  
981 an emergency medical transport service or a private transport  
982 company for transportation of persons to receiving facilities  
983 within the designated receiving system, such service or company  
984 shall be given preference for transportation of persons from  
985 nursing homes, assisted living facilities, adult day care  
986 centers, or adult family-care homes, unless the behavior of the

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987 person being transported is such that transportation by a law  
988 enforcement officer is necessary.

989 ~~(o) (m) Nothing in~~ This section may not shall be construed  
990 to limit emergency examination and treatment of incapacitated  
991 persons provided in accordance with ~~the provisions of s.~~  
992 401.445.

993 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

994 (a) If neither the patient nor any person legally obligated  
995 or responsible for the patient is able to pay for the expense of  
996 transporting a voluntary or involuntary patient to a treatment  
997 facility, the transportation plan established by the governing  
998 board of the county or counties must specify how in which the  
999 hospitalized patient will be transported to, from, and between  
1000 facilities in a is hospitalized shall arrange for such required  
1001 transportation and shall ensure the safe and dignified manner  
1002 transportation of the patient. The governing board of each  
1003 county is authorized to contract with private transport  
1004 companies for the transportation of such patients to and from a  
1005 treatment facility.

1006 (b) A Any company that transports a patient pursuant to  
1007 this subsection is considered an independent contractor and is  
1008 solely liable for the safe and dignified transportation of the  
1009 patient. Such company must be insured and provide no less than  
1010 \$100,000 in liability insurance with respect to the transport  
1011 transportation of patients.

1012 (c) A Any company that contracts with one or more counties  
1013 the governing board of a county to transport patients in  
1014 accordance with this section shall comply with the applicable  
1015 rules of the department to ensure the safety and dignity of ~~the~~

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1016 patients.

1017 (d) County or municipal law enforcement and correctional  
1018 personnel and equipment may ~~shall~~ not be used to transport  
1019 patients adjudicated incapacitated or found by the court to meet  
1020 the criteria for involuntary placement pursuant to s. 394.467,  
1021 except in small rural counties where there are no cost-efficient  
1022 alternatives.

1023 (3) TRANSFER OF CUSTODY.—Custody of a person who is  
1024 transported pursuant to this part, along with related  
1025 documentation, shall be relinquished to a responsible individual  
1026 at the appropriate receiving or treatment facility.

1027 (4) EXCEPTIONS.—An exception to the requirements of this  
1028 section may be granted by the secretary of the department for  
1029 the purposes of improving service coordination or better meeting  
1030 the special needs of individuals. A proposal for an exception  
1031 must be submitted to the department ~~by the district~~  
1032 ~~administrator~~ after being approved by the governing boards of  
1033 any affected counties, ~~prior to submission to the secretary.~~

1034 (a) A proposal for an exception must identify the specific  
1035 provision from which an exception is requested; describe how the  
1036 proposal will be implemented by participating law enforcement  
1037 agencies and transportation authorities; and provide a plan for  
1038 the coordination of services ~~such as case management.~~

1039 (b) The exception may be granted only for:

1040 1. An arrangement centralizing and improving the provision  
1041 of services within a district, which may include an exception to  
1042 the requirement for transportation to the nearest receiving  
1043 facility;

1044 2. An arrangement by which a facility may provide, in

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1045 addition to required psychiatric or substance use disorder  
1046 services, an environment and services which are uniquely  
1047 tailored to the needs of an identified group of persons with  
1048 special needs, such as persons with hearing impairments or  
1049 visual impairments, or elderly persons with physical frailties;  
1050 or

1051 3. A specialized transportation system that provides an  
1052 efficient and humane method of transporting patients to  
1053 receiving facilities, among receiving facilities, and to  
1054 treatment facilities.

1055 ~~(c) Any exception approved pursuant to this subsection~~  
1056 ~~shall be reviewed and approved every 5 years by the secretary.~~

1057  
1058 The exceptions provided in this subsection shall expire on June  
1059 30, 2017, and no new exceptions shall be granted after that  
1060 date. After June 30, 2017, the transport of a patient to a  
1061 facility that is not the nearest facility must be made pursuant  
1062 to a plan as provided in this section.

1063 Section 13. Section 394.467, Florida Statutes, is amended  
1064 to read:

1065 394.467 Involuntary inpatient placement.—

1066 (1) CRITERIA.—A person may be ordered for ~~placed in~~  
1067 involuntary inpatient placement for treatment upon a finding of  
1068 the court by clear and convincing evidence that:

1069 (a) He or she has a mental illness ~~is mentally ill~~ and  
1070 because of his or her mental illness:

1071 1.a. He or she has refused voluntary inpatient placement  
1072 for treatment after sufficient and conscientious explanation and  
1073 disclosure of the purpose of inpatient placement for treatment;

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1074 or

1075 b. He or she is unable to determine for himself or herself  
1076 whether inpatient placement is necessary; and

1077 2.a. He or she is ~~manifestly~~ incapable of surviving alone  
1078 or with the help of willing and responsible family or friends,  
1079 including available alternative services, and, without  
1080 treatment, is likely to suffer from neglect or refuse to care  
1081 for himself or herself, and such neglect or refusal poses a real  
1082 and present threat of substantial harm to his or her well-being;  
1083 or

1084 b. There is substantial likelihood that in the near future  
1085 he or she will inflict serious bodily harm on self or others  
1086 ~~himself or herself or another person~~, as evidenced by recent  
1087 behavior causing, attempting, or threatening such harm; and

1088 (b) All available less restrictive treatment alternatives  
1089 that ~~which~~ would offer an opportunity for improvement of his or  
1090 her condition have been judged to be inappropriate.

1091 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be  
1092 retained by a ~~receiving~~ facility or involuntarily placed in a  
1093 treatment facility upon the recommendation of the administrator  
1094 of the ~~receiving~~ facility where the patient has been examined  
1095 and after adherence to the notice and hearing procedures  
1096 provided in s. 394.4599. The recommendation must be supported by  
1097 the opinion of a psychiatrist and the second opinion of a  
1098 clinical psychologist or another psychiatrist, both of whom have  
1099 personally examined the patient within the preceding 72 hours,  
1100 that the criteria for involuntary inpatient placement are met.  
1101 However, in a county that has a population of fewer than 50,000,  
1102 if the administrator certifies that a psychiatrist or clinical

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1103 psychologist is not available to provide the second opinion, the  
1104 second opinion may be provided by a licensed physician who has  
1105 postgraduate training and experience in diagnosis and treatment  
1106 of mental illness ~~and nervous disorders~~ or by a psychiatric  
1107 nurse. Any second opinion authorized in this subsection may be  
1108 conducted through a face-to-face examination, in person, or by  
1109 electronic means. Such recommendation shall be entered on a  
1110 petition for ~~an~~ involuntary inpatient placement certificate that  
1111 authorizes the ~~receiving~~ facility to retain the patient pending  
1112 transfer to a treatment facility or completion of a hearing.

1113 (3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT.—The  
1114 administrator of the facility shall file a petition for  
1115 involuntary inpatient placement in the court in the county where  
1116 the patient is located. Upon filing, the clerk of the court  
1117 shall provide copies to the department, the patient, the  
1118 patient's guardian or representative, and the state attorney and  
1119 public defender of the judicial circuit in which the patient is  
1120 located. A No fee may not ~~shall~~ be charged for the filing of a  
1121 petition under this subsection.

1122 (4) APPOINTMENT OF COUNSEL.—Within 1 court working day  
1123 after the filing of a petition for involuntary inpatient  
1124 placement, the court shall appoint the public defender to  
1125 represent the person who is the subject of the petition, unless  
1126 the person is otherwise represented by counsel. The clerk of the  
1127 court shall immediately notify the public defender of such  
1128 appointment. Any attorney representing the patient shall have  
1129 access to the patient, witnesses, and records relevant to the  
1130 presentation of the patient's case and shall represent the  
1131 interests of the patient, regardless of the source of payment to

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1132 the attorney.

1133 (5) CONTINUANCE OF HEARING.—The patient is entitled, with  
1134 the concurrence of the patient's counsel, to at least one  
1135 continuance of the hearing. ~~The continuance shall be for a~~  
1136 ~~period of~~ up to 4 weeks.

1137 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

1138 (a)1. The court shall hold the hearing on involuntary  
1139 inpatient placement within 5 court working days, unless a  
1140 continuance is granted.

1141 2. Except for good cause documented in the court file, the  
1142 hearing must ~~shall~~ be held in the county or the facility, as  
1143 appropriate, where the patient is located, must ~~and shall~~ be as  
1144 convenient to the patient as is ~~may be~~ consistent with orderly  
1145 procedure, and shall be conducted in physical settings not  
1146 likely to be injurious to the patient's condition. If the court  
1147 finds that the patient's attendance at the hearing is not  
1148 consistent with the best interests of the patient, and the  
1149 patient's counsel does not object, the court may waive the  
1150 presence of the patient from all or any portion of the hearing.  
1151 The state attorney for the circuit in which the patient is  
1152 located shall represent the state, rather than the petitioning  
1153 facility administrator, as the real party in interest in the  
1154 proceeding.

1155 3.2. The court may appoint a ~~general or special~~ magistrate  
1156 to preside at the hearing. One of the professionals who executed  
1157 the petition for involuntary inpatient placement certificate  
1158 shall be a witness. The patient and the patient's guardian or  
1159 representative shall be informed by the court of the right to an  
1160 independent expert examination. If the patient cannot afford

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1161 such an examination, the court shall ensure that one is  
1162 provided, as otherwise provided for by law ~~provide for one~~. The  
1163 independent expert's report is ~~shall be~~ confidential and not  
1164 discoverable, unless the expert is to be called as a witness for  
1165 the patient at the hearing. The testimony in the hearing must be  
1166 given under oath, and the proceedings must be recorded. The  
1167 patient may refuse to testify at the hearing.

1168 (b) If the court concludes that the patient meets the  
1169 criteria for involuntary inpatient placement, it may ~~shall~~ order  
1170 that the patient be transferred to a treatment facility or, if  
1171 the patient is at a treatment facility, that the patient be  
1172 retained there or be treated at any other appropriate ~~receiving~~  
1173 ~~or treatment~~ facility, or that the patient receive services ~~from~~  
1174 ~~a receiving or treatment facility~~, on an involuntary basis, for  
1175 ~~a period of up to 90 days~~ 6 months. However, any order for  
1176 involuntary mental health services in a treatment facility may  
1177 be for up to 6 months. The order shall specify the nature and  
1178 extent of the patient's mental illness. The court may not order  
1179 an individual with traumatic brain injury or dementia who lacks  
1180 a co-occurring mental illness to be involuntarily placed in a  
1181 state treatment facility. The facility shall discharge a patient  
1182 any time the patient no longer meets the criteria for  
1183 involuntary inpatient placement, unless the patient has  
1184 transferred to voluntary status.

1185 (c) If at any time before ~~prior to~~ the conclusion of the  
1186 hearing on involuntary inpatient placement it appears to the  
1187 court that the person does not meet the criteria for involuntary  
1188 inpatient placement under this section, but instead meets the  
1189 criteria for involuntary outpatient services ~~placement~~, the

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1190 court may order the person evaluated for involuntary outpatient  
1191 services ~~placement~~ pursuant to s. 394.4655. The petition and  
1192 hearing procedures set forth in s. 394.4655 shall apply. If the  
1193 person instead meets the criteria for involuntary assessment,  
1194 protective custody, or involuntary admission pursuant to s.  
1195 397.675, then the court may order the person to be admitted for  
1196 involuntary assessment for a period of 5 days pursuant to s.  
1197 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by  
1198 chapter 397.

1199 (d) At the hearing on involuntary inpatient placement, the  
1200 court shall consider testimony and evidence regarding the  
1201 patient's competence to consent to treatment. If the court finds  
1202 that the patient is incompetent to consent to treatment, it  
1203 shall appoint a guardian advocate as provided in s. 394.4598.

1204 (e) The administrator of the petitioning ~~receiving~~ facility  
1205 shall provide a copy of the court order and adequate  
1206 documentation of a patient's mental illness to the administrator  
1207 of a treatment facility if the ~~whenever a~~ patient is ordered for  
1208 involuntary inpatient placement, whether by civil or criminal  
1209 court. The documentation must ~~shall~~ include any advance  
1210 directives made by the patient, a psychiatric evaluation of the  
1211 patient, and any evaluations of the patient performed by a  
1212 psychiatric nurse, a clinical psychologist, a marriage and  
1213 family therapist, a mental health counselor, or a clinical  
1214 social worker. The administrator of a treatment facility may  
1215 refuse admission to any patient directed to its facilities on an  
1216 involuntary basis, whether by civil or criminal court order, who  
1217 is not accompanied ~~at the same time~~ by adequate orders and  
1218 documentation.

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1219 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT  
1220 PLACEMENT.—

1221 (a) Hearings on petitions for continued involuntary  
1222 inpatient placement of an individual placed at any treatment  
1223 facility are ~~shall be~~ administrative hearings and must ~~shall~~ be  
1224 conducted in accordance with ~~the provisions of~~ s. 120.57(1),  
1225 except that any order entered by the administrative law judge is  
1226 ~~shall be~~ final and subject to judicial review in accordance with  
1227 s. 120.68. Orders concerning patients committed after  
1228 successfully pleading not guilty by reason of insanity are ~~shall~~  
1229 ~~be~~ governed by ~~the provisions of~~ s. 916.15.

1230 (b) If the patient continues to meet the criteria for  
1231 involuntary inpatient placement and is being treated at a  
1232 treatment facility, the administrator shall, before ~~prior to~~ the  
1233 expiration of the period ~~during which~~ the treatment facility is  
1234 authorized to retain the patient, file a petition requesting  
1235 authorization for continued involuntary inpatient placement. The  
1236 request must ~~shall~~ be accompanied by a statement from the  
1237 patient's physician, psychiatrist, psychiatric nurse, or  
1238 clinical psychologist justifying the request, a brief  
1239 description of the patient's treatment during the time he or she  
1240 was involuntarily placed, and an individualized plan of  
1241 continued treatment. Notice of the hearing must ~~shall~~ be  
1242 provided as provided ~~set forth~~ in s. 394.4599. If a patient's  
1243 attendance at the hearing is voluntarily waived, the  
1244 administrative law judge must determine that the waiver is  
1245 knowing and voluntary before waiving the presence of the patient  
1246 from all or a portion of the hearing. Alternatively, if at the  
1247 hearing the administrative law judge finds that attendance at

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1248 the hearing is not consistent with the best interests of the  
1249 patient, the administrative law judge may waive the presence of  
1250 the patient from all or any portion of the hearing, unless the  
1251 patient, through counsel, objects to the waiver of presence. The  
1252 testimony in the hearing must be under oath, and the proceedings  
1253 must be recorded.

1254 (c) Unless the patient is otherwise represented or is  
1255 ineligible, he or she shall be represented at the hearing on the  
1256 petition for continued involuntary inpatient placement by the  
1257 public defender of the circuit in which the facility is located.

1258 (d) If at a hearing it is shown that the patient continues  
1259 to meet the criteria for involuntary inpatient placement, the  
1260 administrative law judge shall sign the order for continued  
1261 involuntary inpatient placement for up to 90 days ~~a period not~~  
1262 ~~to exceed 6 months~~. However, any order for involuntary mental  
1263 health services in a treatment facility may be for up to 6  
1264 months. The same procedure shall be repeated before ~~prior to~~ the  
1265 expiration of each additional period the patient is retained.

1266 (e) If continued involuntary inpatient placement is  
1267 necessary for a patient admitted while serving a criminal  
1268 sentence, but his or her ~~whose~~ sentence is about to expire, or  
1269 for a minor patient ~~involuntarily placed, while a minor~~ but who  
1270 is about to reach the age of 18, the administrator shall  
1271 petition the administrative law judge for an order authorizing  
1272 continued involuntary inpatient placement.

1273 (f) If the patient has been previously found incompetent to  
1274 consent to treatment, the administrative law judge shall  
1275 consider testimony and evidence regarding the patient's  
1276 competence. If the administrative law judge finds evidence that

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1277 the patient is now competent to consent to treatment, the  
1278 administrative law judge may issue a recommended order to the  
1279 court that found the patient incompetent to consent to treatment  
1280 that the patient's competence be restored and that any guardian  
1281 advocate previously appointed be discharged.

1282 (g) If the patient has been ordered to undergo involuntary  
1283 inpatient placement and has previously been found incompetent to  
1284 consent to treatment, the court shall consider testimony and  
1285 evidence regarding the patient's incompetence. If the patient's  
1286 competency to consent to treatment is restored, the discharge of  
1287 the guardian advocate shall be governed by s. 394.4598.

1288  
1289 The procedure required in this subsection must be followed  
1290 before the expiration of each additional period the patient is  
1291 involuntarily receiving services.

1292 (8) RETURN TO FACILITY OF PATIENTS.—If a patient  
1293 involuntarily held ~~When a patient~~ at a treatment facility under  
1294 this part leaves the facility without the administrator's  
1295 authorization, the administrator may authorize a search for the  
1296 patient and his or her ~~the~~ return of the patient to the  
1297 facility. The administrator may request the assistance of a law  
1298 enforcement agency in this regard ~~the search for and return of~~  
1299 ~~the patient.~~

1300 Section 14. Section 394.46715, Florida Statutes, is amended  
1301 to read:

1302 394.46715 Rulemaking authority.—The department may adopt  
1303 rules to administer this part ~~Department of Children and~~  
1304 ~~Families shall have rulemaking authority to implement the~~  
1305 ~~provisions of ss. 394.455, 394.4598, 394.4615, 394.463,~~

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1306 ~~394.4655, and 394.467 as amended or created by this act. These~~  
1307 ~~rules shall be for the purpose of protecting the health, safety,~~  
1308 ~~and well-being of persons examined, treated, or placed under~~  
1309 ~~this act.~~

1310 Section 15. Subsection (2) of section 394.4685, Florida  
1311 Statutes, is amended to read:

1312 394.4685 Transfer of patients among facilities.—

1313 (2) TRANSFER FROM PUBLIC TO PRIVATE FACILITIES.—

1314 (a) A patient who has been admitted to a public receiving  
1315 or public treatment facility and has requested, either  
1316 personally or through his or her guardian or guardian advocate,  
1317 and is able to pay for treatment in a private facility shall be  
1318 transferred at the patient's expense to a private facility upon  
1319 acceptance of the patient by the private facility.

1320 (b) A public receiving facility initiating a patient  
1321 transfer to a licensed hospital for acute care mental health  
1322 services not accessible through the public receiving facility  
1323 shall notify the hospital of such transfer and send the hospital  
1324 all records relating to the emergency psychiatric or medical  
1325 condition.

1326 Section 16. Section 394.656, Florida Statutes, is amended  
1327 to read:

1328 394.656 Criminal Justice, Mental Health, and Substance  
1329 Abuse Reinvestment Grant Program.—

1330 (1) There is created within the Department of Children and  
1331 Families the Criminal Justice, Mental Health, and Substance  
1332 Abuse Reinvestment Grant Program. The purpose of the program is  
1333 to provide funding to counties ~~with~~ which they may use to ~~can~~  
1334 plan, implement, or expand initiatives that increase public

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1335 safety, avert increased spending on criminal justice, and  
1336 improve the accessibility and effectiveness of treatment  
1337 services for adults and juveniles who have a mental illness,  
1338 substance abuse disorder, or co-occurring mental health and  
1339 substance abuse disorders and who are in, or at risk of  
1340 entering, the criminal or juvenile justice systems.

1341 (2) The department shall establish a Criminal Justice,  
1342 Mental Health, and Substance Abuse Statewide Grant Review  
1343 Committee. The committee shall include:

1344 (a) One representative of the Department of Children and  
1345 Families;

1346 (b) One representative of the Department of Corrections;

1347 (c) One representative of the Department of Juvenile  
1348 Justice;

1349 (d) One representative of the Department of Elderly  
1350 Affairs; ~~and~~

1351 (e) One representative of the Office of the State Courts  
1352 Administrator; ~~-~~

1353 (f) One representative of the Department of Veterans'  
1354 Affairs;

1355 (g) One representative of the Florida Sheriffs Association;

1356 (h) One representative of the Florida Police Chiefs  
1357 Association;

1358 (i) One representative of the Florida Association of  
1359 Counties;

1360 (j) One representative of the Florida Alcohol and Drug  
1361 Abuse Association;

1362 (k) One representative of the Florida Association of  
1363 Managing Entities;

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1364 (l) One representative of the Florida Council for Community  
1365 Mental Health;

1366 (m) One representative of the National Alliance of Mental  
1367 Illness;

1368 (n) One representative of the Florida Prosecuting Attorneys  
1369 Association;

1370 (o) One representative of the Florida Public Defender  
1371 Association; and

1372 (p) One administrator of an assisted living facility that  
1373 holds a limited mental health license.

1374 (3) The committee shall serve as the advisory body to  
1375 review policy and funding issues that help reduce the impact of  
1376 persons with mental illness and substance abuse disorders on  
1377 communities, criminal justice agencies, and the court system.

1378 The committee shall advise the department in selecting  
1379 priorities for grants and investing awarded grant moneys.

1380 (4) The committee must have experience in substance use and  
1381 mental health disorders, community corrections, and law  
1382 enforcement. To the extent possible, the ~~members of the~~  
1383 committee shall have expertise in grant review ~~writing, grant~~  
1384 ~~reviewing,~~ and grant application scoring.

1385 (5) (a) ~~(3) (a)~~ A county, or a not-for-profit community  
1386 provider or managing entity designated by the county planning  
1387 council or committee, as described in s. 394.657, may apply for  
1388 a 1-year planning grant or a 3-year implementation or expansion  
1389 grant. The purpose of the grants is to demonstrate that  
1390 investment in treatment efforts related to mental illness,  
1391 substance abuse disorders, or co-occurring mental health and  
1392 substance abuse disorders results in a reduced demand on the

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1393 resources of the judicial, corrections, juvenile detention, and  
1394 health and social services systems.

1395 (b) To be eligible to receive a 1-year planning grant or a  
1396 3-year implementation or expansion grant:7

1397 1. A county applicant must have a county planning council  
1398 or committee that is in compliance with the membership  
1399 requirements set forth in this section.

1400 2. A not-for-profit community provider or managing entity  
1401 must be designated by the county planning council or committee  
1402 and have written authorization to submit an application. A not-  
1403 for-profit community provider or managing entity must have  
1404 written authorization for each submitted application.

1405 (c) The department may award a 3-year implementation or  
1406 expansion grant to an applicant who has not received a 1-year  
1407 planning grant.

1408 (d) The department may require an applicant to conduct  
1409 sequential intercept mapping for a project. For purposes of this  
1410 paragraph, the term "sequential intercept mapping" means a  
1411 process for reviewing a local community's mental health,  
1412 substance abuse, criminal justice, and related systems and  
1413 identifying points of interceptions where interventions may be  
1414 made to prevent an individual with a substance abuse disorder or  
1415 mental illness from deeper involvement in the criminal justice  
1416 system.

1417 (6)(4) The grant review and selection committee shall  
1418 select the grant recipients and notify the department of  
1419 Children and Families in writing of the recipients' names of the  
1420 applicants who have been selected by the committee to receive a  
1421 grant. Contingent upon the availability of funds and upon

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1422 notification by the grant review and selection committee of  
1423 those applicants approved to receive planning, implementation,  
1424 or expansion grants, the department ~~of Children and Families~~ may  
1425 transfer funds appropriated for the grant program to a selected  
1426 grant recipient ~~to any county awarded a grant.~~

1427 Section 17. Section 394.761, Florida Statutes, is created  
1428 to read:

1429 394.761 Revenue maximization.—

1430 (1) The agency and the department shall develop a plan to  
1431 obtain federal approval for increasing the availability of  
1432 federal Medicaid funding for behavioral health care. Increased  
1433 funding shall be used to advance the goal of improved  
1434 integration of behavioral health services and primary care  
1435 services for individuals eligible for Medicaid through the  
1436 development and effective implementation of the behavioral  
1437 health system of care as described in s. 394.4573.

1438 (2) The agency and the department shall identify in the  
1439 plan the amount of general revenue funding appropriated for  
1440 mental health and substance abuse services eligible to be used  
1441 as state Medicaid match. The agency and the department shall  
1442 evaluate alternative uses of increased Medicaid funding,  
1443 including seeking Medicaid eligibility for the severely and  
1444 persistently mentally ill or persons with substance use  
1445 disorders, increased reimbursement rates for behavioral health  
1446 services, adjustments to the capitation rate for Medicaid  
1447 enrollees with chronic mental illness and substance use  
1448 disorders, targeted case management for individuals with  
1449 substance use disorders as a Medicaid-funded service,  
1450 supplemental payments to mental health and substance abuse

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1451 service providers through a designated state health program or  
1452 other mechanisms, and innovative programs to provide incentives  
1453 for improved outcomes for behavioral health conditions. The  
1454 agency and the department shall identify in the plan the  
1455 advantages and disadvantages of each alternative and assess each  
1456 alternative's potential for achieving improved integration of  
1457 services. The agency and the department shall identify in the  
1458 plan the types of federal approvals necessary to implement each  
1459 alternative and project a timeline for implementation.

1460 (3) The department, in coordination with the agency and the  
1461 managing entities, shall compile detailed documentation of the  
1462 cost and reimbursements for Medicaid covered services provided  
1463 to Medicaid eligible individuals by providers of behavioral  
1464 health services that are also funded for programs authorized by  
1465 this chapter and chapter 397. The department's documentation,  
1466 along with a report of general revenue funds supporting  
1467 behavioral health services that are not counted as maintenance  
1468 of effort or match for any other federal program, must be  
1469 submitted to the agency by December 31, 2016.

1470 (4) If the report presents clear evidence that Medicaid  
1471 reimbursements are less than the costs of providing the  
1472 services, the agency and the department shall request such  
1473 additional trust fund authority as is necessary to draw federal  
1474 Medicaid funds as a match for the documented general revenue  
1475 expenditures supporting covered services delivered to eligible  
1476 individuals. Payment of the federal funds shall be made to  
1477 providers in such a manner as is allowed by federal law and  
1478 regulations.

1479 (5) The agency and the department shall submit the written

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1480 plan and report required in this section to the President of the  
1481 Senate and the Speaker of the House of Representatives by  
1482 December 31, 2016.

1483 Section 18. Subsection (5) of section 394.879, Florida  
1484 Statutes, is amended, and subsection (6) is added to that  
1485 section, to read:

1486 394.879 Rules; enforcement.—

1487 (5) The agency or the department may not adopt any rule  
1488 governing the design, construction, erection, alteration,  
1489 modification, repair, or demolition of crisis stabilization  
1490 units. It is the intent of the Legislature to preempt that  
1491 function to the Florida Building commission and the State Fire  
1492 Marshal through adoption and maintenance of the Florida Building  
1493 Code and the Florida Fire Prevention Code. However, a crisis  
1494 stabilization unit, a short-term residential treatment facility,  
1495 or an integrated adult mental health crisis stabilization and  
1496 addictions receiving facility that is collocated with a  
1497 centralized receiving facility may be in a multi-story building  
1498 and may be authorized on floors other than the ground floor. The  
1499 agency shall provide technical assistance to the commission and  
1500 the State Fire Marshal in updating the construction standards of  
1501 the Florida Building Code and the Florida Fire Prevention Code  
1502 which govern crisis stabilization units. In addition, the agency  
1503 may enforce the special-occupancy provisions of the Florida  
1504 Building code and the Florida Fire Prevention Code which apply  
1505 to crisis stabilization units in conducting any inspection  
1506 authorized under this part or part II of chapter 408.

1507 (6) The department and the Agency for Health Care  
1508 Administration shall develop a plan to provide options for a

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1509 single, consolidated license for a provider that offers multiple  
1510 types of either mental health services or substance abuse  
1511 services, or both, regulated under chapters 394 and 397,  
1512 respectively. In the plan, the department and the agency shall  
1513 identify the statutory revisions necessary to accomplish the  
1514 consolidation. To the extent possible, the department and the  
1515 agency shall accomplish such consolidation administratively and  
1516 by rule. The department and the agency shall submit the plan to  
1517 the Governor, the President of the Senate, and the Speaker of  
1518 the House of Representatives by November 1, 2016.

1519 Section 19. Section 394.9082, Florida Statutes, is amended  
1520 to read:

1521 (Substantial rewording of section. See  
1522 s. 394.9082, F.S., for present text.)  
1523 394.9082 Behavioral health managing entities.—

1524 (1) INTENT AND PURPOSE.—

1525 (a) The Legislature finds that untreated behavioral health  
1526 disorders constitute major health problems for residents of this  
1527 state, are a major economic burden to the citizens of this  
1528 state, and substantially increase demands on the state's  
1529 juvenile and adult criminal justice systems, the child welfare  
1530 system, and health care systems. The Legislature finds that  
1531 behavioral health disorders respond to appropriate treatment,  
1532 rehabilitation, and supportive intervention. The Legislature  
1533 finds that local communities have also made substantial  
1534 investments in behavioral health services, contracting with  
1535 safety net providers who by mandate and mission provide  
1536 specialized services to vulnerable and hard-to-serve populations  
1537 and have strong ties to local public health and public safety

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1538 agencies. The Legislature finds that a regional management  
1539 structure that facilitates a comprehensive and cohesive system  
1540 of coordinated care for behavioral health treatment and  
1541 prevention services will improve access to care, promote service  
1542 continuity, and provide for more efficient and effective  
1543 delivery of substance abuse and mental health services. It is  
1544 the intent of the Legislature that managing entities work to  
1545 create linkages among various services and systems, including  
1546 juvenile justice and adult criminal justice, child welfare,  
1547 housing services, homeless systems of care, and health care.

1548 (b) The purpose of the behavioral health managing entities  
1549 is to plan, coordinate, and contract for the delivery of  
1550 community mental health and substance abuse services, to improve  
1551 access to care, to promote service continuity, to purchase  
1552 services, and to support efficient and effective delivery of  
1553 services.

1554 (2) DEFINITIONS.—As used in this section, the term:

1555 (a) "Behavioral health services" means mental health  
1556 services and substance abuse prevention and treatment services  
1557 as described in this chapter and chapter 397.

1558 (b) "Coordinated system of care" means the array of mental  
1559 health services and substance abuse services described in s.  
1560 394.4573.

1561 (c) "Geographic area" means one or more contiguous  
1562 counties, circuits, or regions as described in s. 409.966.

1563 (d) "Managed behavioral health organization" means a  
1564 Medicaid managed care organization currently under contract with  
1565 the statewide Medicaid managed medical assistance program in  
1566 this state pursuant to part IV of chapter 409, including a

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1567 managed care organization operating as a behavioral health  
1568 specialty plan.

1569 (e) "Managing entity" means a corporation selected by and  
1570 under contract with the department to manage the daily  
1571 operational delivery of behavioral health services through a  
1572 coordinated system of care.

1573 (f) "Provider network" means the group of direct service  
1574 providers, facilities, and organizations under contract with a  
1575 managing entity to provide a comprehensive array of emergency,  
1576 acute care, residential, outpatient, recovery support, and  
1577 consumer support services, including prevention services.

1578 (g) "Subregion" means a distinct portion of a managing  
1579 entity's geographic region defined by unifying service and  
1580 provider utilization patterns.

1581 (3) DEPARTMENT DUTIES.—The department shall:

1582 (a) Contract with organizations to serve as managing  
1583 entities in accordance with the requirements of this section and  
1584 conduct a readiness review of any new managing entities before  
1585 such entities assume their responsibilities.

1586 (b) Specify data reporting requirements and use of shared  
1587 data systems.

1588 (c) Define the priority populations that will benefit from  
1589 receiving care coordination. In defining such populations, the  
1590 department shall take into account the availability of resources  
1591 and consider:

1592 1. The number and duration of involuntary admissions within  
1593 a specified time.

1594 2. The degree of involvement with the criminal justice  
1595 system and the risk to public safety posed by the individual.

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1596 3. Whether the individual has recently resided in or is  
1597 currently awaiting admission to or discharge from a treatment  
1598 facility as defined in s. 394.455.

1599 4. The degree of utilization of behavioral health services.

1600 5. Whether the individual is a parent or caregiver who is  
1601 involved with the child welfare system.

1602 (d) Support the development and implementation of a  
1603 coordinated system of care by requiring each provider that  
1604 receives state funds for behavioral health services through a  
1605 direct contract with the department to work with the managing  
1606 entity in the provider's service area to coordinate the  
1607 provision of behavioral health services as part of the contract  
1608 with the department.

1609 (e) Provide technical assistance to the managing entities.

1610 (f) Promote the coordination of behavioral health care and  
1611 primary care.

1612 (g) Facilitate coordination between the managing entity and  
1613 other payors of behavioral health care.

1614 (h) Develop and provide a unique identifier for clients  
1615 receiving behavioral health services through the managing entity  
1616 to coordinate care.

1617 (i) Coordinate procedures for the referral and admission of  
1618 patients to, and the discharge of patients from, treatment  
1619 facilities as defined in s. 394.455 and their return to the  
1620 community.

1621 (j) Ensure that managing entities comply with state and  
1622 federal laws, rules, regulations, and grant requirements.

1623 (k) Develop rules for the operations of, and the  
1624 requirements that shall be met by, the managing entity, if

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1625 necessary.

1626 (l) Periodically review contract and reporting requirements  
1627 and reduce costly, duplicative, and unnecessary administrative  
1628 requirements.

1629 (4) CONTRACT WITH MANAGING ENTITIES.—

1630 (a) In contracting for services with managing entities  
1631 under this section, the department shall first attempt to  
1632 contract with not-for-profit, community-based organizations with  
1633 competence in managing provider networks serving persons with  
1634 mental health and substance use disorders to serve as managing  
1635 entities.

1636 (b) The department shall issue an invitation to negotiate  
1637 under s. 287.057 to select an organization to serve as a  
1638 managing entity. If the department receives fewer than two  
1639 responsive bids to the solicitation, the department shall  
1640 reissue the solicitation and managed behavioral health  
1641 organizations shall be eligible to bid and be awarded a  
1642 contract.

1643 (c) If the managing entity is a not-for-profit, community-  
1644 based organization, it must have a governing board that is  
1645 representative. At a minimum, the governing board must include  
1646 consumers and their family members; representatives of local  
1647 government, area law enforcement agencies, health care  
1648 facilities, and community-based care lead agencies; business  
1649 leaders; and providers of substance abuse and mental health  
1650 services as defined in this chapter and chapter 397.

1651 (d) If the managing entity is a managed behavioral health  
1652 organization, it must establish an advisory board that meets the  
1653 same requirements specified in paragraph (c) for a governing

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1654 board.

1655 (e) If the department issues an invitation to negotiate  
1656 pursuant to paragraph (b), the department shall consider, at a  
1657 minimum, the following factors:

1658 1. Experience serving persons with mental health and  
1659 substance use disorders.

1660 2. Established community partnerships with behavioral  
1661 health care providers.

1662 3. Demonstrated organizational capabilities for network  
1663 management functions.

1664 4. Capability to coordinate behavioral health services with  
1665 primary care services.

1666 5. Willingness to provide recovery-oriented services and  
1667 systems of care and work collaboratively with persons with  
1668 mental health and substance use disorders and their families in  
1669 designing such systems and delivering such services.

1670 (f) The department's contracts with managing entities must  
1671 support efficient and effective administration of the behavioral  
1672 health system and ensure accountability for performance.

1673 (g) A contractor serving as a managing entity shall operate  
1674 under the same data reporting, administrative, and  
1675 administrative rate requirements, regardless of whether it is a  
1676 for-profit or not-for-profit entity.

1677 (h) The contract must designate the geographic area that  
1678 will be served by the managing entity, which area must be of  
1679 sufficient size in population, funding, and services to allow  
1680 for flexibility and efficiency.

1681 (i) The contract must require that, when there is a change  
1682 in the managing entity in a geographic area, the managing entity

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1683 work with the department to develop and implement a transition  
1684 plan that ensures continuity of care for patients receiving  
1685 behavioral health services.

1686 (j) By June 30, 2019, if all other contract requirements  
1687 and performance standards are met and the department determines  
1688 that a managing entity under contract as of July 1, 2016, has  
1689 received network accreditation pursuant to subsection (6), the  
1690 department may continue its contract with the managing entity  
1691 for up to, but not exceeding, 5 years, including any and all  
1692 renewals and extensions. Thereafter, the department must issue a  
1693 competitive solicitation pursuant to paragraph (b).

1694 (5) MANAGING ENTITY DUTIES.—A managing entity shall:

1695 (a) Maintain a governing board or, if a managed behavioral  
1696 health organization, an advisory board as provided in paragraph  
1697 (4) (c) or paragraph (4) (d), respectively.

1698 (b) Conduct a community behavioral health care needs  
1699 assessment every 3 years in the geographic area served by the  
1700 managing entity which identifies needs by subregion. The process  
1701 for conducting the needs assessment shall include an opportunity  
1702 for public participation. The assessment shall include, at a  
1703 minimum, the information the department needs for its annual  
1704 report to the Governor and Legislature pursuant to s. 394.4573.  
1705 The managing entity shall provide the needs assessment to the  
1706 department.

1707 (c) Determine the optimal array of services to meet the  
1708 needs identified in the community behavioral health care needs  
1709 assessment and expand the scope of services as resources become  
1710 available.

1711 (d) Promote the development and effective implementation of

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1712 a coordinated system of care pursuant to s. 394.4573.

1713 (e) Provide assistance to counties to develop a designated  
1714 receiving system pursuant to s. 394.4573 and a transportation  
1715 plan pursuant to s. 394.462.

1716 (f) Develop strategies to divert persons with mental  
1717 illness or substance use disorders from the criminal and  
1718 juvenile justice systems in collaboration with the court system  
1719 and the Department of Juvenile Justice and to integrate  
1720 behavioral health services with the child welfare system.

1721 (g) Promote and support care coordination activities that  
1722 will improve outcomes among individuals identified as priority  
1723 populations pursuant to paragraph (3) (c).

1724 (h) Work independently and collaboratively with  
1725 stakeholders to improve access to and effectiveness, quality,  
1726 and outcomes of behavioral health services. This work may  
1727 include, but is not limited to, facilitating the dissemination  
1728 and use of evidence-informed practices.

1729 (i) Develop a comprehensive provider network of qualified  
1730 providers to deliver behavioral health services. The managing  
1731 entity is not required to competitively procure network  
1732 providers but shall publicize opportunities to join the provider  
1733 network and evaluate providers in the network to determine if  
1734 they may remain in the network. The managing entity shall  
1735 publish these processes on its website. The managing entity  
1736 shall ensure continuity of care for clients if a provider ceases  
1737 to provide a service or leaves the network.

1738 (j) As appropriate, develop resources by pursuing third-  
1739 party payments for services, applying for grants, assisting  
1740 providers in securing local matching funds and in-kind services,

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1741 and employing any other method needed to ensure that services  
1742 are available and accessible.

1743 (k) Enter into cooperative agreements with local homeless  
1744 councils and organizations for sharing information about  
1745 clients, available resources, and other data or information for  
1746 addressing the homelessness of persons suffering from a  
1747 behavioral health crisis. All information sharing must comply  
1748 with federal and state privacy and confidentiality laws,  
1749 statutes, and regulations.

1750 (l) Work collaboratively with public receiving facilities  
1751 and licensed housing providers to establish a network of  
1752 licensed housing resources for mental health consumers that will  
1753 prevent and reduce readmissions to public receiving facilities.

1754 (m) Monitor network providers' performance and their  
1755 compliance with contract requirements and federal and state  
1756 laws, rules, regulations, and grant requirements.

1757 (n) Manage and allocate funds for services to meet federal  
1758 and state laws, rules, and regulations.

1759 (o) Promote coordination of behavioral health care with  
1760 primary care.

1761 (p) Implement shared data systems necessary for the  
1762 delivery of coordinated care and integrated services, the  
1763 assessment of managing entity performance and provider  
1764 performance, and the reporting of outcomes and costs of  
1765 services.

1766 (q) Operate in a transparent manner, providing public  
1767 access to information, notice of meetings, and opportunities for  
1768 public participation in managing entity decisionmaking.

1769 (r) Establish and maintain effective relationships with

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1770 community stakeholders, including individuals served by the  
1771 behavioral health system of care and their families, local  
1772 governments, and other community organizations that meet the  
1773 needs of individuals with mental illness or substance use  
1774 disorders.

1775 (s) Collaborate with and encourage increased coordination  
1776 between the provider network and other systems, programs, and  
1777 entities, such as the child welfare system, law enforcement  
1778 agencies, the criminal and juvenile justice systems, the  
1779 Medicaid program, offices of the public defender, and offices of  
1780 criminal conflict and civil regional counsel.

1781 1. Collaboration with the criminal and juvenile justice  
1782 systems shall seek, at a minimum, to divert persons with mental  
1783 illness, substance use disorders, or co-occurring conditions  
1784 from these systems.

1785 2. Collaboration with the court system shall seek, at a  
1786 minimum, to develop specific written procedures and agreements  
1787 to maximize the use of involuntary outpatient services, reduce  
1788 involuntary inpatient treatment, and increase diversion from the  
1789 criminal and juvenile justice systems.

1790 3. Collaboration with the child welfare system shall seek,  
1791 at a minimum, to provide effective and timely services to  
1792 parents and caregivers involved in the child welfare system.

1793 (6) NETWORK ACCREDITATION AND SYSTEMS COORDINATION  
1794 AGREEMENTS.—

1795 (a)1. The department shall identify acceptable  
1796 accreditations which address coordination within a network and,  
1797 if possible, between the network and major systems and programs  
1798 with which the network interacts, such as the child welfare

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1799 system, the courts system, and the Medicaid program. In  
1800 identifying acceptable accreditations, the department shall  
1801 consider whether the accreditation facilitates integrated  
1802 strategic planning, resource coordination, technology  
1803 integration, performance measurement, and increased value to  
1804 consumers through choice of and access to services, improved  
1805 coordination of services, and effectiveness and efficiency of  
1806 service delivery.

1807 2. All managing entities under contract with the state by  
1808 July 1, 2016, shall earn accreditation deemed acceptable by the  
1809 department pursuant to subparagraph 1. by June 30, 2019.

1810 Managing entities whose initial contract with the state is  
1811 executed after July 1, 2016, shall earn network accreditation  
1812 within 3 years after the contract execution date. Pursuant to  
1813 paragraph (4) (j), the department may continue the contract of a  
1814 managing entity under contract as of July 1, 2016, that earns  
1815 the network accreditation within the required timeframe and  
1816 maintains it throughout the contract term.

1817 (b) If no accreditations are available or deemed acceptable  
1818 pursuant to paragraph (a) which address coordination between the  
1819 provider network and major systems and programs with which the  
1820 provider network interacts, each managing entity shall enter  
1821 into memoranda of understanding which details mechanisms for  
1822 communication and coordination. The managing entity shall enter  
1823 into such memoranda with any community-based care lead agencies,  
1824 circuit courts, county courts, sheriffs' offices, offices of the  
1825 public defender, offices of criminal conflict and civil regional  
1826 counsel, Medicaid managed medical assistance plans, and homeless  
1827 coalitions in its service area. Each managing entity under

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1828 contract on July 1, 2016, shall enter into such memoranda by  
1829 June 30, 2017, and each managing entity under contract after  
1830 July 1, 2016, shall enter into such memoranda within 1 year  
1831 after its contract execution date.

1832 (7) PERFORMANCE MEASUREMENT AND ACCOUNTABILITY.-Managing  
1833 entities shall collect and submit data to the department  
1834 regarding persons served, outcomes of persons served, costs of  
1835 services provided through the department's contract, and other  
1836 data as required by the department. The department shall  
1837 evaluate managing entity performance and the overall progress  
1838 made by the managing entity, together with other systems, in  
1839 meeting the community's behavioral health needs, based on  
1840 consumer-centered outcome measures that reflect national  
1841 standards, if possible, that can be accurately measured. The  
1842 department shall work with managing entities to establish  
1843 performance standards, including, but not limited to:

1844 (a) The extent to which individuals in the community  
1845 receive services, including, but not limited to, parents or  
1846 caregivers involved in the child welfare system who need  
1847 behavioral health services.

1848 (b) The improvement in the overall behavioral health of a  
1849 community.

1850 (c) The improvement in functioning or progress in the  
1851 recovery of individuals served by the managing entity, as  
1852 determined using person-centered measures tailored to the  
1853 population.

1854 (d) The success of strategies to:

1855 1. Divert admissions from acute levels of care, jails,  
1856 prisons, and forensic facilities as measured by, at a minimum,

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1857 the total number and percentage of clients who, during a  
1858 specified period, experience multiple admissions to acute levels  
1859 of care, jails, prisons, or forensic facilities;

1860 2. Integrate behavioral health services with the child  
1861 welfare system; and

1862 3. Address the housing needs of individuals being released  
1863 from public receiving facilities who are homeless.

1864 (e) Consumer and family satisfaction.

1865 (f) The level of engagement of key community  
1866 constituencies, such as law enforcement agencies, community-  
1867 based care lead agencies, juvenile justice agencies, the courts,  
1868 school districts, local government entities, hospitals, and  
1869 other organizations, as appropriate, for the geographical  
1870 service area of the managing entity.

1871 (8) ENHANCEMENT PLANS.—By September 1 of each year,  
1872 beginning in 2017, each managing entity shall develop and submit  
1873 to the department a description of strategies for enhancing  
1874 services and addressing three to five priority needs in the  
1875 service area. The planning process sponsored by the managing  
1876 entity shall include consumers and their families, community-  
1877 based care lead agencies, local governments, law enforcement  
1878 agencies, service providers, community partners and other  
1879 stakeholders. Each strategy must be described in detail and  
1880 accompanied by an implementation plan that specifies action  
1881 steps, identifies responsible parties, and delineates specific  
1882 services that would be purchased, projected costs, the projected  
1883 number of individuals that would be served, and the estimated  
1884 benefits of the services. All or parts of these enhancement  
1885 plans may be included in the department's annual budget requests

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1886 submitted to the Legislature.

1887 (9) FUNDING FOR MANAGING ENTITIES.—

1888 (a) A contract established between the department and a  
1889 managing entity under this section shall be funded by general  
1890 revenue, other applicable state funds, or applicable federal  
1891 funding sources. A managing entity may carry forward documented  
1892 unexpended state funds from one fiscal year to the next, but the  
1893 cumulative amount carried forward may not exceed 8 percent of  
1894 the annual amount of the contract. Any unexpended state funds in  
1895 excess of that percentage shall be returned to the department.  
1896 The funds carried forward may not be used in a way that would  
1897 increase future recurring obligations or for any program or  
1898 service that was not authorized under the existing contract with  
1899 the department. Expenditures of funds carried forward shall be  
1900 separately reported to the department. Any unexpended funds that  
1901 remain at the end of the contract period shall be returned to  
1902 the department. Funds carried forward may be retained through  
1903 contract renewals and new contract procurements as long as the  
1904 same managing entity is retained by the department.

1905 (b) The method of payment for a fixed-price contract with a  
1906 managing entity shall provide for a 2-month advance payment at  
1907 the beginning of each fiscal year and equal monthly payments  
1908 thereafter.

1909 (10) ACUTE CARE SERVICES UTILIZATION DATABASE.—The  
1910 department shall develop, implement, and maintain standards  
1911 under which a managing entity shall collect utilization data  
1912 from all public receiving facilities situated within its  
1913 geographical service area and all detoxification and addictions  
1914 receiving facilities under contract with the managing entity. As

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1915 used in this subsection, the term "public receiving facility"  
1916 means an entity that meets the licensure requirements of, and is  
1917 designated by, the department to operate as a public receiving  
1918 facility under s. 394.875 and that is operating as a licensed  
1919 crisis stabilization unit.

1920 (a) The department shall develop standards and protocols to  
1921 be used for data collection, storage, transmittal, and analysis.  
1922 The standards and protocols shall allow for compatibility of  
1923 data and data transmittal between public receiving facilities,  
1924 detoxification facilities, addictions receiving facilities,  
1925 managing entities, and the department for the implementation,  
1926 and to meet the requirements, of this subsection.

1927 (b) A managing entity shall require providers specified in  
1928 paragraph (a) to submit data, in real time or at least daily, to  
1929 the managing entity for:

1930 1. All admissions and discharges of clients receiving  
1931 public receiving facility services who qualify as indigent, as  
1932 defined in s. 394.4787.

1933 2. All admissions and discharges of clients receiving  
1934 substance abuse services in an addictions receiving facility or  
1935 detoxification facility pursuant to parts IV and V of chapter  
1936 397 who qualify as indigent.

1937 3. The current active census of total licensed and utilized  
1938 beds, the number of beds purchased by the department, the number  
1939 of clients qualifying as indigent who occupy any of those beds,  
1940 the total number of unoccupied licensed beds, regardless of  
1941 funding, and the number in excess of licensed capacity. Crisis  
1942 units licensed for both adult and child use will report as a  
1943 single unit.

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1944 (c) A managing entity shall require providers specified in  
1945 paragraph (a) to submit data, on a monthly basis, to the  
1946 managing entity which aggregates the daily data submitted under  
1947 paragraph (b). The managing entity shall reconcile the data in  
1948 the monthly submission to the data received by the managing  
1949 entity under paragraph (b) to check for consistency. If the  
1950 monthly aggregate data submitted by a provider under this  
1951 paragraph are inconsistent with the daily data submitted under  
1952 paragraph (b), the managing entity shall consult with the  
1953 provider to make corrections necessary to ensure accurate data.

1954 (d) A managing entity shall require providers specified in  
1955 paragraph (a) within its provider network to submit data, on an  
1956 annual basis, to the managing entity which aggregates the data  
1957 submitted and reconciled under paragraph (c). The managing  
1958 entity shall reconcile the data in the annual submission to the  
1959 data received and reconciled by the managing entity under  
1960 paragraph (c) to check for consistency. If the annual aggregate  
1961 data submitted by a provider under this paragraph are  
1962 inconsistent with the data received and reconciled under  
1963 paragraph (c), the managing entity shall consult with the  
1964 provider to make corrections necessary to ensure accurate data.

1965 (e) After ensuring the accuracy of data pursuant to  
1966 paragraphs (c) and (d), the managing entity shall submit the  
1967 data to the department on a monthly and an annual basis. The  
1968 department shall create a statewide database for the data  
1969 described under paragraph (b) and submitted under this paragraph  
1970 for the purpose of analyzing the use of publicly funded crisis  
1971 stabilization services and detoxification and addictions  
1972 receiving services provided on a statewide and an individual

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1973 provider basis.

1974 Section 20. Subsections (4) through (9) of section 397.305,  
1975 Florida Statutes, are renumbered as subsections (6) through (11),  
1976 respectively, and new subsections (4) and (5) are added to that  
1977 section, to read:

1978 397.305 Legislative findings, intent, and purpose.—

1979 (4) It is the intent of the Legislature that licensed,  
1980 qualified health professionals be authorized to practice to the  
1981 full extent of their education and training in the performance  
1982 of professional functions necessary to carry out the intent of  
1983 this chapter.

1984 (5) It is the intent of the Legislature to establish  
1985 expectations that services provided to persons in this state use  
1986 the coordination-of-care principles characteristic of recovery-  
1987 oriented services and include social support services, such as  
1988 housing support, life skills and vocational training, and  
1989 employment assistance necessary for persons who have substance  
1990 use disorders or co-occurring substance use and mental health  
1991 disorders to live successfully in their communities.

1992 Section 21. Present subsection (19) of section 391.311,  
1993 Florida Statutes, is redesignated as subsection (20), present  
1994 subsections (20) through (45) of that section are redesignated  
1995 as subsections (23) through (48), respectively, new subsections  
1996 (19), (21), and (22) are added to that section, and present  
1997 subsections (30) and (38) of that section are amended, to read:

1998 397.311 Definitions.—As used in this chapter, except part  
1999 VIII, the term:

2000 (19) "Incompetent to consent to treatment" means a state in  
2001 which a person's judgment is so affected by a substance abuse

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2002 impairment that he or she lacks the capacity to make a well-  
2003 reasoned, willful, and knowing decision concerning his or her  
2004 medical health, mental health, or substance abuse treatment.

2005 (21) "Informed consent" means consent voluntarily given in  
2006 writing by a competent person after sufficient explanation and  
2007 disclosure of the subject matter involved to enable the person  
2008 to make a knowing and willful decision without any element of  
2009 force, fraud, deceit, duress, or other form of constraint or  
2010 coercion.

2011 (22) "Involuntary services" means an array of behavioral  
2012 health services that may be ordered by the court for persons  
2013 with substance abuse impairment or co-occurring substance abuse  
2014 impairment and mental health disorders.

2015 (33)~~(30)~~ "Qualified professional" means a physician or a  
2016 physician assistant licensed under chapter 458 or chapter 459; a  
2017 professional licensed under chapter 490 or chapter 491; an  
2018 advanced registered nurse practitioner ~~having a specialty in~~  
2019 ~~psychiatry~~ licensed under part I of chapter 464; or a person who  
2020 is certified through a department-recognized certification  
2021 process for substance abuse treatment services and who holds, at  
2022 a minimum, a bachelor's degree. A person who is certified in  
2023 substance abuse treatment services by a state-recognized  
2024 certification process in another state at the time of employment  
2025 with a licensed substance abuse provider in this state may  
2026 perform the functions of a qualified professional as defined in  
2027 this chapter but must meet certification requirements contained  
2028 in this subsection no later than 1 year after his or her date of  
2029 employment.

2030 (41)~~(38)~~ "Service component" or "component" means a

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2031 discrete operational entity within a service provider which is  
2032 subject to licensing as defined by rule. Service components  
2033 include prevention, intervention, and clinical treatment  
2034 described in subsection (25) ~~(22)~~.

2035 Section 22. Subsections (16) through (20) of section  
2036 397.321, Florida Statutes, are renumbered as subsections (15)  
2037 through (19), respectively, present subsection (15) is amended,  
2038 and a new subsection (20) is added to that section, to read:

2039 397.321 Duties of the department.—The department shall:

2040 ~~(15) Appoint a substance abuse impairment coordinator to~~  
2041 ~~represent the department in efforts initiated by the statewide~~  
2042 ~~substance abuse impairment prevention and treatment coordinator~~  
2043 ~~established in s. 397.801 and to assist the statewide~~  
2044 ~~coordinator in fulfilling the responsibilities of that position.~~

2045 (20) Develop and prominently display on its website all  
2046 forms necessary for the implementation and administration of  
2047 parts IV and V of this chapter. These forms shall include, but  
2048 are not limited to, a petition for involuntary admission form  
2049 and all related pleading forms, and a form to be used by law  
2050 enforcement agencies pursuant to s. 397.6772. The department  
2051 shall notify law enforcement agencies, the courts, and other  
2052 state agencies of the existence and availability of such forms.

2053 Section 23. Section 397.675, Florida Statutes, is amended  
2054 to read:

2055 397.675 Criteria for involuntary admissions, including  
2056 protective custody, emergency admission, and other involuntary  
2057 assessment, involuntary treatment, and alternative involuntary  
2058 assessment for minors, for purposes of assessment and  
2059 stabilization, and for involuntary treatment.—A person meets the

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2060 criteria for involuntary admission if there is good faith reason  
2061 to believe that the person is substance abuse impaired or has a  
2062 co-occurring mental health disorder and, because of such  
2063 impairment or disorder:

2064 (1) Has lost the power of self-control with respect to  
2065 substance abuse use; and ~~either~~

2066 (2) (a) ~~Has inflicted, or threatened or attempted to~~  
2067 ~~inflict, or unless admitted is likely to inflict, physical harm~~  
2068 ~~on himself or herself or another; or~~

2069 ~~(b)~~ Is in need of substance abuse services and, by reason  
2070 of substance abuse impairment, his or her judgment has been so  
2071 impaired that he or she ~~the person~~ is incapable of appreciating  
2072 his or her need for such services and of making a rational  
2073 decision in that regard, although ~~thereto; however,~~ mere refusal  
2074 to receive such services does not constitute evidence of lack of  
2075 judgment with respect to his or her need for such services; or

2076 (b) Without care or treatment, is likely to suffer from  
2077 neglect or refuse to care for himself or herself; that such  
2078 neglect or refusal poses a real and present threat of  
2079 substantial harm to his or her well-being; and that it is not  
2080 apparent that such harm may be avoided through the help of  
2081 willing family members or friends or the provision of other  
2082 services, or there is substantial likelihood that the person has  
2083 inflicted, or threatened to or attempted to inflict, or, unless  
2084 admitted, is likely to inflict, physical harm on himself,  
2085 herself, or another.

2086 Section 24. Subsection (1) of section 397.6772, Florida  
2087 Statutes, is amended to read:

2088 397.6772 Protective custody without consent.—

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2089 (1) If a person in circumstances which justify protective  
2090 custody as described in s. 397.677 fails or refuses to consent  
2091 to assistance and a law enforcement officer has determined that  
2092 a hospital or a licensed detoxification or addictions receiving  
2093 facility is the most appropriate place for the person, the  
2094 officer may, after giving due consideration to the expressed  
2095 wishes of the person:

2096 (a) Take the person to a hospital or to a licensed  
2097 detoxification or addictions receiving facility against the  
2098 person's will but without using unreasonable force. The officer  
2099 shall use the standard form developed by the department pursuant  
2100 to s. 397.321 to execute a written report detailing the  
2101 circumstances under which the person was taken into custody. The  
2102 written report shall be included in the patient's clinical  
2103 record; or

2104 (b) In the case of an adult, detain the person for his or  
2105 her own protection in any municipal or county jail or other  
2106 appropriate detention facility.

2107  
2108 Such detention is not to be considered an arrest for any  
2109 purpose, and no entry or other record may be made to indicate  
2110 that the person has been detained or charged with any crime. The  
2111 officer in charge of the detention facility must notify the  
2112 nearest appropriate licensed service provider within the first 8  
2113 hours after detention that the person has been detained. It is  
2114 the duty of the detention facility to arrange, as necessary, for  
2115 transportation of the person to an appropriate licensed service  
2116 provider with an available bed. Persons taken into protective  
2117 custody must be assessed by the attending physician within the

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2118 72-hour period and without unnecessary delay, to determine the  
2119 need for further services.

2120 Section 25. Paragraph (a) of subsection (1) of section  
2121 397.6773, Florida Statutes, is amended to read:

2122 397.6773 Dispositional alternatives after protective  
2123 custody.—

2124 (1) An individual who is in protective custody must be  
2125 released by a qualified professional when:

2126 (a) The individual no longer meets the involuntary  
2127 admission criteria in s. 397.675 ~~397.675(1)~~;

2128 Section 26. Section 397.679, Florida Statutes, is amended  
2129 to read:

2130 397.679 Emergency admission; circumstances justifying.—A  
2131 person who meets the criteria for involuntary admission in s.  
2132 397.675 may be admitted to a hospital or to a licensed  
2133 detoxification facility or addictions receiving facility for  
2134 emergency assessment and stabilization, or to a less intensive  
2135 component of a licensed service provider for assessment only,  
2136 upon receipt by the facility of a ~~the physician's~~ certificate by  
2137 a physician, an advanced registered nurse practitioner, a  
2138 psychiatric nurse, a clinical psychologist, a clinical social  
2139 worker, a marriage and family therapist, a mental health  
2140 counselor, a physician assistant working under the scope of  
2141 practice of the supervising physician, or a master's-level-  
2142 certified addictions professional for substance abuse services,  
2143 if the certificate is specific to substance abuse impairment,  
2144 and the completion of an application for emergency admission.

2145 Section 27. Section 397.6791, Florida Statutes, is amended  
2146 to read:

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2147           397.6791 Emergency admission; persons who may initiate.—The  
2148 following persons may request a certificate for an emergency  
2149 assessment or admission:

2150           (1) In the case of an adult, any professional who may issue  
2151 a professional certificate pursuant to s. 397.6793 ~~the~~  
2152 ~~certifying physician~~, the person's spouse or legal guardian, any  
2153 relative of the person, or any other responsible adult who has  
2154 personal knowledge of the person's substance abuse impairment.

2155           (2) In the case of a minor, the minor's parent, legal  
2156 guardian, or legal custodian.

2157           Section 28. Section 397.6793, Florida Statutes, is amended  
2158 to read:

2159           397.6793 Professional's ~~Physician's~~ certificate for  
2160 emergency admission.—

2161           (1) A physician, a clinical psychologist, a physician  
2162 assistant working under the scope of practice of the supervising  
2163 physician, a psychiatric nurse, an advanced registered nurse  
2164 practitioner, a mental health counselor, a marriage and family  
2165 therapist, a master's-level-certified addictions professional  
2166 for substance abuse services, or a clinical social worker may  
2167 execute a professional's certificate for emergency admission.

2168 The professional's ~~physician's~~ certificate must include the name  
2169 of the person to be admitted, the relationship between the  
2170 person and the professional executing the certificate ~~physician~~,  
2171 the relationship between the applicant and the professional  
2172 ~~physician~~, any relationship between the professional ~~physician~~  
2173 and the licensed service provider, ~~and~~ a statement that the  
2174 person has been examined and assessed within the preceding 5  
2175 days after ~~of~~ the application date, and ~~must include~~ factual

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2176 allegations with respect to the need for emergency admission,  
2177 including:

2178 (a) The reason for the ~~physician's~~ belief that the person  
2179 is substance abuse impaired; ~~and~~

2180 (b) The reason for the ~~physician's~~ belief that because of  
2181 such impairment the person has lost the power of self-control  
2182 with respect to substance abuse; and ~~either~~

2183 (c)1. The reason for the belief ~~physician believes that,~~  
2184 without care or treatment, the person is likely to suffer from  
2185 neglect or refuse to care for himself or herself; that such  
2186 neglect or refusal poses a real and present threat of  
2187 substantial harm to his or her well-being; and that it is not  
2188 apparent that such harm may be avoided through the help of  
2189 willing family members or friends or the provision of other  
2190 services, or there is substantial likelihood that the person has  
2191 inflicted or, unless admitted, is likely to inflict, physical  
2192 harm on himself, ~~or~~ herself, or another ~~others unless admitted;~~  
2193 or

2194 2. The reason for the belief ~~physician believes that the~~  
2195 person's refusal to voluntarily receive care is based on  
2196 judgment so impaired by reason of substance abuse that the  
2197 person is incapable of appreciating his or her need for care and  
2198 of making a rational decision regarding his or her need for  
2199 care.

2200 (2) The professional's ~~physician's~~ certificate must  
2201 recommend the least restrictive type of service that is  
2202 appropriate for the person. The certificate must be signed by  
2203 the professional ~~physician~~. If other less restrictive means are  
2204 not available, such as voluntary appearance for outpatient

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2205 evaluation, a law enforcement officer shall take the person  
2206 named in the certificate into custody and deliver him or her to  
2207 the appropriate facility for involuntary assessment and  
2208 stabilization.

2209 (3) A signed copy of the professional's ~~physician's~~  
2210 certificate shall accompany the person, and shall be made a part  
2211 of the person's clinical record, together with a signed copy of  
2212 the application. The application and the professional's  
2213 ~~physician's~~ certificate authorize the involuntary admission of  
2214 the person pursuant to, and subject to the provisions of, ss.  
2215 397.679-397.6797.

2216 (4) The professional's certificate is valid for 7 days  
2217 after issuance.

2218 (5) The professional's ~~physician's~~ certificate must  
2219 indicate whether the person requires transportation assistance  
2220 for delivery for emergency admission and specify, pursuant to s.  
2221 397.6795, the type of transportation assistance necessary.

2222 Section 29. Section 397.6795, Florida Statutes, is amended  
2223 to read:

2224 397.6795 Transportation-assisted delivery of persons for  
2225 emergency assessment.—An applicant for a person's emergency  
2226 admission, ~~or~~ the person's spouse or guardian, or a law  
2227 enforcement officer, ~~or a health officer~~ may deliver a person  
2228 named in the professional's ~~physician's~~ certificate for  
2229 emergency admission to a hospital or a licensed detoxification  
2230 facility or addictions receiving facility for emergency  
2231 assessment and stabilization.

2232 Section 30. Subsection (1) of section 397.681, Florida  
2233 Statutes, is amended to read:

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2234 397.681 Involuntary petitions; general provisions; court  
2235 jurisdiction and right to counsel.—

2236 (1) JURISDICTION.—The courts have jurisdiction of  
2237 involuntary assessment and stabilization petitions and  
2238 involuntary treatment petitions for substance abuse impaired  
2239 persons, and such petitions must be filed with the clerk of the  
2240 court in the county where the person is located. The clerk of  
2241 the court may not charge a fee for the filing of a petition  
2242 under this section. The chief judge may appoint a general or  
2243 special magistrate to preside over all or part of the  
2244 proceedings. The alleged impaired person is named as the  
2245 respondent.

2246 Section 31. Subsection (1) of section 397.6811, Florida  
2247 Statutes, is amended to read:

2248 397.6811 Involuntary assessment and stabilization.—A person  
2249 determined by the court to appear to meet the criteria for  
2250 involuntary admission under s. 397.675 may be admitted for a  
2251 period of 5 days to a hospital or to a licensed detoxification  
2252 facility or addictions receiving facility, for involuntary  
2253 assessment and stabilization or to a less restrictive component  
2254 of a licensed service provider for assessment only upon entry of  
2255 a court order or upon receipt by the licensed service provider  
2256 of a petition. Involuntary assessment and stabilization may be  
2257 initiated by the submission of a petition to the court.

2258 (1) If the person upon whose behalf the petition is being  
2259 filed is an adult, a petition for involuntary assessment and  
2260 stabilization may be filed by the respondent's spouse or legal  
2261 guardian, any relative, a private practitioner, the director of  
2262 a licensed service provider or the director's designee, or an

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2263 adult ~~any three adults~~ who has direct ~~have~~ personal knowledge of  
2264 the respondent's substance abuse impairment.

2265 Section 32. Section 397.6814, Florida Statutes, is amended  
2266 to read:

2267 397.6814 Involuntary assessment and stabilization; contents  
2268 of petition.—A petition for involuntary assessment and  
2269 stabilization must contain the name of the respondent, + the name  
2270 of the applicant or applicants, + the relationship between the  
2271 respondent and the applicant, and ~~+~~ the name of the respondent's  
2272 attorney, if known, ~~and a statement of the respondent's ability~~  
2273 ~~to afford an attorney;~~ and must state facts to support the need  
2274 for involuntary assessment and stabilization, including:

2275 (1) The reason for the petitioner's belief that the  
2276 respondent is substance abuse impaired; ~~and~~

2277 (2) The reason for the petitioner's belief that because of  
2278 such impairment the respondent has lost the power of self-  
2279 control with respect to substance abuse; ~~and either~~

2280 (3) (a) The reason the petitioner believes that the  
2281 respondent has inflicted or is likely to inflict physical harm  
2282 on himself or herself or others unless admitted; or

2283 (b) The reason the petitioner believes that the  
2284 respondent's refusal to voluntarily receive care is based on  
2285 judgment so impaired by reason of substance abuse that the  
2286 respondent is incapable of appreciating his or her need for care  
2287 and of making a rational decision regarding that need for care.  
2288 If the respondent has refused to submit to an assessment, such  
2289 refusal must be alleged in the petition.

2290  
2291 A fee may not be charged for the filing of a petition pursuant

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2292 to this section.

2293 Section 33. Subsection (4) is added to section 397.6818,  
2294 Florida Statutes, to read:

2295 397.6818 Court determination.—At the hearing initiated in  
2296 accordance with s. 397.6811(1), the court shall hear all  
2297 relevant testimony. The respondent must be present unless the  
2298 court has reason to believe that his or her presence is likely  
2299 to be injurious to him or her, in which event the court shall  
2300 appoint a guardian advocate to represent the respondent. The  
2301 respondent has the right to examination by a court-appointed  
2302 qualified professional. After hearing all the evidence, the  
2303 court shall determine whether there is a reasonable basis to  
2304 believe the respondent meets the involuntary admission criteria  
2305 of s. 397.675.

2306 (4) The order is valid only for the period specified in the  
2307 order or, if a period is not specified, for 7 days after the  
2308 order is signed.

2309 Section 34. Section 397.6819, Florida Statutes, is amended  
2310 to read:

2311 397.6819 Involuntary assessment and stabilization;  
2312 responsibility of licensed service provider.—A licensed service  
2313 provider may admit an individual for involuntary assessment and  
2314 stabilization for a period not to exceed 5 days unless a  
2315 petition for involuntary services has been initiated and the  
2316 individual is being retained pursuant to s. 397.6822(3) or a  
2317 request for an extension of time has been filed with the court  
2318 pursuant to s. 397.6821. The assessment of the individual must  
2319 occur within 72 hours ~~be assessed without unnecessary delay~~ by a  
2320 qualified professional. If an assessment is performed by a

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2321 qualified professional who is not a physician, the assessment  
2322 must be reviewed by a physician before the end of the assessment  
2323 period.

2324 Section 35. Section 397.695, Florida Statutes, is amended  
2325 to read:

2326 397.695 Involuntary services ~~treatment~~; persons who may  
2327 petition.—

2328 (1) If the respondent is an adult, a petition for  
2329 involuntary services ~~treatment~~ may be filed by the respondent's  
2330 spouse or legal guardian, any relative, a service provider, or  
2331 an adult ~~any three adults~~ who has direct ~~have~~ personal knowledge  
2332 of the respondent's substance abuse impairment and his or her  
2333 prior course of assessment and treatment.

2334 (2) If the respondent is a minor, a petition for  
2335 involuntary treatment may be filed by a parent, legal guardian,  
2336 or service provider.

2337 Section 36. Section 397.6951, Florida Statutes, is amended  
2338 to read:

2339 397.6951 Contents of petition for involuntary services  
2340 ~~treatment~~.—A petition for involuntary services ~~treatment~~ must  
2341 contain the name of the respondent ~~to be admitted~~; the name of  
2342 the petitioner or petitioners; the relationship between the  
2343 respondent and the petitioner; the name of the respondent's  
2344 attorney, if known, ~~and a statement of the petitioner's~~  
2345 ~~knowledge of the respondent's ability to afford an attorney~~; the  
2346 findings and recommendations of the assessment performed by the  
2347 qualified professional; and the factual allegations presented by  
2348 the petitioner establishing the need for involuntary outpatient  
2349 services. The factual allegations must demonstrate ~~treatment~~,

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2350 including:

2351 (1) The reason for the petitioner's belief that the  
2352 respondent is substance abuse impaired; ~~and~~

2353 (2) The reason for the petitioner's belief that because of  
2354 such impairment the respondent has lost the power of self-  
2355 control with respect to substance abuse; and ~~either~~

2356 (3) (a) The reason the petitioner believes that the  
2357 respondent has inflicted or is likely to inflict physical harm  
2358 on himself or herself or others unless the court orders the  
2359 involuntary services ~~admitted~~; or

2360 (b) The reason the petitioner believes that the  
2361 respondent's refusal to voluntarily receive care is based on  
2362 judgment so impaired by reason of substance abuse that the  
2363 respondent is incapable of appreciating his or her need for care  
2364 and of making a rational decision regarding that need for care.

2365 Section 37. Section 397.6955, Florida Statutes, is amended  
2366 to read:

2367 397.6955 Duties of court upon filing of petition for  
2368 involuntary services ~~treatment~~.—

2369 (1) Upon the filing of a petition for ~~the~~ involuntary  
2370 services for ~~treatment~~ of a substance abuse impaired person with  
2371 the clerk of the court, the court shall immediately determine  
2372 whether the respondent is represented by an attorney or whether  
2373 the appointment of counsel for the respondent is appropriate. If  
2374 the court appoints counsel for the person, the clerk of the  
2375 court shall immediately notify the office of criminal conflict  
2376 and civil regional counsel, created pursuant to s. 27.511, of  
2377 the appointment. The office of criminal conflict and civil  
2378 regional counsel shall represent the person until the petition

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2379 is dismissed, the court order expires, or the person is  
2380 discharged from involuntary services. An attorney that  
2381 represents the person named in the petition shall have access to  
2382 the person, witnesses, and records relevant to the presentation  
2383 of the person's case and shall represent the interests of the  
2384 person, regardless of the source of payment to the attorney.

2385 (2) The court shall schedule a hearing to be held on the  
2386 petition within 5 ~~10~~ days unless a continuance is granted. The  
2387 court may appoint a magistrate to preside at the hearing.

2388 (3) A copy of the petition and notice of the hearing must  
2389 be provided to the respondent; the respondent's parent,  
2390 guardian, or legal custodian, in the case of a minor; the  
2391 respondent's attorney, if known; the petitioner; the  
2392 respondent's spouse or guardian, if applicable; and such other  
2393 persons as the court may direct. If the respondent is a minor, a  
2394 copy of the petition and notice of the hearing must be ~~and have~~  
2395 ~~such petition and order~~ personally delivered to the respondent  
2396 ~~if he or she is a minor.~~ The court shall also issue a summons to  
2397 the person whose admission is sought.

2398 Section 38. Section 397.6957, Florida Statutes, is amended  
2399 to read:

2400 397.6957 Hearing on petition for involuntary services  
2401 ~~treatment.~~

2402 (1) At a hearing on a petition for involuntary services  
2403 ~~treatment~~, the court shall hear and review all relevant  
2404 evidence, including the review of results of the assessment  
2405 completed by the qualified professional in connection with the  
2406 respondent's protective custody, emergency admission,  
2407 involuntary assessment, or alternative involuntary admission.

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2408 The respondent must be present unless the court finds that his  
2409 or her presence is likely to be injurious to himself or herself  
2410 or others, in which event the court must appoint a guardian  
2411 advocate to act in behalf of the respondent throughout the  
2412 proceedings.

2413 (2) The petitioner has the burden of proving by clear and  
2414 convincing evidence that:

2415 (a) The respondent is substance abuse impaired and has a  
2416 history of lack of compliance with treatment for substance  
2417 abuse; and

2418 (b) Because of such impairment the respondent is unlikely  
2419 to voluntarily participate in the recommended services or is  
2420 unable to determine for himself or herself whether services are  
2421 necessary ~~the respondent has lost the power of self-control with~~  
2422 ~~respect to substance abuse;~~ and: either

2423 1. Without services, the respondent is likely to suffer  
2424 from neglect or refuse to care for himself or herself; that such  
2425 neglect or refusal poses a real and present threat of  
2426 substantial harm to his or her well-being; and that there is a  
2427 substantial likelihood that without services the respondent will  
2428 cause serious bodily harm to himself, herself, or another in the  
2429 near future, as evidenced by recent behavior ~~The respondent has~~  
2430 ~~inflicted or is likely to inflict physical harm on himself or~~  
2431 ~~herself or others unless admitted; or~~

2432 2. The respondent's refusal to voluntarily receive care is  
2433 based on judgment so impaired by reason of substance abuse that  
2434 the respondent is incapable of appreciating his or her need for  
2435 care and of making a rational decision regarding that need for  
2436 care.

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2437 (3) One of the qualified professionals who executed the  
2438 involuntary services certificate must be a witness. The court  
2439 shall allow testimony from individuals, including family  
2440 members, deemed by the court to be relevant under state law,  
2441 regarding the respondent's prior history and how that prior  
2442 history relates to the person's current condition. The testimony  
2443 in the hearing must be under oath, and the proceedings must be  
2444 recorded. The patient may refuse to testify at the hearing.

2445 (4)~~(3)~~ At the conclusion of the hearing the court shall  
2446 ~~either~~ dismiss the petition or order the respondent to receive  
2447 ~~undergo~~ involuntary services from his or her ~~substance abuse~~  
2448 ~~treatment, with the respondent's~~ chosen licensed service  
2449 provider if to deliver the involuntary substance abuse treatment  
2450 where possible and appropriate.

2451 Section 39. Section 397.697, Florida Statutes, is amended  
2452 to read:

2453 397.697 Court determination; effect of court order for  
2454 involuntary services ~~substance abuse treatment~~.

2455 (1) When the court finds that the conditions for  
2456 involuntary services ~~substance abuse treatment~~ have been proved  
2457 by clear and convincing evidence, it may order the respondent to  
2458 receive ~~undergo~~ involuntary services from ~~treatment by~~ a  
2459 publicly funded licensed service provider for a period not to  
2460 exceed 90 ~~60~~ days. The court may also order a respondent to  
2461 undergo treatment through a privately funded licensed service  
2462 provider if the respondent has the ability to pay for the  
2463 treatment, or if any person on the respondent's behalf  
2464 voluntarily demonstrates a willingness and an ability to pay for  
2465 the treatment. If the court finds it necessary, it may direct

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2466 the sheriff to take the respondent into custody and deliver him  
2467 or her to the licensed service provider specified in the court  
2468 order, or to the nearest appropriate licensed service provider,  
2469 for involuntary services ~~treatment~~. When the conditions  
2470 justifying involuntary services ~~treatment~~ no longer exist, the  
2471 individual must be released as provided in s. 397.6971. When the  
2472 conditions justifying involuntary services ~~treatment~~ are  
2473 expected to exist after 90 ~~60~~ days of services ~~treatment~~, a  
2474 renewal of the involuntary services ~~treatment~~ order may be  
2475 requested pursuant to s. 397.6975 before ~~prior to~~ the end of the  
2476 90-day ~~60-day~~ period.

2477 (2) In all cases resulting in an order for involuntary  
2478 services ~~substance abuse treatment~~, the court shall retain  
2479 jurisdiction over the case and the parties for the entry of such  
2480 further orders as the circumstances may require. The court's  
2481 requirements for notification of proposed release must be  
2482 included in the original ~~treatment~~ order.

2483 (3) An involuntary services ~~treatment~~ order authorizes the  
2484 licensed service provider to require the individual to receive  
2485 services that ~~undergo such treatment as~~ will benefit him or her,  
2486 including services ~~treatment~~ at any licensable service component  
2487 of a licensed service provider.

2488 (4) If the court orders involuntary services, a copy of the  
2489 order must be sent to the managing entity within 1 working day  
2490 after it is received from the court. Documents may be submitted  
2491 electronically through existing data systems, if applicable.

2492 Section 40. Section 397.6971, Florida Statutes, is amended  
2493 to read:

2494 397.6971 Early release from involuntary services ~~substance~~

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2495 ~~abuse treatment.~~

2496 (1) At any time before ~~prior to~~ the end of the 90-day ~~60-~~  
2497 ~~day~~ involuntary services ~~treatment~~ period, or before ~~prior to~~  
2498 the end of any extension granted pursuant to s. 397.6975, an  
2499 individual receiving ~~admitted for~~ involuntary services ~~treatment~~  
2500 may be determined eligible for discharge to the most appropriate  
2501 referral or disposition for the individual when any of the  
2502 following apply:

2503 (a) The individual no longer meets the criteria for  
2504 involuntary admission and has given his or her informed consent  
2505 to be transferred to voluntary treatment status.~~†~~

2506 (b) If the individual was admitted on the grounds of  
2507 likelihood of infliction of physical harm upon himself or  
2508 herself or others, such likelihood no longer exists.~~†~~ ~~or~~

2509 (c) If the individual was admitted on the grounds of need  
2510 for assessment and stabilization or treatment, accompanied by  
2511 inability to make a determination respecting such need, ~~either~~:

2512 1. Such inability no longer exists; or

2513 2. It is evident that further treatment will not bring  
2514 about further significant improvements in the individual's  
2515 condition.~~†~~

2516 (d) The individual is no longer in need of services.~~†~~ ~~or~~

2517 (e) The director of the service provider determines that  
2518 the individual is beyond the safe management capabilities of the  
2519 provider.

2520 (2) Whenever a qualified professional determines that an  
2521 individual admitted for involuntary services qualifies ~~treatment~~  
2522 ~~is ready~~ for early release under ~~for any of the reasons listed~~  
2523 ~~in~~ subsection (1), the service provider shall immediately

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2524 discharge the individual, and must notify all persons specified  
2525 by the court in the original treatment order.

2526 Section 41. Section 397.6975, Florida Statutes, is amended  
2527 to read:

2528 397.6975 Extension of involuntary services ~~substance abuse~~  
2529 ~~treatment~~ period.—

2530 (1) Whenever a service provider believes that an individual  
2531 who is nearing the scheduled date of his or her release from  
2532 involuntary services ~~treatment~~ continues to meet the criteria  
2533 for involuntary services ~~treatment~~ in s. 397.693, a petition for  
2534 renewal of the involuntary services ~~treatment~~ order may be filed  
2535 with the court at least 10 days before the expiration of the  
2536 court-ordered services ~~treatment~~ period. The court shall  
2537 immediately schedule a hearing to be held not more than 15 days  
2538 after filing of the petition. The court shall provide the copy  
2539 of the petition for renewal and the notice of the hearing to all  
2540 parties to the proceeding. The hearing is conducted pursuant to  
2541 s. 397.6957.

2542 (2) If the court finds that the petition for renewal of the  
2543 involuntary services ~~treatment~~ order should be granted, it may  
2544 order the respondent to receive ~~undergo~~ involuntary services  
2545 ~~treatment~~ for a period not to exceed an additional 90 days. When  
2546 the conditions justifying involuntary services ~~treatment~~ no  
2547 longer exist, the individual must be released as provided in s.  
2548 397.6971. When the conditions justifying involuntary services  
2549 ~~treatment~~ continue to exist after an additional 90 days of  
2550 service ~~additional treatment~~, a new petition requesting renewal  
2551 of the involuntary services ~~treatment~~ order may be filed  
2552 pursuant to this section.

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2553       (3) Within 1 court working day after the filing of a  
2554 petition for continued involuntary services, the court shall  
2555 appoint the office of criminal conflict and civil regional  
2556 counsel to represent the respondent, unless the respondent is  
2557 otherwise represented by counsel. The clerk of the court shall  
2558 immediately notify the office of criminal conflict and civil  
2559 regional counsel of such appointment. The office of criminal  
2560 conflict and civil regional counsel shall represent the  
2561 respondent until the petition is dismissed or the court order  
2562 expires or the respondent is discharged from involuntary  
2563 services. Any attorney representing the respondent shall have  
2564 access to the respondent, witnesses, and records relevant to the  
2565 presentation of the respondent's case and shall represent the  
2566 interests of the respondent, regardless of the source of payment  
2567 to the attorney.

2568       (4) Hearings on petitions for continued involuntary  
2569 services shall be before the circuit court. The court may  
2570 appoint a magistrate to preside at the hearing. The procedures  
2571 for obtaining an order pursuant to this section shall be in  
2572 accordance with s. 397.697.

2573       (5) Notice of hearing shall be provided to the respondent  
2574 or his or her counsel. The respondent and the respondent's  
2575 counsel may agree to a period of continued involuntary services  
2576 without a court hearing.

2577       (6) The same procedure shall be repeated before the  
2578 expiration of each additional period of involuntary services.

2579       (7) If the respondent has previously been found incompetent  
2580 to consent to treatment, the court shall consider testimony and  
2581 evidence regarding the respondent's competence.

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2582 Section 42. Section 397.6977, Florida Statutes, is amended  
2583 to read:

2584 397.6977 Disposition of individual upon completion of  
2585 involuntary services ~~substance abuse treatment~~.—At the  
2586 conclusion of the 90-day ~~60-day~~ period of court-ordered  
2587 involuntary services ~~treatment~~, the respondent ~~individual~~ is  
2588 automatically discharged unless a motion for renewal of the  
2589 involuntary services ~~treatment~~ order has been filed with the  
2590 court pursuant to s. 397.6975.

2591 Section 43. Section 397.6978, Florida Statutes, is created  
2592 to read:

2593 397.6978 Guardian advocate; patient incompetent to consent;  
2594 substance abuse disorder.—

2595 (1) The administrator of a receiving facility or an  
2596 addictions receiving facility may petition the court for the  
2597 appointment of a guardian advocate based upon the opinion of a  
2598 qualified professional that the patient is incompetent to  
2599 consent to treatment. If the court finds that a patient is  
2600 incompetent to consent to treatment and has not been adjudicated  
2601 incapacitated and that a guardian with the authority to consent  
2602 to substance abuse treatment has not been appointed, it may  
2603 appoint a guardian advocate. The patient has the right to have  
2604 an attorney represent him or her at the hearing. If the person  
2605 is indigent, the court shall appoint the office of criminal  
2606 conflict and civil regional counsel to represent him or her at  
2607 the hearing. The patient has the right to testify, cross-examine  
2608 witnesses, and present witnesses. The proceeding shall be  
2609 recorded electronically or stenographically, and testimony must  
2610 be provided under oath. One of the qualified professionals

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2611 authorized to give an opinion in support of a petition for  
2612 involuntary services, as described in s. 397.693, must testify.  
2613 A guardian advocate must meet the qualifications of a guardian  
2614 contained in part IV of chapter 744. The person who is appointed  
2615 as a guardian advocate must agree to the appointment.

2616 (2) The following persons are prohibited from appointment  
2617 as a patient's guardian advocate:

2618 (a) A professional providing clinical services to the  
2619 individual under this part.

2620 (b) The qualified professional who initiated the  
2621 involuntary examination of the individual, if the examination  
2622 was initiated by a qualified professional's certificate.

2623 (c) An employee, an administrator, or a board member of the  
2624 facility providing the examination of the individual.

2625 (d) An employee, an administrator, or a board member of the  
2626 treatment facility providing treatment of the individual.

2627 (e) A person providing any substantial professional  
2628 services, excluding public guardians or professional guardians,  
2629 to the individual, including clinical services.

2630 (f) A creditor of the individual.

2631 (g) A person subject to an injunction for protection  
2632 against domestic violence under s. 741.30, whether the order of  
2633 injunction is temporary or final, and for which the individual  
2634 was the petitioner.

2635 (h) A person subject to an injunction for protection  
2636 against repeat violence, stalking, sexual violence, or dating  
2637 violence under s. 784.046, whether the order of injunction is  
2638 temporary or final, and for which the individual was the  
2639 petitioner.

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2640       (3) A facility requesting appointment of a guardian  
2641 advocate must, before the appointment, provide the prospective  
2642 guardian advocate with information about the duties and  
2643 responsibilities of guardian advocates, including information  
2644 about the ethics of medical decisionmaking. Before asking a  
2645 guardian advocate to give consent to treatment for a patient,  
2646 the facility must provide to the guardian advocate sufficient  
2647 information so that the guardian advocate can decide whether to  
2648 give express and informed consent to the treatment. Such  
2649 information must include information that demonstrates that the  
2650 treatment is essential to the care of the patient and does not  
2651 present an unreasonable risk of serious, hazardous, or  
2652 irreversible side effects. If possible, before giving consent to  
2653 treatment, the guardian advocate must personally meet and talk  
2654 with the patient and the patient's physician. If that is not  
2655 possible, the discussion may be conducted by telephone. The  
2656 decision of the guardian advocate may be reviewed by the court,  
2657 upon petition of the patient's attorney, the patient's family,  
2658 or the facility administrator.

2659       (4) In lieu of the training required for guardians  
2660 appointed pursuant to chapter 744, a guardian advocate shall  
2661 attend at least a 4-hour training course approved by the court  
2662 before exercising his or her authority. At a minimum, the  
2663 training course must include information about patient rights,  
2664 the diagnosis of substance abuse disorders, the ethics of  
2665 medical decisionmaking, and the duties of guardian advocates.

2666       (5) The required training course and the information to be  
2667 supplied to prospective guardian advocates before their  
2668 appointment must be developed by the department, approved by the

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2669 chief judge of the circuit court, and taught by a court-approved  
2670 organization, which may include, but need not be limited to, a  
2671 community college, a guardianship organization, a local bar  
2672 association, or The Florida Bar. The training course may be web-  
2673 based, provided in video format, or provided in other electronic  
2674 means but must be capable of ensuring the identity and  
2675 participation of the prospective guardian advocate. The court  
2676 may waive some or all of the training requirements for guardian  
2677 advocates or impose additional requirements. The court shall  
2678 make its decision on a case-by-case basis and, in making its  
2679 decision, shall consider the experience and education of the  
2680 guardian advocate, the duties assigned to the guardian advocate,  
2681 and the needs of the patient.

2682 (6) In selecting a guardian advocate, the court shall give  
2683 preference to the patient's health care surrogate, if one has  
2684 already been designated by the patient. If the patient has not  
2685 previously designated a health care surrogate, the selection  
2686 shall be made, except for good cause documented in the court  
2687 record, from among the following persons, listed in order of  
2688 priority:

2689 (a) The spouse of the patient.

2690 (b) An adult child of the patient.

2691 (c) A parent of the patient.

2692 (d) The adult next of kin of the patient.

2693 (e) An adult friend of the patient.

2694 (f) An adult trained and willing to serve as the guardian  
2695 advocate for the patient.

2696 (7) If a guardian with the authority to consent to medical  
2697 treatment has not already been appointed, or if the patient has

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2698 not already designated a health care surrogate, the court may  
2699 authorize the guardian advocate to consent to medical treatment  
2700 as well as substance abuse disorder treatment. Unless otherwise  
2701 limited by the court, a guardian advocate with authority to  
2702 consent to medical treatment has the same authority to make  
2703 health care decisions and is subject to the same restrictions as  
2704 a proxy appointed under part IV of chapter 765. Unless the  
2705 guardian advocate has sought and received express court approval  
2706 in a proceeding separate from the proceeding to determine the  
2707 competence of the patient to consent to medical treatment, the  
2708 guardian advocate may not consent to:

2709 (a) Abortion.

2710 (b) Sterilization.

2711 (c) Electroshock therapy.

2712 (d) Psychosurgery.

2713 (e) Experimental treatments that have not been approved by  
2714 a federally approved institutional review board in accordance  
2715 with 45 C.F.R. part 46 or 21 C.F.R. part 56.

2716  
2717 The court must base its authorization on evidence that the  
2718 treatment or procedure is essential to the care of the patient  
2719 and that the treatment does not present an unreasonable risk of  
2720 serious, hazardous, or irreversible side effects. In complying  
2721 with this subsection, the court shall follow the procedures set  
2722 forth in subsection (1).

2723 (8) The guardian advocate shall be discharged when the  
2724 patient is discharged from an order for involuntary services or  
2725 when the patient is transferred from involuntary to voluntary  
2726 status. The court or a hearing officer shall consider the

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2727 competence of the patient as provided in subsection (1) and may  
2728 consider an involuntarily placed patient's competence to consent  
2729 to services at any hearing. Upon sufficient evidence, the court  
2730 may restore, or the magistrate may recommend that the court  
2731 restore, the patient's competence. A copy of the order restoring  
2732 competence or the certificate of discharge containing the  
2733 restoration of competence shall be provided to the patient and  
2734 the guardian advocate.

2735 Section 44. Paragraphs (d) through (m) of subsection (2) of  
2736 section 409.967, Florida Statutes, are redesignated as  
2737 paragraphs (e) through (n), respectively, and a new paragraph  
2738 (d) is added to that subsection, to read:

2739 409.967 Managed care plan accountability.—

2740 (2) The agency shall establish such contract requirements  
2741 as are necessary for the operation of the statewide managed care  
2742 program. In addition to any other provisions the agency may deem  
2743 necessary, the contract must require:

2744 (d) Quality care.—Managed care plans shall provide, or  
2745 contract for the provision of, care coordination to facilitate  
2746 the appropriate delivery of behavioral health care services in  
2747 the least restrictive setting with treatment and recovery  
2748 capabilities that address the needs of the patient. Services  
2749 shall be provided in a manner that integrates behavioral health  
2750 services and primary care. Plans shall be required to achieve  
2751 specific behavioral health outcome standards, established by the  
2752 agency in consultation with the department.

2753 Section 45. Subsection (5) is added to section 409.973,  
2754 Florida Statutes, to read:

2755 409.973 Benefits.—

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2756       (5) INTEGRATED BEHAVIORAL HEALTH INITIATIVE.—Each plan  
2757 operating in the managed medical assistance program shall work  
2758 with the managing entity in its service area to establish  
2759 specific organizational supports and protocols that enhance the  
2760 integration and coordination of primary care and behavioral  
2761 health services for Medicaid recipients. Progress in this  
2762 initiative shall be measured using the integration framework and  
2763 core measures developed by the Agency for Healthcare Research  
2764 and Quality.

2765       Section 46. Notwithstanding the amendment made to s.  
2766 409.975(6), Florida Statutes, by HB 5101, 1st Eng., 2016 Regular  
2767 Session, subsection (6) of section 409.975, Florida Statutes, is  
2768 reenacted to read:

2769       409.975 Managed care plan accountability.—In addition to  
2770 the requirements of s. 409.967, plans and providers  
2771 participating in the managed medical assistance program shall  
2772 comply with the requirements of this section.

2773       (6) PROVIDER PAYMENT.—Managed care plans and hospitals  
2774 shall negotiate mutually acceptable rates, methods, and terms of  
2775 payment. For rates, methods, and terms of payment negotiated  
2776 after the contract between the agency and the plan is executed,  
2777 plans shall pay hospitals, at a minimum, the rate the agency  
2778 would have paid on the first day of the contract between the  
2779 provider and the plan. Such payments to hospitals may not exceed  
2780 120 percent of the rate the agency would have paid on the first  
2781 day of the contract between the provider and the plan, unless  
2782 specifically approved by the agency. Payment rates may be  
2783 updated periodically.

2784       Section 47. It is the intent of the Legislature that the

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2785 reenactment of s. 409.975(6), Florida Statutes, shall control  
2786 over the amendment to that subsection made by HB 5101, 1st Eng.,  
2787 2016 Regular Session, regardless of the order in which they are  
2788 enacted.

2789 Section 48. Section 491.0045, Florida Statutes, is amended  
2790 to read:

2791 491.0045 Intern registration; requirements.—

2792 (1) ~~Effective January 1, 1998,~~ An individual who has not  
2793 satisfied ~~intends to practice in Florida to satisfy~~ the  
2794 postgraduate or post-master's level experience requirements, as  
2795 specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register  
2796 as an intern in the profession for which he or she is seeking  
2797 licensure before ~~prior to~~ commencing the post-master's  
2798 experience requirement or an individual who intends to satisfy  
2799 part of the required graduate-level practicum, internship, or  
2800 field experience, outside the academic arena for any profession,  
2801 must register as an intern in the profession for which he or she  
2802 is seeking licensure before ~~prior to~~ commencing the practicum,  
2803 internship, or field experience.

2804 (2) The department shall register as a clinical social  
2805 worker intern, marriage and family therapist intern, or mental  
2806 health counselor intern each applicant who the board certifies  
2807 has:

2808 (a) Completed the application form and remitted a  
2809 nonrefundable application fee not to exceed \$200, as set by  
2810 board rule;

2811 (b)1. Completed the education requirements as specified in  
2812 s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for which  
2813 he or she is applying for licensure, if needed; and

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2814 2. Submitted an acceptable supervision plan, as determined  
2815 by the board, for meeting the practicum, internship, or field  
2816 work required for licensure that was not satisfied in his or her  
2817 graduate program.

2818 (c) Identified a qualified supervisor.

2819 (3) An individual registered under this section must remain  
2820 under supervision while practicing under registered intern  
2821 status ~~until he or she is in receipt of a license or a letter~~  
2822 ~~from the department stating that he or she is licensed to~~  
2823 ~~practice the profession for which he or she applied.~~

2824 ~~(4) An individual who has applied for intern registration~~  
2825 ~~on or before December 31, 2001, and has satisfied the education~~  
2826 ~~requirements of s. 491.005 that are in effect through December~~  
2827 ~~31, 2000, will have met the educational requirements for~~  
2828 ~~licensure for the profession for which he or she has applied.~~

2829 ~~(4)-(5) An individual who fails~~ Individuals who have  
2830 ~~commenced the experience requirement as specified in s.~~  
2831 ~~491.005(1)(c), (3)(c), or (4)(c) but failed to register as~~  
2832 ~~required by subsection (1) shall register with the department~~  
2833 ~~before January 1, 2000. Individuals who fail to comply with this~~  
2834 ~~section may~~ subsection shall not be granted a license under this  
2835 chapter, and any time spent by the individual completing the  
2836 experience requirement as specified in s. 491.005(1)(c), (3)(c),  
2837 or (4)(c) before ~~prior to~~ registering as an intern does ~~shall~~  
2838 not count toward completion of the ~~such~~ requirement.

2839 (5) An intern registration is valid for 5 years.

2840 (6) A registration issued on or before March 31, 2017,  
2841 expires March 31, 2022, and may not be renewed or reissued. Any  
2842 registration issued after March 31, 2017, expires 60 months

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2843 after the date it is issued. A subsequent intern registration  
2844 may not be issued unless the candidate has passed the theory and  
2845 practice examination described in s. 491.005(1)(d), (3)(d), and  
2846 (4)(d).

2847 (7) An individual who has held a provisional license issued  
2848 by the board may not apply for an intern registration in the  
2849 same profession.

2850 Section 49. Section 394.4674, Florida Statutes, is  
2851 repealed.

2852 Section 50. Section 394.4985, Florida Statutes, is  
2853 repealed.

2854 Section 51. Section 394.745, Florida Statutes, is repealed.

2855 Section 52. Section 397.331, Florida Statutes, is repealed.

2856 Section 53. Section 397.801, Florida Statutes, is repealed.

2857 Section 54. Section 397.811, Florida Statutes, is repealed.

2858 Section 55. Section 397.821, Florida Statutes, is repealed.

2859 Section 56. Section 397.901, Florida Statutes, is repealed.

2860 Section 57. Section 397.93, Florida Statutes, is repealed.

2861 Section 58. Section 397.94, Florida Statutes, is repealed.

2862 Section 59. Section 397.951, Florida Statutes, is repealed.

2863 Section 60. Section 397.97, Florida Statutes, is repealed.

2864 Section 61. Section 397.98, Florida Statutes, is repealed.

2865 Section 62. Paragraph (a) of subsection (3) of section  
2866 39.407, Florida Statutes, is amended to read:

2867 39.407 Medical, psychiatric, and psychological examination  
2868 and treatment of child; physical, mental, or substance abuse  
2869 examination of person with or requesting child custody.—

2870 (3)(a)1. Except as otherwise provided in subparagraph (b)1.  
2871 or paragraph (e), before the department provides psychotropic

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2872 medications to a child in its custody, the prescribing physician  
2873 shall attempt to obtain express and informed consent, as defined  
2874 in s. 394.455(15) ~~s. 394.455(9)~~ and as described in s.  
2875 394.459(3)(a), from the child's parent or legal guardian. The  
2876 department must take steps necessary to facilitate the inclusion  
2877 of the parent in the child's consultation with the physician.  
2878 However, if the parental rights of the parent have been  
2879 terminated, the parent's location or identity is unknown or  
2880 cannot reasonably be ascertained, or the parent declines to give  
2881 express and informed consent, the department may, after  
2882 consultation with the prescribing physician, seek court  
2883 authorization to provide the psychotropic medications to the  
2884 child. Unless parental rights have been terminated and if it is  
2885 possible to do so, the department shall continue to involve the  
2886 parent in the decisionmaking process regarding the provision of  
2887 psychotropic medications. If, at any time, a parent whose  
2888 parental rights have not been terminated provides express and  
2889 informed consent to the provision of a psychotropic medication,  
2890 the requirements of this section that the department seek court  
2891 authorization do not apply to that medication until such time as  
2892 the parent no longer consents.

2893 2. Any time the department seeks a medical evaluation to  
2894 determine the need to initiate or continue a psychotropic  
2895 medication for a child, the department must provide to the  
2896 evaluating physician all pertinent medical information known to  
2897 the department concerning that child.

2898 Section 63. Subsection (1) of section 39.524, Florida  
2899 Statutes, is amended to read:

2900 39.524 Safe-harbor placement.—

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2901 (1) Except as provided in s. 39.407 or s. 985.801, a  
2902 dependent child 6 years of age or older who has been found to be  
2903 a victim of sexual exploitation as defined in s. 39.01(70)(g) ~~s.~~  
2904 ~~39.01(69)(g)~~ must be assessed for placement in a safe house or  
2905 safe foster home as provided in s. 409.1678 using the initial  
2906 screening and assessment instruments provided in s. 409.1754(1).  
2907 If such placement is determined to be appropriate for the child  
2908 as a result of this assessment, the child may be placed in a  
2909 safe house or safe foster home, if one is available. However,  
2910 the child may be placed in another setting, if the other setting  
2911 is more appropriate to the child's needs or if a safe house or  
2912 safe foster home is unavailable, as long as the child's  
2913 behaviors are managed so as not to endanger other children  
2914 served in that setting.

2915 Section 64. Paragraph (e) of subsection (5) of section  
2916 212.055, Florida Statutes, is amended to read:

2917 212.055 Discretionary sales surtaxes; legislative intent;  
2918 authorization and use of proceeds.—It is the legislative intent  
2919 that any authorization for imposition of a discretionary sales  
2920 surtax shall be published in the Florida Statutes as a  
2921 subsection of this section, irrespective of the duration of the  
2922 levy. Each enactment shall specify the types of counties  
2923 authorized to levy; the rate or rates which may be imposed; the  
2924 maximum length of time the surtax may be imposed, if any; the  
2925 procedure which must be followed to secure voter approval, if  
2926 required; the purpose for which the proceeds may be expended;  
2927 and such other requirements as the Legislature may provide.  
2928 Taxable transactions and administrative procedures shall be as  
2929 provided in s. 212.054.

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2930 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined in  
2931 s. 125.011(1) may levy the surtax authorized in this subsection  
2932 pursuant to an ordinance either approved by extraordinary vote  
2933 of the county commission or conditioned to take effect only upon  
2934 approval by a majority vote of the electors of the county voting  
2935 in a referendum. In a county as defined in s. 125.011(1), for  
2936 the purposes of this subsection, “county public general  
2937 hospital” means a general hospital as defined in s. 395.002  
2938 which is owned, operated, maintained, or governed by the county  
2939 or its agency, authority, or public health trust.

2940 (e) A governing board, agency, or authority shall be  
2941 chartered by the county commission upon this act becoming law.  
2942 The governing board, agency, or authority shall adopt and  
2943 implement a health care plan for indigent health care services.  
2944 The governing board, agency, or authority shall consist of no  
2945 more than seven and no fewer than five members appointed by the  
2946 county commission. The members of the governing board, agency,  
2947 or authority shall be at least 18 years of age and residents of  
2948 the county. No member may be employed by or affiliated with a  
2949 health care provider or the public health trust, agency, or  
2950 authority responsible for the county public general hospital.  
2951 The following community organizations shall each appoint a  
2952 representative to a nominating committee: the South Florida  
2953 Hospital and Healthcare Association, the Miami-Dade County  
2954 Public Health Trust, the Dade County Medical Association, the  
2955 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade  
2956 County. This committee shall nominate between 10 and 14 county  
2957 citizens for the governing board, agency, or authority. The  
2958 slate shall be presented to the county commission and the county

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2959 commission shall confirm the top five to seven nominees,  
2960 depending on the size of the governing board. Until such time as  
2961 the governing board, agency, or authority is created, the funds  
2962 provided for in subparagraph (d)2. shall be placed in a  
2963 restricted account set aside from other county funds and not  
2964 disbursed by the county for any other purpose.

2965 1. The plan shall divide the county into a minimum of four  
2966 and maximum of six service areas, with no more than one  
2967 participant hospital per service area. The county public general  
2968 hospital shall be designated as the provider for one of the  
2969 service areas. Services shall be provided through participants'  
2970 primary acute care facilities.

2971 2. The plan and subsequent amendments to it shall fund a  
2972 defined range of health care services for both indigent persons  
2973 and the medically poor, including primary care, preventive care,  
2974 hospital emergency room care, and hospital care necessary to  
2975 stabilize the patient. For the purposes of this section,  
2976 "stabilization" means stabilization as defined in s. 397.311(44)  
2977 ~~s. 397.311(41)~~. Where consistent with these objectives, the plan  
2978 may include services rendered by physicians, clinics, community  
2979 hospitals, and alternative delivery sites, as well as at least  
2980 one regional referral hospital per service area. The plan shall  
2981 provide that agreements negotiated between the governing board,  
2982 agency, or authority and providers shall recognize hospitals  
2983 that render a disproportionate share of indigent care, provide  
2984 other incentives to promote the delivery of charity care to draw  
2985 down federal funds where appropriate, and require cost  
2986 containment, including, but not limited to, case management.  
2987 From the funds specified in subparagraphs (d)1. and 2. for

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2988 indigent health care services, service providers shall receive  
2989 reimbursement at a Medicaid rate to be determined by the  
2990 governing board, agency, or authority created pursuant to this  
2991 paragraph for the initial emergency room visit, and a per-member  
2992 per-month fee or capitation for those members enrolled in their  
2993 service area, as compensation for the services rendered  
2994 following the initial emergency visit. Except for provisions of  
2995 emergency services, upon determination of eligibility,  
2996 enrollment shall be deemed to have occurred at the time services  
2997 were rendered. The provisions for specific reimbursement of  
2998 emergency services shall be repealed on July 1, 2001, unless  
2999 otherwise reenacted by the Legislature. The capitation amount or  
3000 rate shall be determined before ~~prior to~~ program implementation  
3001 by an independent actuarial consultant. In no event shall such  
3002 reimbursement rates exceed the Medicaid rate. The plan must also  
3003 provide that any hospitals owned and operated by government  
3004 entities on or after the effective date of this act must, as a  
3005 condition of receiving funds under this subsection, afford  
3006 public access equal to that provided under s. 286.011 as to any  
3007 meeting of the governing board, agency, or authority the subject  
3008 of which is budgeting resources for the retention of charity  
3009 care, as that term is defined in the rules of the Agency for  
3010 Health Care Administration. The plan shall also include  
3011 innovative health care programs that provide cost-effective  
3012 alternatives to traditional methods of service and delivery  
3013 funding.

3014 3. The plan's benefits shall be made available to all  
3015 county residents currently eligible to receive health care  
3016 services as indigents or medically poor as defined in paragraph

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3017 (4) (d).

3018 4. Eligible residents who participate in the health care  
3019 plan shall receive coverage for a period of 12 months or the  
3020 period extending from the time of enrollment to the end of the  
3021 current fiscal year, per enrollment period, whichever is less.

3022 5. At the end of each fiscal year, the governing board,  
3023 agency, or authority shall prepare an audit that reviews the  
3024 budget of the plan, delivery of services, and quality of  
3025 services, and makes recommendations to increase the plan's  
3026 efficiency. The audit shall take into account participant  
3027 hospital satisfaction with the plan and assess the amount of  
3028 poststabilization patient transfers requested, and accepted or  
3029 denied, by the county public general hospital.

3030 Section 65. Paragraph (c) of subsection (2) of section  
3031 394.4599, Florida Statutes, is amended to read:

3032 394.4599 Notice.—

3033 (2) INVOLUNTARY ADMISSION.—

3034 (c)1. A receiving facility shall give notice of the  
3035 whereabouts of a minor who is being involuntarily held for  
3036 examination pursuant to s. 394.463 to the minor's parent,  
3037 guardian, caregiver, or guardian advocate, in person or by  
3038 telephone or other form of electronic communication, immediately  
3039 after the minor's arrival at the facility. The facility may  
3040 delay notification for no more than 24 hours after the minor's  
3041 arrival if the facility has submitted a report to the central  
3042 abuse hotline, pursuant to s. 39.201, based upon knowledge or  
3043 suspicion of abuse, abandonment, or neglect and if the facility  
3044 deems a delay in notification to be in the minor's best  
3045 interest.

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3046           2. The receiving facility shall attempt to notify the  
3047 minor's parent, guardian, caregiver, or guardian advocate until  
3048 the receiving facility receives confirmation from the parent,  
3049 guardian, caregiver, or guardian advocate, verbally, by  
3050 telephone or other form of electronic communication, or by  
3051 recorded message, that notification has been received. Attempts  
3052 to notify the parent, guardian, caregiver, or guardian advocate  
3053 must be repeated at least once every hour during the first 12  
3054 hours after the minor's arrival and once every 24 hours  
3055 thereafter and must continue until such confirmation is  
3056 received, unless the minor is released at the end of the 72-hour  
3057 examination period, or until a petition for involuntary services  
3058 ~~placement~~ is filed with the court pursuant to s. 394.463(2)(g)  
3059 ~~s. 394.463(2)(i)~~. The receiving facility may seek assistance  
3060 from a law enforcement agency to notify the minor's parent,  
3061 guardian, caregiver, or guardian advocate if the facility has  
3062 not received within the first 24 hours after the minor's arrival  
3063 a confirmation by the parent, guardian, caregiver, or guardian  
3064 advocate that notification has been received. The receiving  
3065 facility must document notification attempts in the minor's  
3066 clinical record.

3067           Section 66. Subsection (3) and paragraph (p) of subsection  
3068 (4) of section 394.495, Florida Statutes, are amended to read:

3069           394.495 Child and adolescent mental health system of care;  
3070 programs and services.—

3071           (3) Assessments must be performed by:

3072           (a) A professional as defined in s. 394.455(5), (7), (32),  
3073 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24);~~

3074           (b) A professional licensed under chapter 491; or

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3075 (c) A person who is under the direct supervision of a  
3076 qualified professional as defined in s. 394.455(5), (7), (32),  
3077 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a  
3078 professional licensed under chapter 491.

3079 (4) The array of services may include, but is not limited  
3080 to:

3081 (p) Trauma-informed services for children who have suffered  
3082 sexual exploitation as defined in s. 39.01(70)(g) ~~s.~~  
3083 ~~39.01(69)(g)~~.

3084 Section 67. Subsection (5) of section 394.496, Florida  
3085 Statutes, is amended to read:

3086 394.496 Service planning.—

3087 (5) A professional as defined in s. 394.455(5), (7), (32),  
3088 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a  
3089 professional licensed under chapter 491 must be included among  
3090 those persons developing the services plan.

3091 Section 68. Subsection (6) of section 394.9085, Florida  
3092 Statutes, is amended to read:

3093 394.9085 Behavioral provider liability.—

3094 (6) For purposes of this section, the terms "detoxification  
3095 services," "addictions receiving facility," and "receiving  
3096 facility" have the same meanings as those provided in ss.  
3097 397.311(25)(a)4., 397.311(25)(a)1., and 394.455(39) ~~ss.~~  
3098 ~~397.311(22)(a)4., 397.311(22)(a)1., and 394.455(26),~~  
3099 respectively.

3100 Section 69. Subsections (16) through (20) of section  
3101 397.321, Florida Statutes, are renumbered as subsections (15)  
3102 through (19), respectively, and present subsection (15) of that  
3103 section is amended, to read:

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3104 397.321 Duties of the department.—The department shall:  
3105 ~~(15) Appoint a substance abuse impairment coordinator to~~  
3106 ~~represent the department in efforts initiated by the statewide~~  
3107 ~~substance abuse impairment prevention and treatment coordinator~~  
3108 ~~established in s. 397.801 and to assist the statewide~~  
3109 ~~coordinator in fulfilling the responsibilities of that position.~~

3110 Section 70. Subsection (8) of section 397.405, Florida  
3111 Statutes, is amended to read:

3112 397.405 Exemptions from licensure.—The following are exempt  
3113 from the licensing provisions of this chapter:

3114 (8) A legally cognizable church or nonprofit religious  
3115 organization or denomination providing substance abuse services,  
3116 including prevention services, which are solely religious,  
3117 spiritual, or ecclesiastical in nature. A church or nonprofit  
3118 religious organization or denomination providing any of the  
3119 licensed service components itemized under s. 397.311(25) ~~s.~~  
3120 ~~397.311(22)~~ is not exempt from substance abuse licensure but  
3121 retains its exemption with respect to all services which are  
3122 solely religious, spiritual, or ecclesiastical in nature.

3123  
3124 The exemptions from licensure in this section do not apply to  
3125 any service provider that receives an appropriation, grant, or  
3126 contract from the state to operate as a service provider as  
3127 defined in this chapter or to any substance abuse program  
3128 regulated pursuant to s. 397.406. Furthermore, this chapter may  
3129 not be construed to limit the practice of a physician or  
3130 physician assistant licensed under chapter 458 or chapter 459, a  
3131 psychologist licensed under chapter 490, a psychotherapist  
3132 licensed under chapter 491, or an advanced registered nurse

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3133 practitioner licensed under part I of chapter 464, who provides  
3134 substance abuse treatment, so long as the physician, physician  
3135 assistant, psychologist, psychotherapist, or advanced registered  
3136 nurse practitioner does not represent to the public that he or  
3137 she is a licensed service provider and does not provide services  
3138 to individuals pursuant to part V of this chapter. Failure to  
3139 comply with any requirement necessary to maintain an exempt  
3140 status under this section is a misdemeanor of the first degree,  
3141 punishable as provided in s. 775.082 or s. 775.083.

3142 Section 71. Subsections (1) and (5) of section 397.407,  
3143 Florida Statutes, are amended to read:

3144 397.407 Licensure process; fees.—

3145 (1) The department shall establish the licensure process to  
3146 include fees and categories of licenses and must prescribe a fee  
3147 range that is based, at least in part, on the number and  
3148 complexity of programs listed in s. 397.311(25) ~~s. 397.311(22)~~  
3149 which are operated by a licensee. The fees from the licensure of  
3150 service components are sufficient to cover at least 50 percent  
3151 of the costs of regulating the service components. The  
3152 department shall specify a fee range for public and privately  
3153 funded licensed service providers. Fees for privately funded  
3154 licensed service providers must exceed the fees for publicly  
3155 funded licensed service providers.

3156 (5) The department may issue probationary, regular, and  
3157 interim licenses. The department shall issue one license for  
3158 each service component that is operated by a service provider  
3159 and defined pursuant to s. 397.311(25) ~~s. 397.311(22)~~. The  
3160 license is valid only for the specific service components listed  
3161 for each specific location identified on the license. The

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3162 licensed service provider shall apply for a new license at least  
3163 60 days before the addition of any service components or 30 days  
3164 before the relocation of any of its service sites. Provision of  
3165 service components or delivery of services at a location not  
3166 identified on the license may be considered an unlicensed  
3167 operation that authorizes the department to seek an injunction  
3168 against operation as provided in s. 397.401, in addition to  
3169 other sanctions authorized by s. 397.415. Probationary and  
3170 regular licenses may be issued only after all required  
3171 information has been submitted. A license may not be  
3172 transferred. As used in this subsection, the term "transfer"  
3173 includes, but is not limited to, the transfer of a majority of  
3174 the ownership interest in the licensed entity or transfer of  
3175 responsibilities under the license to another entity by  
3176 contractual arrangement.

3177 Section 72. Section 397.416, Florida Statutes, is amended  
3178 to read:

3179 397.416 Substance abuse treatment services; qualified  
3180 professional.—Notwithstanding any other provision of law, a  
3181 person who was certified through a certification process  
3182 recognized by the former Department of Health and Rehabilitative  
3183 Services before January 1, 1995, may perform the duties of a  
3184 qualified professional with respect to substance abuse treatment  
3185 services as defined in this chapter, and need not meet the  
3186 certification requirements contained in s. 397.311(33) ~~s.~~  
3187 ~~397.311(30)~~.

3188 Section 73. Subsection (2) of section 397.4871, Florida  
3189 Statutes, is amended to read:

3190 397.4871 Recovery residence administrator certification.—

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3191 (2) The department shall approve at least one credentialing  
3192 entity by December 1, 2015, for the purpose of developing and  
3193 administering a voluntary credentialing program for  
3194 administrators. The department shall approve any credentialing  
3195 entity that the department endorses pursuant to s. 397.321(15)  
3196 ~~s. 397.321(16)~~ if the credentialing entity also meets the  
3197 requirements of this section. The approved credentialing entity  
3198 shall:

3199 (a) Establish recovery residence administrator core  
3200 competencies, certification requirements, testing instruments,  
3201 and recertification requirements.

3202 (b) Establish a process to administer the certification  
3203 application, award, and maintenance processes.

3204 (c) Develop and administer:

3205 1. A code of ethics and disciplinary process.

3206 2. Biennial continuing education requirements and annual  
3207 certification renewal requirements.

3208 3. An education provider program to approve training  
3209 entities that are qualified to provide precertification training  
3210 to applicants and continuing education opportunities to  
3211 certified persons.

3212 Section 74. Paragraph (c) of subsection (1) and paragraphs  
3213 (a) and (b) of subsection (6) of section 409.1678, Florida  
3214 Statutes, are amended to read:

3215 409.1678 Specialized residential options for children who  
3216 are victims of sexual exploitation.—

3217 (1) DEFINITIONS.—As used in this section, the term:

3218 (c) "Sexually exploited child" means a child who has  
3219 suffered sexual exploitation as defined in s. 39.01(70)(g) ~~s.~~

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3220 ~~39.01(69)(g)~~ and is ineligible for relief and benefits under the  
3221 federal Trafficking Victims Protection Act, 22 U.S.C. ss. 7101  
3222 et seq.

3223 (6) LOCATION INFORMATION.—

3224 (a) Information about the location of a safe house, safe  
3225 foster home, or other residential facility serving victims of  
3226 sexual exploitation, as defined in s. 39.01(70)(g) ~~s.~~  
3227 ~~39.01(69)(g)~~, which is held by an agency, as defined in s.  
3228 119.011, is confidential and exempt from s. 119.07(1) and s.  
3229 24(a), Art. I of the State Constitution. This exemption applies  
3230 to such confidential and exempt information held by an agency  
3231 before, on, or after the effective date of the exemption.

3232 (b) Information about the location of a safe house, safe  
3233 foster home, or other residential facility serving victims of  
3234 sexual exploitation, as defined in s. 39.01(70)(g) ~~s.~~  
3235 ~~39.01(69)(g)~~, may be provided to an agency, as defined in s.  
3236 119.011, as necessary to maintain health and safety standards  
3237 and to address emergency situations in the safe house, safe  
3238 foster home, or other residential facility.

3239 Section 75. Paragraph (e) of subsection (3) of section  
3240 409.966, Florida Statutes, is amended to read:

3241 409.966 Eligible plans; selection.—

3242 (3) QUALITY SELECTION CRITERIA.—

3243 (e) To ensure managed care plan participation in Regions 1  
3244 and 2, the agency shall award an additional contract to each  
3245 plan with a contract award in Region 1 or Region 2. Such  
3246 contract shall be in any other region in which the plan  
3247 submitted a responsive bid and negotiates a rate acceptable to  
3248 the agency. If a plan that is awarded an additional contract

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3249 pursuant to this paragraph is subject to penalties pursuant to  
3250 s. 409.967(2)(i) ~~s. 409.967(2)(h)~~ for activities in Region 1 or  
3251 Region 2, the additional contract is automatically terminated  
3252 180 days after the imposition of the penalties. The plan must  
3253 reimburse the agency for the cost of enrollment changes and  
3254 other transition activities.

3255 Section 76. Paragraph (b) of subsection (1) of section  
3256 409.972, Florida Statutes, is amended to read:

3257 409.972 Mandatory and voluntary enrollment.—

3258 (1) The following Medicaid-eligible persons are exempt from  
3259 mandatory managed care enrollment required by s. 409.965, and  
3260 may voluntarily choose to participate in the managed medical  
3261 assistance program:

3262 (b) Medicaid recipients residing in residential commitment  
3263 facilities operated through the Department of Juvenile Justice  
3264 or a mental health treatment facility ~~facilities~~ as defined in  
3265 s. 394.455(47) ~~by s. 394.455(32)~~.

3266 Section 77. Paragraphs (d) and (g) of subsection (1) of  
3267 section 440.102, Florida Statutes, are amended to read:

3268 440.102 Drug-free workplace program requirements.—The  
3269 following provisions apply to a drug-free workplace program  
3270 implemented pursuant to law or to rules adopted by the Agency  
3271 for Health Care Administration:

3272 (1) DEFINITIONS.—Except where the context otherwise  
3273 requires, as used in this act:

3274 (d) "Drug rehabilitation program" means a service provider,  
3275 established pursuant to s. 397.311(42) ~~s. 397.311(39)~~, that  
3276 provides confidential, timely, and expert identification,  
3277 assessment, and resolution of employee drug abuse.

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3278 (g) "Employee assistance program" means an established  
3279 program capable of providing expert assessment of employee  
3280 personal concerns; confidential and timely identification  
3281 services with regard to employee drug abuse; referrals of  
3282 employees for appropriate diagnosis, treatment, and assistance;  
3283 and followup services for employees who participate in the  
3284 program or require monitoring after returning to work. If, in  
3285 addition to the above activities, an employee assistance program  
3286 provides diagnostic and treatment services, these services shall  
3287 in all cases be provided by service providers pursuant to s.  
3288 397.311(42) ~~s. 397.311(39)~~.

3289 Section 78. Subsection (7) of section 744.704, Florida  
3290 Statutes, is amended to read:

3291 744.704 Powers and duties.—

3292 (7) A public guardian may ~~shall~~ not commit a ward to a  
3293 ~~mental health~~ treatment facility, as defined in s. 394.455(47)  
3294 ~~s. 394.455(32)~~, without an involuntary placement proceeding as  
3295 provided by law.

3296 Section 79. Subsection (5) of section 960.065, Florida  
3297 Statutes, is amended to read:

3298 960.065 Eligibility for awards.—

3299 (5) A person is not ineligible for an award pursuant to  
3300 paragraph (2) (a), paragraph (2) (b), or paragraph (2) (c) if that  
3301 person is a victim of sexual exploitation of a child as defined  
3302 in s. 39.01(70) (g) ~~s. 39.01(69) (g)~~.

3303 Section 80. The Secretary of Children and Families shall  
3304 appoint a workgroup to consider the feasibility of individuals  
3305 using advance directives to express the treatment wishes for  
3306 substance use disorders. The workgroup shall be composed of

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3307 individuals with expertise in the treatment of substance use  
3308 disorders. The workgroup must review the use of advance  
3309 directives in mental health, the use of advance directives for  
3310 substance use disorders in other states, and the use of similar  
3311 legal instruments to express the treatment wishes of individuals  
3312 suffering from substance use disorders. The workgroup shall  
3313 provide a report to the Governor, the President of the Senate,  
3314 and the Speaker of the House of Representatives by January 1,  
3315 2017. The report must include recommendations on the feasibility  
3316 of using advance directives for individuals with substance use  
3317 disorders and recommendations for any revisions to state laws or  
3318 agency rules. The members of the workgroup are not entitled to  
3319 reimbursement from the Department of Children and Families for  
3320 travel for workgroup meetings unless they are employees of the  
3321 department. This section expires on May 6, 2017.

3322 Section 81. Paragraph (b) of subsection (2) of section  
3323 61.13, Florida Statutes, is amended to read:

3324 61.13 Support of children; parenting and time-sharing;  
3325 powers of court.—

3326 (2)

3327 (b) A parenting plan approved by the court must, at a  
3328 minimum:7

3329 1. Describe in adequate detail how the parents will share  
3330 and be responsible for the daily tasks associated with the  
3331 upbringing of the child;

3332 2. Include the time-sharing schedule arrangements that  
3333 specify the time that the minor child will spend with each  
3334 parent;

3335 3. Designate a ~~designation of~~ who will be responsible for:

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3336           a. Any and all forms of health care. If the court orders  
3337 shared parental responsibility over health care decisions, the  
3338 parenting plan must provide that either parent may consent to  
3339 mental health treatment for the child.

3340           b. School-related matters, including the address to be used  
3341 for school-boundary determination and registration.~~7~~ ~~and~~

3342           c. Other activities; and

3343           4. Describe in adequate detail the methods and technologies  
3344 that the parents will use to communicate with the child.

3345           Section 82. Subsection (6) of section 39.001, Florida  
3346 Statutes, is amended to read:

3347           39.001 Purposes and intent; personnel standards and  
3348 screening.—

3349           (6) MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES.—

3350           (a) The Legislature recognizes that early referral and  
3351 comprehensive treatment can help combat mental illnesses and  
3352 substance abuse disorders in families and that treatment is  
3353 cost-effective.

3354           (b) The Legislature establishes the following goals for the  
3355 state related to mental illness and substance abuse treatment  
3356 services in the dependency process:

3357           1. To ensure the safety of children.

3358           2. To prevent and remediate the consequences of mental  
3359 illnesses and substance abuse disorders on families involved in  
3360 protective supervision or foster care and reduce the occurrences  
3361 of mental illnesses and substance abuse disorders, including  
3362 alcohol abuse or related disorders, for families who are at risk  
3363 of being involved in protective supervision or foster care.

3364           3. To expedite permanency for children and reunify healthy,

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3365 intact families, when appropriate.

3366 4. To support families in recovery.

3367 (c) The Legislature finds that children in the care of the  
3368 state's dependency system need appropriate health care services,  
3369 that the impact of mental illnesses and substance abuse  
3370 disorders on health indicates the need for health care services  
3371 to include treatment for mental health and substance abuse  
3372 disorders for ~~services to~~ children and parents, where  
3373 appropriate, and that it is in the state's best interest that  
3374 such children be provided the services they need to enable them  
3375 to become and remain independent of state care. In order to  
3376 provide these services, the state's dependency system must have  
3377 the ability to identify and provide appropriate intervention and  
3378 treatment for children with personal or family-related mental  
3379 illness and substance abuse problems.

3380 (d) It is the intent of the Legislature to encourage the  
3381 use of the mental health court program model established under  
3382 chapter 394 and the drug court program model established under  
3383 ~~by~~ s. 397.334 and authorize courts to assess children and  
3384 persons who have custody or are requesting custody of children  
3385 where good cause is shown to identify and address mental  
3386 illnesses and substance abuse disorders ~~problems~~ as the court  
3387 deems appropriate at every stage of the dependency process.  
3388 Participation in treatment, including a mental health court  
3389 program or a treatment-based drug court program, may be required  
3390 by the court following adjudication. Participation in assessment  
3391 and treatment before ~~prior to~~ adjudication is ~~shall be~~  
3392 voluntary, except as provided in s. 39.407(16).

3393 (e) It is therefore the purpose of the Legislature to

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3394 provide authority for the state to contract with mental health  
3395 service providers and community substance abuse treatment  
3396 providers for the development and operation of specialized  
3397 support and overlay services for the dependency system, which  
3398 will be fully implemented and used as resources permit.

3399 (f) Participation in a mental health court program or a ~~the~~  
3400 treatment-based drug court program does not divest any public or  
3401 private agency of its responsibility for a child or adult, but  
3402 is intended to enable these agencies to better meet their needs  
3403 through shared responsibility and resources.

3404 Section 83. Subsection (10) of section 39.507, Florida  
3405 Statutes, is amended to read:

3406 39.507 Adjudicatory hearings; orders of adjudication.—

3407 (10) After an adjudication of dependency, or a finding of  
3408 dependency in which ~~where~~ adjudication is withheld, the court  
3409 may order a person who has custody or is requesting custody of  
3410 the child to submit to a mental health or substance abuse  
3411 disorder assessment or evaluation. The order may be made only  
3412 upon good cause shown and pursuant to notice and procedural  
3413 requirements provided under the Florida Rules of Juvenile  
3414 Procedure. The assessment or evaluation must be administered by  
3415 an appropriate ~~a~~ qualified professional, as defined in s. 39.01  
3416 or s. 397.311. The court may also require such person to  
3417 participate in and comply with treatment and services identified  
3418 as necessary, including, when appropriate and available,  
3419 participation in and compliance with a mental health court  
3420 program established under chapter 394 or a treatment-based drug  
3421 court program established under s. 397.334. In addition to  
3422 supervision by the department, the court, including the mental

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3423 health court program or treatment-based drug court program, may  
3424 oversee the progress and compliance with treatment by a person  
3425 who has custody or is requesting custody of the child. The court  
3426 may impose appropriate available sanctions for noncompliance  
3427 upon a person who has custody or is requesting custody of the  
3428 child or make a finding of noncompliance for consideration in  
3429 determining whether an alternative placement of the child is in  
3430 the child's best interests. Any order entered under this  
3431 subsection may be made only upon good cause shown. This  
3432 subsection does not authorize placement of a child with a person  
3433 seeking custody, other than the parent or legal custodian, who  
3434 requires mental health or substance abuse disorder treatment.

3435 Section 84. Paragraph (b) of subsection (1) of section  
3436 39.521, Florida Statutes, is amended to read:

3437 39.521 Disposition hearings; powers of disposition.—

3438 (1) A disposition hearing shall be conducted by the court,  
3439 if the court finds that the facts alleged in the petition for  
3440 dependency were proven in the adjudicatory hearing, or if the  
3441 parents or legal custodians have consented to the finding of  
3442 dependency or admitted the allegations in the petition, have  
3443 failed to appear for the arraignment hearing after proper  
3444 notice, or have not been located despite a diligent search  
3445 having been conducted.

3446 (b) When any child is adjudicated by a court to be  
3447 dependent, the court having jurisdiction of the child has the  
3448 power by order to:

3449 1. Require the parent and, when appropriate, the legal  
3450 custodian and the child to participate in treatment and services  
3451 identified as necessary. The court may require the person who

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3452 has custody or who is requesting custody of the child to submit  
3453 to a mental health or substance abuse disorder assessment or  
3454 evaluation. The order may be made only upon good cause shown and  
3455 pursuant to notice and procedural requirements provided under  
3456 the Florida Rules of Juvenile Procedure. The mental health  
3457 assessment or evaluation must be administered by a qualified  
3458 professional, as defined in s. 39.01, and the substance abuse  
3459 assessment or evaluation must be administered by a qualified  
3460 professional as defined in s. 397.311. The court may also  
3461 require such person to participate in and comply with treatment  
3462 and services identified as necessary, including, when  
3463 appropriate and available, participation in and compliance with  
3464 a mental health court program established under chapter 394 or a  
3465 treatment-based drug court program established under s. 397.334.  
3466 In addition to supervision by the department, the court,  
3467 including the mental health court program or the treatment-based  
3468 drug court program, may oversee the progress and compliance with  
3469 treatment by a person who has custody or is requesting custody  
3470 of the child. The court may impose appropriate available  
3471 sanctions for noncompliance upon a person who has custody or is  
3472 requesting custody of the child or make a finding of  
3473 noncompliance for consideration in determining whether an  
3474 alternative placement of the child is in the child's best  
3475 interests. Any order entered under this subparagraph may be made  
3476 only upon good cause shown. This subparagraph does not authorize  
3477 placement of a child with a person seeking custody of the child,  
3478 other than the child's parent or legal custodian, who requires  
3479 mental health or substance abuse disorder treatment.

3480 2. Require, if the court deems necessary, the parties to

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3481 participate in dependency mediation.

3482 3. Require placement of the child either under the  
3483 protective supervision of an authorized agent of the department  
3484 in the home of one or both of the child's parents or in the home  
3485 of a relative of the child or another adult approved by the  
3486 court, or in the custody of the department. Protective  
3487 supervision continues until the court terminates it or until the  
3488 child reaches the age of 18, whichever date is first. Protective  
3489 supervision shall be terminated by the court whenever the court  
3490 determines that permanency has been achieved for the child,  
3491 whether with a parent, another relative, or a legal custodian,  
3492 and that protective supervision is no longer needed. The  
3493 termination of supervision may be with or without retaining  
3494 jurisdiction, at the court's discretion, and shall in either  
3495 case be considered a permanency option for the child. The order  
3496 terminating supervision by the department must ~~shall~~ set forth  
3497 the powers of the custodian of the child and ~~shall~~ include the  
3498 powers ordinarily granted to a guardian of the person of a minor  
3499 unless otherwise specified. Upon the court's termination of  
3500 supervision by the department, ~~no~~ further judicial reviews are  
3501 not required if, ~~so long as~~ permanency has been established for  
3502 the child.

3503 Section 85. Section 394.4655, Florida Statutes, is amended  
3504 to read:

3505 394.4655 Involuntary outpatient services ~~placement~~.—

3506 (1) DEFINITIONS.—As used in this section, the term:

3507 (a) "Court" means a circuit court or a criminal county  
3508 court.

3509 (b) "Criminal county court" means a county court exercising

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3510 its original jurisdiction in a misdemeanor case under s. 34.01.

3511 (2)~~(1)~~ CRITERIA FOR INVOLUNTARY OUTPATIENT SERVICES  
3512 PLACEMENT.—A person may be ordered to involuntary outpatient  
3513 services placement upon a finding of the court, by clear and  
3514 convincing evidence, that the person meets all of the following  
3515 criteria ~~by clear and convincing evidence:~~

3516 (a) The person is 18 years of age or older.~~†~~

3517 (b) The person has a mental illness.~~†~~

3518 (c) The person is unlikely to survive safely in the  
3519 community without supervision, based on a clinical  
3520 determination.~~†~~

3521 (d) The person has a history of lack of compliance with  
3522 treatment for mental illness.~~†~~

3523 (e) The person has:

3524 1. At least twice within the immediately preceding 36  
3525 months been involuntarily admitted to a receiving or treatment  
3526 facility as defined in s. 394.455, or has received mental health  
3527 services in a forensic or correctional facility. The 36-month  
3528 period does not include any period during which the person was  
3529 admitted or incarcerated; or

3530 2. Engaged in one or more acts of serious violent behavior  
3531 toward self or others, or attempts at serious bodily harm to  
3532 himself or herself or others, within the preceding 36 months.~~†~~

3533 (f) The person is, as a result of his or her mental  
3534 illness, unlikely to voluntarily participate in the recommended  
3535 treatment plan and ~~either he or she~~ has refused voluntary  
3536 services placement for treatment after sufficient and  
3537 conscientious explanation and disclosure of why the services are  
3538 necessary ~~purpose of placement for treatment~~ or he or she is

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3539 unable to determine for himself or herself whether services are  
3540 ~~placement is necessary.~~

3541 (g) In view of the person's treatment history and current  
3542 behavior, the person is in need of involuntary outpatient  
3543 services ~~placement~~ in order to prevent a relapse or  
3544 deterioration that would be likely to result in serious bodily  
3545 harm to himself or herself or others, or a substantial harm to  
3546 his or her well-being as set forth in s. 394.463(1).

3547 (h) It is likely that the person will benefit from  
3548 involuntary outpatient services. ~~placement; and~~

3549 (i) All available, less restrictive alternatives that would  
3550 offer an opportunity for improvement of his or her condition  
3551 have been judged to be inappropriate or unavailable.

3552 (3)~~(2)~~ INVOLUNTARY OUTPATIENT SERVICES ~~PLACEMENT.~~

3553 (a)1. A patient who is being recommended for involuntary  
3554 outpatient services ~~placement~~ by the administrator of the  
3555 ~~receiving~~ facility where the patient has been examined may be  
3556 retained by the facility after adherence to the notice  
3557 procedures provided in s. 394.4599. The recommendation must be  
3558 supported by the opinion of a psychiatrist and the second  
3559 opinion of a clinical psychologist or another psychiatrist, both  
3560 of whom have personally examined the patient within the  
3561 preceding 72 hours, that the criteria for involuntary outpatient  
3562 services ~~placement~~ are met. However, ~~in a county having a~~  
3563 ~~population of fewer than 50,000,~~ if the administrator certifies  
3564 that a psychiatrist or clinical psychologist is not available to  
3565 provide the second opinion, the second opinion may be provided  
3566 by a licensed physician who has postgraduate training and  
3567 experience in diagnosis and treatment of mental illness, a

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3568 physician assistant who has at least 3 years' experience and is  
3569 supervised by such licensed physician or a psychiatrist, a  
3570 clinical social worker, and ~~nervous disorders~~ or by a  
3571 psychiatric nurse. Any second opinion authorized in this  
3572 subparagraph may be conducted through a face-to-face  
3573 examination, in person or by electronic means. Such  
3574 recommendation must be entered on an involuntary outpatient  
3575 services placement certificate that authorizes the ~~receiving~~  
3576 facility to retain the patient pending completion of a hearing.  
3577 The certificate must ~~shall~~ be made a part of the patient's  
3578 clinical record.

3579 2. If the patient has been stabilized and no longer meets  
3580 the criteria for involuntary examination pursuant to s.  
3581 394.463(1), the patient must be released from the ~~receiving~~  
3582 facility while awaiting the hearing for involuntary outpatient  
3583 services placement. Before filing a petition for involuntary  
3584 outpatient services treatment, the administrator of the a  
3585 ~~receiving~~ facility or a designated department representative  
3586 must identify the service provider that will have primary  
3587 responsibility for service provision under an order for  
3588 involuntary outpatient services placement, unless the person is  
3589 otherwise participating in outpatient psychiatric treatment and  
3590 is not in need of public financing for that treatment, in which  
3591 case the individual, if eligible, may be ordered to involuntary  
3592 treatment pursuant to the existing psychiatric treatment  
3593 relationship.

3594 3. The service provider shall prepare a written proposed  
3595 treatment plan in consultation with the patient or the patient's  
3596 guardian advocate, if appointed, for the court's consideration

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3597 for inclusion in the involuntary outpatient services placement  
3598 order that addresses the nature and extent of the mental illness  
3599 and any co-occurring substance use disorder that necessitate  
3600 involuntary outpatient services. The treatment plan must specify  
3601 the likely level of care, including the use of medication, and  
3602 anticipated discharge criteria for terminating involuntary  
3603 outpatient services. ~~The service provider shall also provide a~~  
3604 ~~copy of the proposed treatment plan to the patient and the~~  
3605 ~~administrator of the receiving facility. The treatment plan must~~  
3606 ~~specify the nature and extent of the patient's mental illness,~~  
3607 ~~address the reduction of symptoms that necessitate involuntary~~  
3608 ~~outpatient placement, and include measurable goals and~~  
3609 ~~objectives for the services and treatment that are provided to~~  
3610 ~~treat the person's mental illness and assist the person in~~  
3611 ~~living and functioning in the community or to prevent a relapse~~  
3612 ~~or deterioration.~~ Service providers may select and supervise  
3613 other individuals to implement specific aspects of the treatment  
3614 plan. The services in the ~~treatment~~ plan must be deemed  
3615 clinically appropriate by a physician, clinical psychologist,  
3616 psychiatric nurse, mental health counselor, marriage and family  
3617 therapist, or clinical social worker who consults with, or is  
3618 employed or contracted by, the service provider. The service  
3619 provider must certify to the court in the proposed ~~treatment~~  
3620 plan whether sufficient services for improvement and  
3621 stabilization are currently available and whether the service  
3622 provider agrees to provide those services. If the service  
3623 provider certifies that the services in the proposed treatment  
3624 plan are not available, the petitioner may not file the  
3625 petition. The service provider must notify the managing entity

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3626 if the requested services are not available. The managing entity  
3627 must document such efforts to obtain the requested services.

3628 (b) If a patient in involuntary inpatient placement meets  
3629 the criteria for involuntary outpatient services placement, the  
3630 administrator of the ~~treatment~~ facility may, before the  
3631 expiration of the period during which the ~~treatment~~ facility is  
3632 authorized to retain the patient, recommend involuntary  
3633 outpatient services placement. The recommendation must be  
3634 supported by the opinion of a psychiatrist and the second  
3635 opinion of a clinical psychologist or another psychiatrist, both  
3636 of whom have personally examined the patient within the  
3637 preceding 72 hours, that the criteria for involuntary outpatient  
3638 services placement are met. However, ~~in a county having a~~  
3639 ~~population of fewer than 50,000,~~ if the administrator certifies  
3640 that a psychiatrist or clinical psychologist is not available to  
3641 provide the second opinion, the second opinion may be provided  
3642 by a licensed physician who has postgraduate training and  
3643 experience in diagnosis and treatment of mental illness, a  
3644 physician assistant who has at least three years' experience and  
3645 is supervised by such licensed physician or a psychiatrist, a  
3646 clinical social worker, and nervous disorders or by a  
3647 psychiatric nurse. Any second opinion authorized in this  
3648 subparagraph may be conducted through a face-to-face  
3649 examination, in person or by electronic means. Such  
3650 recommendation must be entered on an involuntary outpatient  
3651 services placement certificate, and the certificate must be made  
3652 a part of the patient's clinical record.

3653 (c)1. The administrator of the treatment facility shall  
3654 provide a copy of the involuntary outpatient services placement

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3655 certificate and a copy of the state mental health discharge form  
3656 to the managing entity ~~a department representative~~ in the county  
3657 where the patient will be residing. For persons who are leaving  
3658 a state mental health treatment facility, the petition for  
3659 involuntary outpatient services placement must be filed in the  
3660 county where the patient will be residing.

3661 2. The service provider that will have primary  
3662 responsibility for service provision shall be identified by the  
3663 designated department representative before ~~prior to~~ the order  
3664 for involuntary outpatient services placement and must, before  
3665 ~~prior to~~ filing a petition for involuntary outpatient services  
3666 placement, certify to the court whether the services recommended  
3667 in the patient's discharge plan are available ~~in the local~~  
3668 ~~community~~ and whether the service provider agrees to provide  
3669 those services. The service provider must develop with the  
3670 patient, or the patient's guardian advocate, if appointed, a  
3671 treatment or service plan that addresses the needs identified in  
3672 the discharge plan. The plan must be deemed to be clinically  
3673 appropriate by a physician, clinical psychologist, psychiatric  
3674 nurse, mental health counselor, marriage and family therapist,  
3675 or clinical social worker, as defined in this chapter, who  
3676 consults with, or is employed or contracted by, the service  
3677 provider.

3678 3. If the service provider certifies that the services in  
3679 the proposed treatment or service plan are not available, the  
3680 petitioner may not file the petition. The service provider must  
3681 notify the managing entity if the requested services are not  
3682 available. The managing entity must document such efforts to  
3683 obtain the requested services.

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3684        (4) ~~(3)~~ PETITION FOR INVOLUNTARY OUTPATIENT SERVICES  
3685 PLACEMENT.—

3686        (a) A petition for involuntary outpatient services  
3687 ~~placement~~ may be filed by:

- 3688            1. The administrator of a receiving facility; or
- 3689            2. The administrator of a treatment facility.

3690        (b) Each required criterion for involuntary outpatient  
3691 services placement must be alleged and substantiated in the  
3692 petition for involuntary outpatient services placement. A copy  
3693 of the certificate recommending involuntary outpatient services  
3694 ~~placement~~ completed by a qualified professional specified in  
3695 subsection (3) ~~(2)~~ must be attached to the petition. A copy of  
3696 the proposed treatment plan must be attached to the petition.  
3697 Before the petition is filed, the service provider shall certify  
3698 that the services in the proposed ~~treatment~~ plan are available.  
3699 If the necessary services are not available ~~in the patient's~~  
3700 ~~local community to respond to the person's individual needs~~, the  
3701 petition may not be filed. The service provider must notify the  
3702 managing entity if the requested services are not available. The  
3703 managing entity must document such efforts to obtain the  
3704 requested services.

3705        (c) The petition for involuntary outpatient services  
3706 ~~placement~~ must be filed in the county where the patient is  
3707 located, unless the patient is being placed from a state  
3708 treatment facility, in which case the petition must be filed in  
3709 the county where the patient will reside. When the petition has  
3710 been filed, the clerk of the court shall provide copies of the  
3711 petition and the proposed treatment plan to the department, the  
3712 managing entity, the patient, the patient's guardian or

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3713 representative, the state attorney, and the public defender or  
3714 the patient's private counsel. A fee may not be charged for  
3715 filing a petition under this subsection.

3716 (5)~~(4)~~ APPOINTMENT OF COUNSEL.—Within 1 court working day  
3717 after the filing of a petition for involuntary outpatient  
3718 services placement, the court shall appoint the public defender  
3719 to represent the person who is the subject of the petition,  
3720 unless the person is otherwise represented by counsel. The clerk  
3721 of the court shall immediately notify the public defender of the  
3722 appointment. The public defender shall represent the person  
3723 until the petition is dismissed, the court order expires, or the  
3724 patient is discharged from involuntary outpatient services  
3725 placement. An attorney who represents the patient must be  
3726 provided ~~shall have~~ access to the patient, witnesses, and  
3727 records relevant to the presentation of the patient's case and  
3728 shall represent the interests of the patient, regardless of the  
3729 source of payment to the attorney.

3730 (6)~~(5)~~ CONTINUANCE OF HEARING.—The patient is entitled,  
3731 with the concurrence of the patient's counsel, to at least one  
3732 continuance of the hearing. The continuance shall be for a  
3733 period of up to 4 weeks.

3734 (7)~~(6)~~ HEARING ON INVOLUNTARY OUTPATIENT SERVICES  
3735 PLACEMENT.—

3736 (a)1. The court shall hold the hearing on involuntary  
3737 outpatient services placement within 5 working days after the  
3738 filing of the petition, unless a continuance is granted. The  
3739 hearing must ~~shall~~ be held in the county where the petition is  
3740 filed, must ~~shall~~ be as convenient to the patient as is  
3741 consistent with orderly procedure, and must ~~shall~~ be conducted

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3742 in physical settings not likely to be injurious to the patient's  
3743 condition. If the court finds that the patient's attendance at  
3744 the hearing is not consistent with the best interests of the  
3745 patient and if the patient's counsel does not object, the court  
3746 may waive the presence of the patient from all or any portion of  
3747 the hearing. The state attorney for the circuit in which the  
3748 patient is located shall represent the state, rather than the  
3749 petitioner, as the real party in interest in the proceeding.

3750 2. The court may appoint a magistrate ~~master~~ to preside at  
3751 the hearing. One of the professionals who executed the  
3752 involuntary outpatient services ~~placement~~ certificate shall be a  
3753 witness. The patient and the patient's guardian or  
3754 representative shall be informed by the court of the right to an  
3755 independent expert examination. If the patient cannot afford  
3756 such an examination, the court shall ensure that one is  
3757 provided, as otherwise provided by law ~~provide for one~~. The  
3758 independent expert's report is ~~shall be~~ confidential and not  
3759 discoverable, unless the expert is to be called as a witness for  
3760 the patient at the hearing. The court shall allow testimony from  
3761 individuals, including family members, deemed by the court to be  
3762 relevant under state law, regarding the person's prior history  
3763 and how that prior history relates to the person's current  
3764 condition. The testimony in the hearing must be given under  
3765 oath, and the proceedings must be recorded. The patient may  
3766 refuse to testify at the hearing.

3767 (b)1. If the court concludes that the patient meets the  
3768 criteria for involuntary outpatient services ~~placement~~ pursuant  
3769 to subsection (2) ~~(1)~~, the court shall issue an order for  
3770 involuntary outpatient services ~~placement~~. The court order shall

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3771 be for a period of up to 90 days ~~6 months~~. The order must  
3772 specify the nature and extent of the patient's mental illness.  
3773 The order of the court and the treatment plan must ~~shall~~ be made  
3774 part of the patient's clinical record. The service provider  
3775 shall discharge a patient from involuntary outpatient services  
3776 ~~placement~~ when the order expires or any time the patient no  
3777 longer meets the criteria for involuntary placement. Upon  
3778 discharge, the service provider shall send a certificate of  
3779 discharge to the court.

3780 2. The court may not order the department or the service  
3781 provider to provide services if the program or service is not  
3782 available in the patient's local community, if there is no space  
3783 available in the program or service for the patient, or if  
3784 funding is not available for the program or service. The service  
3785 provider must notify the managing entity if the requested  
3786 services are not available. The managing entity must document  
3787 such efforts to obtain the requested services. A copy of the  
3788 order must be sent to the managing entity ~~Agency for Health Care~~  
3789 ~~Administration~~ by the service provider within 1 working day  
3790 after it is received from the court. The order may be submitted  
3791 electronically through existing data systems. After the  
3792 ~~placement~~ order for involuntary services is issued, the service  
3793 provider and the patient may modify ~~provisions of~~ the treatment  
3794 plan. For any material modification of the treatment plan to  
3795 which the patient or, if one is appointed, the patient's  
3796 guardian advocate agrees, ~~if appointed, does agree,~~ the service  
3797 provider shall send notice of the modification to the court. Any  
3798 material modifications of the treatment plan which are contested  
3799 by the patient or the patient's guardian advocate, if applicable

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3800 ~~appointed~~, must be approved or disapproved by the court  
3801 consistent with subsection (3) ~~(2)~~.

3802       3. If, in the clinical judgment of a physician, the patient  
3803 has failed or has refused to comply with the treatment ordered  
3804 by the court, and, in the clinical judgment of the physician,  
3805 efforts were made to solicit compliance and the patient may meet  
3806 the criteria for involuntary examination, a person may be  
3807 brought to a receiving facility pursuant to s. 394.463. If,  
3808 after examination, the patient does not meet the criteria for  
3809 involuntary inpatient placement pursuant to s. 394.467, the  
3810 patient must be discharged from the ~~receiving~~ facility. The  
3811 involuntary outpatient services ~~placement~~ order shall remain in  
3812 effect unless the service provider determines that the patient  
3813 no longer meets the criteria for involuntary outpatient services  
3814 ~~placement~~ or until the order expires. The service provider must  
3815 determine whether modifications should be made to the existing  
3816 treatment plan and must attempt to continue to engage the  
3817 patient in treatment. For any material modification of the  
3818 treatment plan to which the patient or the patient's guardian  
3819 advocate, if applicable ~~appointed~~, agrees ~~does agree~~, the  
3820 service provider shall send notice of the modification to the  
3821 court. Any material modifications of the treatment plan which  
3822 are contested by the patient or the patient's guardian advocate,  
3823 if applicable ~~appointed~~, must be approved or disapproved by the  
3824 court consistent with subsection (3) ~~(2)~~.

3825       (c) If, at any time before the conclusion of the initial  
3826 hearing on involuntary outpatient services ~~placement~~, it appears  
3827 to the court that the person does not meet the criteria for  
3828 involuntary outpatient services ~~placement~~ under this section

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3829 but, instead, meets the criteria for involuntary inpatient  
3830 placement, the court may order the person admitted for  
3831 involuntary inpatient examination under s. 394.463. If the  
3832 person instead meets the criteria for involuntary assessment,  
3833 protective custody, or involuntary admission pursuant to s.  
3834 397.675, the court may order the person to be admitted for  
3835 involuntary assessment for a period of 5 days pursuant to s.  
3836 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by  
3837 chapter 397.

3838 (d) At the hearing on involuntary outpatient services  
3839 ~~placement~~, the court shall consider testimony and evidence  
3840 regarding the patient's competence to consent to services  
3841 ~~treatment~~. If the court finds that the patient is incompetent to  
3842 consent to treatment, it shall appoint a guardian advocate as  
3843 provided in s. 394.4598. The guardian advocate shall be  
3844 appointed or discharged in accordance with s. 394.4598.

3845 (e) The administrator of the receiving facility or the  
3846 designated department representative shall provide a copy of the  
3847 court order and adequate documentation of a patient's mental  
3848 illness to the service provider for involuntary outpatient  
3849 services ~~placement~~. Such documentation must include any advance  
3850 directives made by the patient, a psychiatric evaluation of the  
3851 patient, and any evaluations of the patient performed by a  
3852 ~~clinical~~ psychologist or a clinical social worker.

3853 (8) ~~(7)~~ PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT  
3854 SERVICES ~~PLACEMENT~~.—

3855 (a)1. If the person continues to meet the criteria for  
3856 involuntary outpatient services ~~placement~~, the service provider  
3857 shall, at least 10 days before the expiration of the period

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3858 during which the treatment is ordered for the person, file in  
3859 the ~~circuit~~ court that issued the order for involuntary  
3860 outpatient services a petition for continued involuntary  
3861 outpatient services ~~placement~~. The court shall immediately  
3862 schedule a hearing on the petition to be held within 15 days  
3863 after the petition is filed.

3864 2. The existing involuntary outpatient services ~~placement~~  
3865 order remains in effect until disposition on the petition for  
3866 continued involuntary outpatient services ~~placement~~.

3867 3. A certificate shall be attached to the petition which  
3868 includes a statement from the person's physician or clinical  
3869 psychologist justifying the request, a brief description of the  
3870 patient's treatment during the time he or she was receiving  
3871 involuntary services ~~involuntarily placed~~, and an individualized  
3872 plan of continued treatment.

3873 4. The service provider shall develop the individualized  
3874 plan of continued treatment in consultation with the patient or  
3875 the patient's guardian advocate, if applicable ~~appointed~~. When  
3876 the petition has been filed, the clerk of the court shall  
3877 provide copies of the certificate and the individualized plan of  
3878 continued services ~~treatment~~ to the department, the patient, the  
3879 patient's guardian advocate, the state attorney, and the  
3880 patient's private counsel or the public defender.

3881 (b) Within 1 court working day after the filing of a  
3882 petition for continued involuntary outpatient services  
3883 ~~placement~~, the court shall appoint the public defender to  
3884 represent the person who is the subject of the petition, unless  
3885 the person is otherwise represented by counsel. The clerk of the  
3886 court shall immediately notify the public defender of such

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3887 appointment. The public defender shall represent the person  
3888 until the petition is dismissed or the court order expires or  
3889 the patient is discharged from involuntary outpatient services  
3890 ~~placement~~. Any attorney representing the patient shall have  
3891 access to the patient, witnesses, and records relevant to the  
3892 presentation of the patient's case and shall represent the  
3893 interests of the patient, regardless of the source of payment to  
3894 the attorney.

3895 (c) Hearings on petitions for continued involuntary  
3896 outpatient services must ~~placement shall~~ be before the ~~circuit~~  
3897 court that issued the order for involuntary outpatient services.  
3898 The court may appoint a magistrate ~~master~~ to preside at the  
3899 hearing. The procedures for obtaining an order pursuant to this  
3900 paragraph must meet the requirements of ~~shall be in accordance~~  
3901 ~~with~~ subsection (7) ~~(6)~~, except that the time period included in  
3902 paragraph (2) (e) ~~(1) (e)~~ is not applicable in determining the  
3903 appropriateness of additional periods of involuntary outpatient  
3904 placement.

3905 (d) Notice of the hearing must ~~shall~~ be provided as set  
3906 forth in s. 394.4599. The patient and the patient's attorney may  
3907 agree to a period of continued outpatient services ~~placement~~  
3908 without a court hearing.

3909 (e) The same procedure must ~~shall~~ be repeated before the  
3910 expiration of each additional period the patient is placed in  
3911 treatment.

3912 (f) If the patient has previously been found incompetent to  
3913 consent to treatment, the court shall consider testimony and  
3914 evidence regarding the patient's competence. Section 394.4598  
3915 governs the discharge of the guardian advocate if the patient's

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3916 competency to consent to treatment has been restored.

3917 Section 86. Paragraphs (c) and (d) of subsection (2) of  
3918 section 394.4599, Florida Statutes, are amended to read:

3919 394.4599 Notice.—

3920 (2) INVOLUNTARY ADMISSION.—

3921 (c)1. A receiving facility shall give notice of the  
3922 whereabouts of a minor who is being involuntarily held for  
3923 examination pursuant to s. 394.463 to the minor's parent,  
3924 guardian, caregiver, or guardian advocate, in person or by  
3925 telephone or other form of electronic communication, immediately  
3926 after the minor's arrival at the facility. The facility may  
3927 delay notification for no more than 24 hours after the minor's  
3928 arrival if the facility has submitted a report to the central  
3929 abuse hotline, pursuant to s. 39.201, based upon knowledge or  
3930 suspicion of abuse, abandonment, or neglect and if the facility  
3931 deems a delay in notification to be in the minor's best  
3932 interest.

3933 2. The receiving facility shall attempt to notify the  
3934 minor's parent, guardian, caregiver, or guardian advocate until  
3935 the receiving facility receives confirmation from the parent,  
3936 guardian, caregiver, or guardian advocate, verbally, by  
3937 telephone or other form of electronic communication, or by  
3938 recorded message, that notification has been received. Attempts  
3939 to notify the parent, guardian, caregiver, or guardian advocate  
3940 must be repeated at least once every hour during the first 12  
3941 hours after the minor's arrival and once every 24 hours  
3942 thereafter and must continue until such confirmation is  
3943 received, unless the minor is released at the end of the 72-hour  
3944 examination period, or until a petition for involuntary services

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3945 ~~placement~~ is filed with the court pursuant to s. 394.463(2)(g)  
3946 ~~s. 394.463(2)(i)~~. The receiving facility may seek assistance  
3947 from a law enforcement agency to notify the minor's parent,  
3948 guardian, caregiver, or guardian advocate if the facility has  
3949 not received within the first 24 hours after the minor's arrival  
3950 a confirmation by the parent, guardian, caregiver, or guardian  
3951 advocate that notification has been received. The receiving  
3952 facility must document notification attempts in the minor's  
3953 clinical record.

3954 (d) The written notice of the filing of the petition for  
3955 involuntary services for ~~placement of~~ an individual being held  
3956 must contain the following:

3957 1. Notice that the petition for:

3958 a. Involuntary inpatient treatment pursuant to s. 394.467  
3959 has been filed with the circuit court in the county in which the  
3960 individual is hospitalized and the address of such court; or

3961 b. Involuntary outpatient services pursuant to s. 394.4655  
3962 has been filed with the criminal county court, as defined in s.  
3963 394.4655(1), or the circuit court, as applicable, in the county  
3964 in which the individual is hospitalized and the address of such  
3965 court.

3966 2. Notice that the office of the public defender has been  
3967 appointed to represent the individual in the proceeding, if the  
3968 individual is not otherwise represented by counsel.

3969 3. The date, time, and place of the hearing and the name of  
3970 each examining expert and every other person expected to testify  
3971 in support of continued detention.

3972 4. Notice that the individual, the individual's guardian,  
3973 guardian advocate, health care surrogate or proxy, or

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3974 representative, or the administrator may apply for a change of  
3975 venue for the convenience of the parties or witnesses or because  
3976 of the condition of the individual.

3977 5. Notice that the individual is entitled to an independent  
3978 expert examination and, if the individual cannot afford such an  
3979 examination, that the court will provide for one.

3980 Section 87. Section 394.455, Florida Statutes, is amended  
3981 to read:

3982 394.455 Definitions.—As used in this part, ~~unless the~~  
3983 ~~context clearly requires otherwise,~~ the term:

3984 (1) "Access center" means a facility that has medical,  
3985 mental health, and substance abuse professionals to provide  
3986 emergency screening and evaluation for mental health or  
3987 substance abuse disorders and may provide transportation to an  
3988 appropriate facility if an individual is in need of more  
3989 intensive services.

3990 (2) "Addictions receiving facility" is a secure, acute care  
3991 facility that, at a minimum, provides emergency screening,  
3992 evaluation, detoxification, and stabilization services; is  
3993 operated 24 hours per day, 7 days per week; and is designated by  
3994 the department to serve individuals found to have substance  
3995 abuse impairment who qualify for services under this part.

3996 (3)~~(1)~~ "Administrator" means the chief administrative  
3997 officer of a receiving or treatment facility or his or her  
3998 designee.

3999 (4) "Adult" means an individual who is 18 years of age or  
4000 older or who has had the disability of nonage removed under  
4001 chapter 743.

4002 (5)~~(2)~~ "Clinical psychologist" means a psychologist as

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4003 defined in s. 490.003(7) with 3 years of postdoctoral experience  
4004 in the practice of clinical psychology, inclusive of the  
4005 experience required for licensure, or a psychologist employed by  
4006 a facility operated by the United States Department of Veterans  
4007 Affairs that qualifies as a receiving or treatment facility  
4008 under this part.

4009 (6)~~(3)~~ "Clinical record" means all parts of the record  
4010 required to be maintained and includes all medical records,  
4011 progress notes, charts, and admission and discharge data, and  
4012 all other information recorded by ~~a~~ facility staff which  
4013 pertains to the patient's hospitalization or treatment.

4014 (7)~~(4)~~ "Clinical social worker" means a person licensed as  
4015 a clinical social worker under s. 491.005 or s. 491.006 ~~chapter~~  
4016 ~~491~~.

4017 (8)~~(5)~~ "Community facility" means a ~~any~~ community service  
4018 provider that contracts ~~contracting~~ with the department to  
4019 furnish substance abuse or mental health services under part IV  
4020 of this chapter.

4021 (9)~~(6)~~ "Community mental health center or clinic" means a  
4022 publicly funded, not-for-profit center that ~~which~~ contracts with  
4023 the department for the provision of inpatient, outpatient, day  
4024 treatment, or emergency services.

4025 (10)~~(7)~~ "Court," unless otherwise specified, means the  
4026 circuit court.

4027 (11)~~(8)~~ "Department" means the Department of Children and  
4028 Families.

4029 (12) "Designated receiving facility" means a facility  
4030 approved by the department which may be a public or private  
4031 hospital, crisis stabilization unit, or addictions receiving

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4032 facility; which provides, at a minimum, emergency screening,  
4033 evaluation, and short-term stabilization for mental health or  
4034 substance abuse disorders; and which may have an agreement with  
4035 a corresponding facility for transportation and services.

4036 (13) "Detoxification facility" means a facility licensed to  
4037 provide detoxification services under chapter 397.

4038 (14) "Electronic means" means a form of telecommunication  
4039 which requires all parties to maintain visual as well as audio  
4040 communication when being used to conduct an examination by a  
4041 qualified professional.

4042 (15)~~(9)~~ "Express and informed consent" means consent  
4043 voluntarily given in writing, by a competent person, after  
4044 sufficient explanation and disclosure of the subject matter  
4045 involved to enable the person to make a knowing and willful  
4046 decision without any element of force, fraud, deceit, duress, or  
4047 other form of constraint or coercion.

4048 (16)~~(10)~~ "Facility" means any hospital, community facility,  
4049 public or private facility, or receiving or treatment facility  
4050 providing for the evaluation, diagnosis, care, treatment,  
4051 training, or hospitalization of persons who appear to have a  
4052 ~~mental illness~~ or who have been diagnosed as having a mental  
4053 illness or substance abuse impairment. The term "Facility" does  
4054 not include a ~~any~~ program or an entity licensed under pursuant  
4055 to chapter 400 or chapter 429.

4056 (17)~~(11)~~ "Guardian" means the natural guardian of a minor,  
4057 or a person appointed by a court to act on behalf of a ward's  
4058 person if the ward is a minor or has been adjudicated  
4059 incapacitated.

4060 (18)~~(12)~~ "Guardian advocate" means a person appointed by a

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4061 court to make decisions regarding mental health treatment on  
4062 behalf of a patient who has been found incompetent to consent to  
4063 treatment pursuant to this part. ~~The guardian advocate may be~~  
4064 ~~granted specific additional powers by written order of the~~  
4065 ~~court, as provided in this part.~~

4066 (19) ~~(13)~~ "Hospital" means a hospital facility ~~as defined in~~  
4067 ~~s. 395.002~~ and licensed under chapter 395 and part II of chapter  
4068 408.

4069 (20) ~~(14)~~ "Incapacitated" means that a person has been  
4070 adjudicated incapacitated pursuant to part V of chapter 744 and  
4071 a guardian of the person has been appointed.

4072 (21) ~~(15)~~ "Incompetent to consent to treatment" means a  
4073 state in which ~~that~~ a person's judgment is so affected by a his  
4074 ~~or her~~ mental illness or a substance abuse impairment that he or  
4075 ~~she the person~~ lacks the capacity to make a well-reasoned,  
4076 willful, and knowing decision concerning his or her medical, ~~or~~  
4077 mental health, or substance abuse treatment.

4078 (22) "Involuntary examination" means an examination  
4079 performed under s. 394.463, s. 397.6772, s. 397.679, s.  
4080 397.6798, or s. 397.6811 to determine whether a person qualifies  
4081 for involuntary services.

4082 (23) "Involuntary services" means court-ordered outpatient  
4083 services or inpatient placement for mental health treatment  
4084 pursuant to s. 394.4655 or s. 394.467.

4085 (24) ~~(16)~~ "Law enforcement officer" has the same meaning as  
4086 provided ~~means a law enforcement officer as defined in s.~~  
4087 943.10.

4088 (25) "Marriage and family therapist" means a person  
4089 licensed to practice marriage and family therapy under s.

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4090 491.005 or s. 491.006.

4091 (26) "Mental health counselor" means a person licensed to  
4092 practice mental health counseling under s. 491.005 or s.  
4093 491.006.

4094 (27)~~(17)~~ "Mental health overlay program" means a mobile  
4095 service that ~~which~~ provides an independent examination for  
4096 voluntary admission ~~admissions~~ and a range of supplemental  
4097 onsite services to persons with a mental illness in a  
4098 residential setting such as a nursing home, an assisted living  
4099 facility, or an adult family-care home, or a nonresidential  
4100 setting such as an adult day care center. Independent  
4101 examinations provided ~~pursuant to this part~~ through a mental  
4102 health overlay program must only be provided under contract with  
4103 the department ~~for this service~~ or be attached to a public  
4104 receiving facility that is also a community mental health  
4105 center.

4106 (28)~~(18)~~ "Mental illness" means an impairment of the mental  
4107 or emotional processes that exercise conscious control of one's  
4108 actions or of the ability to perceive or understand reality,  
4109 which impairment substantially interferes with the person's  
4110 ability to meet the ordinary demands of living. For the purposes  
4111 of this part, the term does not include a developmental  
4112 disability as defined in chapter 393, intoxication, or  
4113 conditions manifested only by antisocial behavior or substance  
4114 abuse ~~impairment~~.

4115 (29) "Minor" means an individual who is 17 years of age or  
4116 younger and who has not had the disability of nonage removed  
4117 pursuant to s. 743.01 or s. 743.015.

4118 (30)~~(19)~~ "Mobile crisis response service" means a

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4119 nonresidential crisis service ~~attached to a public receiving~~  
4120 ~~facility and~~ available 24 hours per a day, 7 days per a week,  
4121 ~~through~~ which provides immediate intensive assessments and  
4122 interventions, including screening for admission into a mental  
4123 health receiving facility, an addictions receiving facility, or  
4124 a detoxification facility, ~~take place~~ for the purpose of  
4125 identifying appropriate treatment services.

4126 (31)-(20) "Patient" means any person, with or without a co-  
4127 occurring substance abuse disorder, who is held or accepted for  
4128 mental health treatment.

4129 (32)-(21) "Physician" means a medical practitioner licensed  
4130 under chapter 458 or chapter 459 who has experience in the  
4131 diagnosis and treatment of mental illness and nervous disorders  
4132 or a physician employed by a facility operated by the United  
4133 States Department of Veterans Affairs or the United States  
4134 Department of Defense which qualifies as a receiving or  
4135 treatment facility under this part.

4136 (33) "Physician assistant" means a person licensed under  
4137 chapter 458 or chapter 459 who has experience in the diagnosis  
4138 and treatment of mental disorders.

4139 (34)-(22) "Private facility" means a any hospital or  
4140 facility operated by a for-profit or not-for-profit corporation  
4141 or association which that provides mental health or substance  
4142 abuse services and is not a public facility.

4143 (35)-(23) "Psychiatric nurse" means an advanced registered  
4144 nurse practitioner certified under s. 464.012 who has a master's  
4145 or doctoral degree in psychiatric nursing, holds a national  
4146 advanced practice certification as a psychiatric mental health  
4147 advanced practice nurse, and has 2 years of post-master's

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4148 clinical experience under the supervision of a physician.

4149 ~~(36)-(24)~~ "Psychiatrist" means a medical practitioner  
4150 licensed under chapter 458 or chapter 459 ~~who has primarily~~  
4151 ~~diagnosed and treated mental and nervous disorders for at least~~  
4152 ~~a period of not less than~~ 3 years, inclusive of psychiatric  
4153 residency.

4154 ~~(37)-(25)~~ "Public facility" means a ~~any~~ facility that has  
4155 contracted with the department to provide mental health services  
4156 to all persons, regardless of ~~their~~ ability to pay, and is  
4157 receiving state funds for such purpose.

4158 (38) "Qualified professional" means a physician or a  
4159 physician assistant licensed under chapter 458 or chapter 459; a  
4160 psychiatrist licensed under chapter 458 or chapter 459; a  
4161 psychologist as defined in s. 490.003(7); or a psychiatric nurse  
4162 as defined in s. 394.455.

4163 ~~(39)-(26)~~ "Receiving facility" means a ~~any~~ public or private  
4164 facility or hospital designated by the department to receive and  
4165 hold or refer, as appropriate, involuntary patients under  
4166 emergency conditions ~~or~~ for mental health or substance abuse  
4167 psychiatric evaluation and to provide short-term treatment or  
4168 transportation to the appropriate service provider. The term  
4169 does not include a county jail.

4170 ~~(40)-(27)~~ "Representative" means a person selected to  
4171 receive notice of proceedings during the time a patient is held  
4172 in or admitted to a receiving or treatment facility.

4173 ~~(41)-(28)~~ (a) "Restraint" means: a physical device, method,  
4174 ~~or drug used to control behavior.~~

4175 (a) A physical restraint, including ~~is~~ any manual method or  
4176 physical or mechanical device, material, or equipment attached

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4177 or adjacent to an ~~the~~ individual's body so that he or she cannot  
4178 easily remove the restraint and which restricts freedom of  
4179 movement or normal access to one's body. "Physical restraint"  
4180 includes the physical holding of a person during a procedure to  
4181 forcibly administer psychotropic medication. "Physical  
4182 restraint" does not include physical devices such as  
4183 orthopedically prescribed appliances, surgical dressings and  
4184 bandages, supportive body bands, or other physical holding when  
4185 necessary for routine physical examinations and tests or for  
4186 purposes of orthopedic, surgical, or other similar medical  
4187 treatment when used to provide support for the achievement of  
4188 functional body position or proper balance or when used to  
4189 protect a person from falling out of bed.

4190 (b) A drug or ~~used as a restraint is a~~ medication used to  
4191 control a ~~the~~ person's behavior or to restrict his or her  
4192 freedom of movement which ~~and~~ is not part of the standard  
4193 treatment regimen of a person with a diagnosed mental illness  
4194 ~~who is a client of the department. Physically holding a person~~  
4195 ~~during a procedure to forcibly administer psychotropic~~  
4196 ~~medication is a physical restraint.~~

4197 ~~(c) Restraint does not include physical devices, such as~~  
4198 ~~orthopedically prescribed appliances, surgical dressings and~~  
4199 ~~bandages, supportive body bands, or other physical holding when~~  
4200 ~~necessary for routine physical examinations and tests; or for~~  
4201 ~~purposes of orthopedic, surgical, or other similar medical~~  
4202 ~~treatment; when used to provide support for the achievement of~~  
4203 ~~functional body position or proper balance; or when used to~~  
4204 ~~protect a person from falling out of bed.~~

4205 (42) ~~(29)~~ "Seclusion" means the physical segregation ~~of a~~

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4206 ~~person in any fashion~~ or involuntary isolation of a person in a  
4207 room or area from which the person is prevented from leaving.  
4208 The prevention may be by physical barrier or by a staff member  
4209 who is acting in a manner, or who is physically situated, so as  
4210 to prevent the person from leaving the room or area. For  
4211 purposes of this part ~~chapter~~, the term does not mean isolation  
4212 due to a person's medical condition or symptoms.

4213 (43) ~~(30)~~ "Secretary" means the Secretary of Children and  
4214 Families.

4215 (44) "Service provider" means a receiving facility, a  
4216 facility licensed under chapter 397, a treatment facility, an  
4217 entity under contract with the department to provide mental  
4218 health or substance abuse services, a community mental health  
4219 center or clinic, a psychologist, a clinical social worker, a  
4220 marriage and family therapist, a mental health counselor, a  
4221 physician, a psychiatrist, an advanced registered nurse  
4222 practitioner, a psychiatric nurse, or a qualified professional  
4223 as defined in s. 39.01.

4224 (45) "Substance abuse impairment" means a condition  
4225 involving the use of alcoholic beverages or any psychoactive or  
4226 mood-altering substance in such a manner that a person has lost  
4227 the power of self-control and has inflicted or is likely to  
4228 inflict physical harm on himself, herself, or another.

4229 (46) ~~(31)~~ "Transfer evaluation" means the process by which,  
4230 ~~as approved by the appropriate district office of the~~  
4231 ~~department, whereby~~ a person who is being considered for  
4232 placement in a state treatment facility is ~~first~~ evaluated for  
4233 appropriateness of admission to such ~~the~~ facility ~~by a~~  
4234 ~~community-based public receiving facility or by a community~~

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4235 ~~mental health center or clinic if the public receiving facility~~  
4236 ~~is not a community mental health center or clinic.~~

4237 (47)~~(32)~~ "Treatment facility" means a any state-owned,  
4238 state-operated, or state-supported hospital, center, or clinic  
4239 designated by the department for extended treatment and  
4240 hospitalization, beyond that provided for by a receiving  
4241 facility, of persons who have a mental illness, including  
4242 facilities of the United States Government, and any private  
4243 facility designated by the department when rendering such  
4244 services to a person pursuant to the provisions of this part.  
4245 Patients treated in facilities of the United States Government  
4246 shall be solely those whose care is the responsibility of the  
4247 United States Department of Veterans Affairs.

4248 (48) "Triage center" means a facility that has medical,  
4249 mental health, and substance abuse professionals present or on  
4250 call to provide emergency screening and evaluation for mental  
4251 health or substance abuse disorders for individuals transported  
4252 to the center by a law enforcement officer.

4253 ~~(33) "Service provider" means any public or private~~  
4254 ~~receiving facility, an entity under contract with the Department~~  
4255 ~~of Children and Families to provide mental health services, a~~  
4256 ~~clinical psychologist, a clinical social worker, a marriage and~~  
4257 ~~family therapist, a mental health counselor, a physician, a~~  
4258 ~~psychiatric nurse as defined in subsection (23), or a community~~  
4259 ~~mental health center or clinic as defined in this part.~~

4260 ~~(34) "Involuntary examination" means an examination~~  
4261 ~~performed under s. 394.463 to determine if an individual~~  
4262 ~~qualifies for involuntary inpatient treatment under s.~~  
4263 ~~394.467(1) or involuntary outpatient treatment under s.~~

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4264 394.4655(1).

4265 ~~(35) "Involuntary placement" means either involuntary~~  
4266 ~~outpatient treatment pursuant to s. 394.4655 or involuntary~~  
4267 ~~inpatient treatment pursuant to s. 394.467.~~

4268 ~~(36) "Marriage and family therapist" means a person~~  
4269 ~~licensed as a marriage and family therapist under chapter 491.~~

4270 ~~(37) "Mental health counselor" means a person licensed as a~~  
4271 ~~mental health counselor under chapter 491.~~

4272 ~~(38) "Electronic means" means a form of telecommunication~~  
4273 ~~that requires all parties to maintain visual as well as audio~~  
4274 ~~communication.~~

4275 Section 88. Subsection (2) of section 394.463, Florida  
4276 Statutes, is amended to read:

4277 394.463 Involuntary examination.-

4278 (2) INVOLUNTARY EXAMINATION.-

4279 (a) An involuntary examination may be initiated by any one  
4280 of the following means:

4281 1. A circuit or county court may enter an ex parte order  
4282 stating that a person appears to meet the criteria for  
4283 involuntary examination and specifying, ~~giving~~ the findings on  
4284 which that conclusion is based. The ex parte order for  
4285 involuntary examination must be based on written or oral sworn  
4286 testimony that includes specific facts that support the  
4287 findings, ~~written or oral~~. If other less restrictive means are  
4288 not available, such as voluntary appearance for outpatient  
4289 evaluation, a law enforcement officer, or other designated agent  
4290 of the court, shall take the person into custody and deliver him  
4291 or her to an appropriate, or the nearest, ~~receiving~~ facility  
4292 within the designated receiving system pursuant to s. 394.462

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4293 for involuntary examination. The order of the court shall be  
4294 made a part of the patient's clinical record. A No fee may not  
4295 ~~shall~~ be charged for the filing of an order under this  
4296 subsection. A Any receiving facility accepting the patient based  
4297 on this order must send a copy of the order to the department  
4298 ~~Agency for Health Care Administration~~ on the next working day.  
4299 The order may be submitted electronically through existing data  
4300 systems, if available. The order shall be valid only until the  
4301 person is delivered to the facility or executed or, if not  
4302 ~~executed,~~ for the period specified in the order itself,  
4303 whichever comes first. If no time limit is specified in the  
4304 order, the order shall be valid for 7 days after the date that  
4305 the order was signed.

4306 2. A law enforcement officer shall take a person who  
4307 appears to meet the criteria for involuntary examination into  
4308 custody and deliver the person or have him or her delivered to  
4309 an appropriate, or the nearest, receiving facility within the  
4310 designated receiving system pursuant to s. 394.462 for  
4311 examination. The officer shall execute a written report  
4312 detailing the circumstances under which the person was taken  
4313 into custody, which must ~~and the report shall~~ be made a part of  
4314 the patient's clinical record. Any ~~receiving~~ facility accepting  
4315 the patient based on this report must send a copy of the report  
4316 to the department ~~Agency for Health Care Administration~~ on the  
4317 next working day.

4318 3. A physician, clinical psychologist, psychiatric nurse,  
4319 mental health counselor, marriage and family therapist, or  
4320 clinical social worker may execute a certificate stating that he  
4321 or she has examined a person within the preceding 48 hours and

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4322 finds that the person appears to meet the criteria for  
4323 involuntary examination and stating the observations upon which  
4324 that conclusion is based. If other less restrictive means, such  
4325 as voluntary appearance for outpatient evaluation, are not  
4326 available, ~~such as voluntary appearance for outpatient~~  
4327 ~~evaluation,~~ a law enforcement officer shall take into custody  
4328 the person named in the certificate ~~into custody~~ and deliver him  
4329 or her to the appropriate, or nearest, receiving facility within  
4330 the designated receiving system pursuant to s. 394.462 for  
4331 involuntary examination. The law enforcement officer shall  
4332 execute a written report detailing the circumstances under which  
4333 the person was taken into custody. The report and certificate  
4334 shall be made a part of the patient's clinical record. Any  
4335 ~~receiving~~ facility accepting the patient based on this  
4336 certificate must send a copy of the certificate to the  
4337 ~~department Agency for Health Care Administration on~~ the next  
4338 working day. The document may be submitted electronically  
4339 through existing data systems, if applicable.

4340 (b) A person may ~~shall~~ not be removed from any program or  
4341 residential placement licensed under chapter 400 or chapter 429  
4342 and transported to a receiving facility for involuntary  
4343 examination unless an ex parte order, a professional  
4344 certificate, or a law enforcement officer's report is first  
4345 prepared. If the condition of the person is such that  
4346 preparation of a law enforcement officer's report is not  
4347 practicable before removal, the report shall be completed as  
4348 soon as possible after removal, but in any case before the  
4349 person is transported to a receiving facility. A ~~receiving~~  
4350 facility admitting a person for involuntary examination who is

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4351 not accompanied by the required ex parte order, professional  
4352 certificate, or law enforcement officer's report shall notify  
4353 the department ~~Agency for Health Care Administration~~ of such  
4354 admission by certified mail or by e-mail, if available, by no  
4355 ~~later than~~ the next working day. The provisions of this  
4356 paragraph do not apply when transportation is provided by the  
4357 patient's family or guardian.

4358 (c) A law enforcement officer acting in accordance with an  
4359 ex parte order issued pursuant to this subsection may serve and  
4360 execute such order on any day of the week, at any time of the  
4361 day or night.

4362 (d) A law enforcement officer acting in accordance with an  
4363 ex parte order issued pursuant to this subsection may use such  
4364 reasonable physical force as is necessary to gain entry to the  
4365 premises, and any dwellings, buildings, or other structures  
4366 located on the premises, and to take custody of the person who  
4367 is the subject of the ex parte order.

4368 (e) The department ~~Agency for Health Care Administration~~  
4369 shall receive and maintain the copies of ex parte orders,  
4370 involuntary outpatient services ~~placement~~ orders issued pursuant  
4371 to s. 394.4655, involuntary inpatient placement orders issued  
4372 pursuant to s. 394.467, professional certificates, and law  
4373 enforcement officers' reports. These documents shall be  
4374 considered part of the clinical record, governed by the  
4375 provisions of s. 394.4615. These documents shall be used to ~~The~~  
4376 ~~agency shall~~ prepare annual reports analyzing the data obtained  
4377 from these documents, without information identifying patients,  
4378 and shall provide copies of reports to the department, the  
4379 President of the Senate, the Speaker of the House of

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4380 Representatives, and the minority leaders of the Senate and the  
4381 House of Representatives.

4382 (f) A patient shall be examined by a physician or, a  
4383 clinical psychologist, or by a psychiatric nurse performing  
4384 within the framework of an established protocol with a  
4385 psychiatrist at a ~~receiving~~ facility without unnecessary delay  
4386 to determine if the criteria for involuntary services are met.  
4387 Emergency treatment may be provided ~~and may~~, upon the order of a  
4388 physician if the physician determines, ~~be given emergency~~  
4389 ~~treatment if it is determined~~ that such treatment is necessary  
4390 for the safety of the patient or others. The patient may not be  
4391 released by the receiving facility or its contractor without the  
4392 documented approval of a psychiatrist or a clinical psychologist  
4393 or, if the receiving facility is owned or operated by a hospital  
4394 or health system, the release may also be approved by a  
4395 psychiatric nurse performing within the framework of an  
4396 established protocol with a psychiatrist, or an attending  
4397 emergency department physician with experience in the diagnosis  
4398 and treatment of mental illness ~~and nervous disorders~~ and after  
4399 completion of an involuntary examination pursuant to this  
4400 subsection. A psychiatric nurse may not approve the release of a  
4401 patient if the involuntary examination was initiated by a  
4402 psychiatrist unless the release is approved by the initiating  
4403 psychiatrist. ~~However, a patient may not be held in a receiving~~  
4404 ~~facility for involuntary examination longer than 72 hours.~~

4405 (g) Within the 72-hour examination period or, if the 72  
4406 hours ends on a weekend or holiday, no later than the next  
4407 working day thereafter, one of the following actions must be  
4408 taken, based on the individual needs of the patient:

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4409 1. The patient shall be released, unless he or she is  
4410 charged with a crime, in which case the patient shall be  
4411 returned to the custody of a law enforcement officer;

4412 2. The patient shall be released, subject to the provisions  
4413 of subparagraph 1., for voluntary outpatient treatment;

4414 3. The patient, unless he or she is charged with a crime,  
4415 shall be asked to give express and informed consent to placement  
4416 as a voluntary patient and, if such consent is given, the  
4417 patient shall be admitted as a voluntary patient; or

4418 4. A petition for involuntary services shall be filed in  
4419 the circuit court if inpatient treatment is deemed necessary or  
4420 with the criminal county court, as defined in s. 394.4655(1), as  
4421 applicable. When inpatient treatment is deemed necessary, the  
4422 least restrictive treatment consistent with the optimum  
4423 improvement of the patient's condition shall be made available.  
4424 When a petition is to be filed for involuntary outpatient  
4425 placement, it shall be filed by one of the petitioners specified  
4426 in s. 394.4655(4) (a). A petition for involuntary inpatient  
4427 placement shall be filed by the facility administrator.

4428 (h) ~~(g)~~ A person for whom an involuntary examination has  
4429 been initiated who is being evaluated or treated at a hospital  
4430 for an emergency medical condition specified in s. 395.002 must  
4431 be examined by a ~~receiving~~ facility within 72 hours. The 72-hour  
4432 period begins when the patient arrives at the hospital and  
4433 ceases when the attending physician documents that the patient  
4434 has an emergency medical condition. If the patient is examined  
4435 at a hospital providing emergency medical services by a  
4436 professional qualified to perform an involuntary examination and  
4437 is found as a result of that examination not to meet the

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4438 criteria for involuntary outpatient services ~~placement~~ pursuant  
4439 to s. 394.4655(2) ~~394.4655(1)~~ or involuntary inpatient placement  
4440 pursuant to s. 394.467(1), the patient may be offered voluntary  
4441 services or placement, if appropriate, or released directly from  
4442 the hospital providing emergency medical services. The finding  
4443 by the professional that the patient has been examined and does  
4444 not meet the criteria for involuntary inpatient services  
4445 ~~placement~~ or involuntary outpatient placement must be entered  
4446 into the patient's clinical record. ~~Nothing in~~ This paragraph is  
4447 not intended to prevent a hospital providing emergency medical  
4448 services from appropriately transferring a patient to another  
4449 hospital before ~~prior to~~ stabilization if, ~~provided~~ the  
4450 requirements of s. 395.1041(3)(c) have been met.

4451 ~~(i)-(h)~~ One of the following must occur within 12 hours  
4452 after the patient's attending physician documents that the  
4453 patient's medical condition has stabilized or that an emergency  
4454 medical condition does not exist:

4455 1. The patient must be examined by a ~~designated receiving~~  
4456 facility and released; or

4457 2. The patient must be transferred to a designated  
4458 ~~receiving~~ facility in which appropriate medical treatment is  
4459 available. However, the ~~receiving~~ facility must be notified of  
4460 the transfer within 2 hours after the patient's condition has  
4461 been stabilized or after determination that an emergency medical  
4462 condition does not exist.

4463 ~~(i) Within the 72-hour examination period or, if the 72~~  
4464 ~~hours ends on a weekend or holiday, no later than the next~~  
4465 ~~working day thereafter, one of the following actions must be~~  
4466 ~~taken, based on the individual needs of the patient:~~

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4467 ~~1. The patient shall be released, unless he or she is~~  
4468 ~~charged with a crime, in which case the patient shall be~~  
4469 ~~returned to the custody of a law enforcement officer;~~

4470 ~~2. The patient shall be released, subject to the provisions~~  
4471 ~~of subparagraph 1., for voluntary outpatient treatment;~~

4472 ~~3. The patient, unless he or she is charged with a crime,~~  
4473 ~~shall be asked to give express and informed consent to placement~~  
4474 ~~as a voluntary patient, and, if such consent is given, the~~  
4475 ~~patient shall be admitted as a voluntary patient; or~~

4476 ~~4. A petition for involuntary placement shall be filed in~~  
4477 ~~the circuit court when outpatient or inpatient treatment is~~  
4478 ~~deemed necessary. When inpatient treatment is deemed necessary,~~  
4479 ~~the least restrictive treatment consistent with the optimum~~  
4480 ~~improvement of the patient's condition shall be made available.~~  
4481 ~~When a petition is to be filed for involuntary outpatient~~  
4482 ~~placement, it shall be filed by one of the petitioners specified~~  
4483 ~~in s. 394.4655(3)(a). A petition for involuntary inpatient~~  
4484 ~~placement shall be filed by the facility administrator.~~

4485 Section 89. Subsection (3) of section 394.4615, Florida  
4486 Statutes, is amended to read:

4487 394.4615 Clinical records; confidentiality.-

4488 (3) Information from the clinical record may be released in  
4489 the following circumstances:

4490 (a) When a patient has declared an intention to harm other  
4491 persons. When such declaration has been made, the administrator  
4492 may authorize the release of sufficient information to provide  
4493 adequate warning to the person threatened with harm by the  
4494 patient.

4495 (b) When the administrator of the facility or secretary of

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4496 the department deems release to a qualified researcher as  
4497 defined in administrative rule, an aftercare treatment provider,  
4498 or an employee or agent of the department is necessary for  
4499 treatment of the patient, maintenance of adequate records,  
4500 compilation of treatment data, aftercare planning, or evaluation  
4501 of programs.

4502

4503 For the purpose of determining whether a person meets the  
4504 criteria for involuntary outpatient placement or for preparing  
4505 the proposed treatment plan pursuant to s. 394.4655, the  
4506 clinical record may be released to the state attorney, the  
4507 public defender or the patient's private legal counsel, the  
4508 court, and to the appropriate mental health professionals,  
4509 including the service provider identified in s. 394.4655(7)(b)2.  
4510 ~~394.4655(6)(b)2.~~, in accordance with state and federal law.

4511 Section 90. For the 2016-2017 fiscal year, the sum of  
4512 \$400,000 in nonrecurring funds is appropriated from the  
4513 Operations and Maintenance Trust Fund to the Department of  
4514 Children and Families for the purpose of modifying the existing  
4515 crisis stabilization database to collect and analyze data and  
4516 information pursuant to s. 397.321, Florida Statutes, as amended  
4517 by this act.

4518 Section 91. This act shall take effect July 1, 2016.