

Amendment No.

CHAMBER ACTION

Senate

House

.

1 Representative Harrell offered the following:

2  
3 **Amendment (with title amendment)**

4 Remove everything after the enacting clause and insert:

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

7 29.004 State courts system.—For purposes of implementing  
8 s. 14, Art. V of the State Constitution, the elements of the  
9 state courts system to be provided from state revenues  
10 appropriated by general law are as follows:

11 (10) Case management. Case management includes:

12 (e) Service referral, coordination, monitoring, and  
13 tracking for mental health programs under chapter 394.  
14

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

71 394.453 Legislative intent.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

144 (a) "Care coordination" means intensive activities

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

266 (g) Outpatient services.

267 (h) Residential services.

268 (i) Hospital inpatient care.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

366 (4) REPORTING REQUIREMENTS.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

464 (4) The district plan shall:

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

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

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

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

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

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

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

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

489 (2) INVOLUNTARY PATIENTS.—

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

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

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

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505 a patient's representative:

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

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

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

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

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

517 6. A creditor of the patient.

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

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

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

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

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

537 394.4598 Guardian advocate.—

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

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

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

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

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

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

552 (f) A creditor of the patient.

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

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

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

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

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

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

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

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

614 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

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

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

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

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

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

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

646        b. From the person receiving the transportation.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

735 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

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

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

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

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

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

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764 alternatives.

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

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

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

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

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

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

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

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

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

798  
799 The exceptions provided in this subsection shall expire on June  
800 30, 2017, and no new exceptions shall be granted after that  
801 date. After June 30, 2017, the transport of a patient to a  
802 facility that is not the nearest facility must be made pursuant  
803 to a plan as provided in this section.

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

806 394.467 Involuntary inpatient placement.—

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

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

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

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

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

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

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

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

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

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

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

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

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

878 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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1050 ~~this act.~~

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

1053 394.4685 Transfer of patients among facilities.—

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

1055 (a) A patient who has been admitted to a public receiving  
1056 or public treatment facility and has requested, either  
1057 personally or through his or her guardian or guardian advocate,  
1058 and is able to pay for treatment in a private facility shall be  
1059 transferred at the patient's expense to a private facility upon  
1060 acceptance of the patient by the private facility.

1061 (b) A public receiving facility initiating a patient  
1062 transfer to a licensed hospital for acute care mental health  
1063 services not accessible through the public receiving facility  
1064 shall notify the hospital of such transfer and send the hospital  
1065 all records relating to the emergency psychiatric or medical  
1066 condition.

1067 Section 16. Section 394.656, Florida Statutes, is amended  
1068 to read:

1069 394.656 Criminal Justice, Mental Health, and Substance  
1070 Abuse Reinvestment Grant Program.—

1071 (1) There is created within the Department of Children and  
1072 Families the Criminal Justice, Mental Health, and Substance  
1073 Abuse Reinvestment Grant Program. The purpose of the program is  
1074 to provide funding to counties ~~with~~ which they may use to ~~can~~  
1075 plan, implement, or expand initiatives that increase public

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1205 394.879 Rules; enforcement.—

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

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

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

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

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

1242 394.9082 Behavioral health managing entities.—

1243 (1) INTENT AND PURPOSE.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1343 (4) CONTRACT WITH MANAGING ENTITIES.-

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1498 3. Collaboration with the child welfare system shall seek,  
1499 at a minimum, to provide effective and timely services to  
1500 parents and caregivers involved in the child welfare system.

1501 (6) NETWORK ACCREDITATION AND SYSTEMS COORDINATION  
1502 AGREEMENTS.—

1503 (a)1. The department shall identify acceptable  
1504 accreditations which address coordination within a network and,  
1505 if possible, between the network and major systems and programs  
1506 with which the network interacts, such as the child welfare  
1507 system, the courts system, and the Medicaid program. In  
1508 identifying acceptable accreditations, the department shall  
1509 consider whether the accreditation facilitates integrated  
1510 strategic planning, resource coordination, technology  
1511 integration, performance measurement, and increased value to  
1512 consumers through choice of and access to services, improved

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1513 coordination of services, and effectiveness and efficiency of  
1514 service delivery.

1515 2. All managing entities under contract with the state by  
1516 July 1, 2016, shall earn accreditation deemed acceptable by the  
1517 department pursuant to subparagraph 1. by June 30, 2019.

1518 Managing entities whose initial contract with the state is  
1519 executed after July 1, 2016, shall earn network accreditation  
1520 within 3 years after the contract execution date. Pursuant to  
1521 paragraph (4) (j), the department may continue the contract of a  
1522 managing entity under contract as of July 1, 2016, that earns  
1523 the network accreditation within the required timeframe and  
1524 maintains it throughout the contract term.

1525 (b) If no accreditations are available or deemed  
1526 acceptable pursuant to paragraph (a) which address coordination  
1527 between the provider network and major systems and programs with  
1528 which the provider network interacts, each managing entity shall  
1529 enter into memoranda of understanding which details mechanisms  
1530 for communication and coordination. The managing entity shall  
1531 enter into such memoranda with any community-based care lead  
1532 agencies, circuit courts, county courts, sheriffs' offices,  
1533 offices of the public defender, offices of criminal conflict and  
1534 civil regional counsel, Medicaid managed medical assistance  
1535 plans, and homeless coalitions in its service area. Each  
1536 managing entity under contract on July 1, 2016, shall enter into  
1537 such memoranda by June 30, 2017, and each managing entity under

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1538 contract after July 1, 2016, shall enter into such memoranda  
1539 within 1 year after its contract execution date.

1540 (7) PERFORMANCE MEASUREMENT AND ACCOUNTABILITY.-Managing  
1541 entities shall collect and submit data to the department  
1542 regarding persons served, outcomes of persons served, costs of  
1543 services provided through the department's contract, and other  
1544 data as required by the department. The department shall  
1545 evaluate managing entity performance and the overall progress  
1546 made by the managing entity, together with other systems, in  
1547 meeting the community's behavioral health needs, based on  
1548 consumer-centered outcome measures that reflect national  
1549 standards, if possible, that can be accurately measured. The  
1550 department shall work with managing entities to establish  
1551 performance standards, including, but not limited to:

1552 (a) The extent to which individuals in the community  
1553 receive services, including, but not limited to, parents or  
1554 caregivers involved in the child welfare system who need  
1555 behavioral health services.

1556 (b) The improvement in the overall behavioral health of a  
1557 community.

1558 (c) The improvement in functioning or progress in the  
1559 recovery of individuals served by the managing entity, as  
1560 determined using person-centered measures tailored to the  
1561 population.

1562 (d) The success of strategies to:

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1563 1. Divert admissions to acute levels of care, jails,  
1564 prisons, and forensic facilities as measured by, at a minimum,  
1565 the total number and percentage of clients who, during a  
1566 specified period, experience multiple admissions to acute levels  
1567 of care, jails, prisons, or forensic facilities; and

1568 2. Address the housing needs of individuals being released  
1569 from public receiving facilities who are homeless.

1570 (e) Consumer and family satisfaction.

1571 (f) The satisfaction of key community constituencies, such  
1572 as law enforcement agencies, community-based care lead agencies,  
1573 juvenile justice agencies, the courts, school districts, local  
1574 government entities, hospitals, and other organizations, as  
1575 appropriate, for the geographical service area of the managing  
1576 entity.

1577 (8) ENHANCEMENT PLANS.—By November 1 of each year,  
1578 beginning in 2017, each managing entity shall develop and submit  
1579 to the department a prioritized plan for phased enhancement of  
1580 the behavioral health system of care by subregion of the  
1581 managing entity's service area, if appropriate, based on the  
1582 assessed behavioral health care needs of the subregion and  
1583 service gaps. If the plan recommends additional funding, for  
1584 each recommended use of funds the enhancement plan shall  
1585 describe, at a minimum, the specific needs that would be met,  
1586 the specific services that would be purchased, the estimated  
1587 benefits of the services, the projected costs, the projected  
1588 number of individuals that would be served, and any other

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1589 information indicating the estimated benefit to the community.  
1590 The managing entity shall include consumers and their family  
1591 members, local governments, law enforcement agencies, service  
1592 providers, community partners, and other stakeholders when  
1593 developing the plan. Individual sections of the plan shall  
1594 address:

1595 (a) The designated receiving systems developed pursuant to  
1596 s. 394.4573, and shall give consideration to implementation of  
1597 no-wrong-door models; evidence-based, evidence-informed, and  
1598 innovative practices for diverting individuals from the acute  
1599 behavioral health care system; and the most efficient and cost-  
1600 effective manner to address the needs of individuals once they  
1601 are in the system.

1602 (b) Treatment and recovery services, and shall emphasize  
1603 the provision of care coordination to priority populations and  
1604 the use of recovery-oriented, peer-involved approaches.

1605 (c) Coordination between the behavioral health system of  
1606 care and other systems, such as the child welfare system, and  
1607 shall give consideration to approaches for enhancing such  
1608 coordination.

1609 (9) FUNDING FOR MANAGING ENTITIES.—

1610 (a) A contract established between the department and a  
1611 managing entity under this section shall be funded by general  
1612 revenue, other applicable state funds, or applicable federal  
1613 funding sources. A managing entity may carry forward documented  
1614 unexpended state funds from one fiscal year to the next, but the

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1615 cumulative amount carried forward may not exceed 8 percent of  
1616 the annual amount of the contract. Any unexpended state funds in  
1617 excess of that percentage shall be returned to the department.  
1618 The funds carried forward may not be used in a way that would  
1619 increase future recurring obligations or for any program or  
1620 service that was not authorized under the existing contract with  
1621 the department. Expenditures of funds carried forward shall be  
1622 separately reported to the department. Any unexpended funds that  
1623 remain at the end of the contract period shall be returned to  
1624 the department. Funds carried forward may be retained through  
1625 contract renewals and new contract procurements as long as the  
1626 same managing entity is retained by the department.

1627 (b) The method of payment for a fixed-price contract with  
1628 a managing entity shall provide for a 2-month advance payment at  
1629 the beginning of each fiscal year and equal monthly payments  
1630 thereafter.

1631 (10) ACUTE CARE SERVICES UTILIZATION DATABASE.—The  
1632 department shall develop, implement, and maintain standards  
1633 under which a managing entity shall collect utilization data  
1634 from all public receiving facilities situated within its  
1635 geographical service area and all detoxification and addictions  
1636 receiving facilities under contract with the managing entity. As  
1637 used in this subsection, the term "public receiving facility"  
1638 means an entity that meets the licensure requirements of, and is  
1639 designated by, the department to operate as a public receiving

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1640 facility under s. 394.875 and that is operating as a licensed  
1641 crisis stabilization unit.

1642 (a) The department shall develop standards and protocols  
1643 to be used for data collection, storage, transmittal, and  
1644 analysis. The standards and protocols shall allow for  
1645 compatibility of data and data transmittal between public  
1646 receiving facilities, detoxification facilities, addictions  
1647 receiving facilities, managing entities, and the department for  
1648 the implementation, and to meet the requirements, of this  
1649 subsection.

1650 (b) A managing entity shall require providers specified in  
1651 paragraph (a) to submit data, in real time or at least daily, to  
1652 the managing entity for:

1653 1. All admissions and discharges of clients receiving  
1654 public receiving facility services who qualify as indigent, as  
1655 defined in s. 394.4787.

1656 2. All admissions and discharges of clients receiving  
1657 substance abuse services in an addictions receiving facility or  
1658 detoxification facility pursuant to parts IV and V of chapter  
1659 397 who qualify as indigent.

1660 3. The current active census of total licensed beds, the  
1661 number of beds purchased by the department, the number of  
1662 clients qualifying as indigent who occupy those beds, and the  
1663 total number of unoccupied licensed beds, regardless of funding.

1664 (c) A managing entity shall require providers specified in  
1665 paragraph (a) to submit data, on a monthly basis, to the

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1666 managing entity which aggregates the daily data submitted under  
1667 paragraph (b). The managing entity shall reconcile the data in  
1668 the monthly submission to the data received by the managing  
1669 entity under paragraph (b) to check for consistency. If the  
1670 monthly aggregate data submitted by a provider under this  
1671 paragraph are inconsistent with the daily data submitted under  
1672 paragraph (b), the managing entity shall consult with the  
1673 provider to make corrections necessary to ensure accurate data.

1674 (d) A managing entity shall require providers specified in  
1675 paragraph (a) within its provider network to submit data, on an  
1676 annual basis, to the managing entity which aggregates the data  
1677 submitted and reconciled under paragraph (c). The managing  
1678 entity shall reconcile the data in the annual submission to the  
1679 data received and reconciled by the managing entity under  
1680 paragraph (c) to check for consistency. If the annual aggregate  
1681 data submitted by a provider under this paragraph are  
1682 inconsistent with the data received and reconciled under  
1683 paragraph (c), the managing entity shall consult with the  
1684 provider to make corrections necessary to ensure accurate data.

1685 (e) After ensuring the accuracy of data pursuant to  
1686 paragraphs (c) and (d), the managing entity shall submit the  
1687 data to the department on a monthly and an annual basis. The  
1688 department shall create a statewide database for the data  
1689 described under paragraph (b) and submitted under this paragraph  
1690 for the purpose of analyzing the payments for and the use of  
1691 crisis stabilization services funded by the Baker Act and

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1692 detoxification and addictions receiving services provided  
1693 pursuant to parts IV and V of chapter 397 on a statewide basis  
1694 and on an individual provider basis.

1695 Section 20. Subsections (4) through (9) of section  
1696 397.305, Florida Statutes, are renumbered as subsections (7)  
1697 though (12), respectively, and new subsections (4), (5), and (6)  
1698 are added to that section to read:

1699 397.305 Legislative findings, intent, and purpose.—

1700 (4) It is the intent of the Legislature that licensed,  
1701 qualified health professionals be authorized to practice to the  
1702 full extent of their education and training in the performance  
1703 of professional functions necessary to carry out the intent of  
1704 this chapter.

1705 (5) It is the intent of the Legislature that state policy  
1706 and funding decisions be driven by data concerning the  
1707 populations served and the effectiveness of the services  
1708 provided.

1709 (6) It is the intent of the Legislature to establish  
1710 expectations that services provided to persons in this state use  
1711 the coordination-of-care principles characteristic of recovery-  
1712 oriented services and include social support services, such as  
1713 housing support, life skills and vocational training, and  
1714 employment assistance, necessary for persons with substance use  
1715 disorders or co-occurring substance use and mental health  
1716 disorders to live successfully in their communities.

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1717 Section 21. Subsections (19) through (45) of section  
1718 397.311, Florida Statutes, are renumbered as subsections (20)  
1719 through (48), respectively, new subsections (19), (21), and (22)  
1720 are added to that section, and present subsections (30) and (38)  
1721 of that section are amended, to read:

1722 397.311 Definitions.—As used in this chapter, except part  
1723 VIII, the term:

1724 (19) "Incompetent to consent to treatment" means a state  
1725 in which a person's judgment is so affected by a substance abuse  
1726 impairment that he or she lacks the capacity to make a well-  
1727 reasoned, willful, and knowing decision concerning his or her  
1728 medical health, mental health, or substance abuse treatment.

1729 (21) "Informed consent" means consent voluntarily given in  
1730 writing by a competent person after sufficient explanation and  
1731 disclosure of the subject matter involved to enable the person  
1732 to make a knowing and willful decision without any element of  
1733 force, fraud, deceit, duress, or other form of constraint or  
1734 coercion.

1735 (22) "Involuntary services" means an array of behavioral  
1736 health services that may be ordered by the court for persons  
1737 with substance abuse impairment or co-occurring substance abuse  
1738 impairment and mental health disorders.

1739 (33)~~(30)~~ "Qualified professional" means a physician or a  
1740 physician assistant licensed under chapter 458 or chapter 459; a  
1741 professional licensed under chapter 490 or chapter 491; an  
1742 advanced registered nurse practitioner ~~having a specialty in~~

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1743 ~~psychiatry~~ licensed under part I of chapter 464; or a person who  
1744 is certified through a department-recognized certification  
1745 process for substance abuse treatment services and who holds, at  
1746 a minimum, a bachelor's degree. A person who is certified in  
1747 substance abuse treatment services by a state-recognized  
1748 certification process in another state at the time of employment  
1749 with a licensed substance abuse provider in this state may  
1750 perform the functions of a qualified professional as defined in  
1751 this chapter but must meet certification requirements contained  
1752 in this subsection no later than 1 year after his or her date of  
1753 employment.

1754 ~~(41)-(38)~~ "Service component" or "component" means a  
1755 discrete operational entity within a service provider which is  
1756 subject to licensing as defined by rule. Service components  
1757 include prevention, intervention, and clinical treatment  
1758 described in subsection ~~(25)~~ ~~(22)~~.

1759 Section 22. Subsections (16) through (20) of section  
1760 397.321, Florida Statutes, are renumbered as subsections (15)  
1761 through (19), respectively, present subsection (15) is amended,  
1762 and a new subsection (20) is added to that section, to read:

1763 397.321 Duties of the department.—The department shall:  
1764 ~~(15) Appoint a substance abuse impairment coordinator to~~  
1765 ~~represent the department in efforts initiated by the statewide~~  
1766 ~~substance abuse impairment prevention and treatment coordinator~~  
1767 ~~established in s. 397.801 and to assist the statewide~~  
1768 ~~coordinator in fulfilling the responsibilities of that position.~~

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1769       (20) Develop and prominently display on its website all  
1770 forms necessary for the implementation and administration of  
1771 parts IV and V of this chapter. These forms shall include, but  
1772 are not limited to, a petition for involuntary admission form  
1773 and all related pleading forms, and a form to be used by law  
1774 enforcement agencies pursuant to s. 397.6772. The department  
1775 shall notify law enforcement agencies, the courts, and other  
1776 state agencies of the existence and availability of such forms.

1777       Section 23. Section 397.675, Florida Statutes, is amended  
1778 to read:

1779       397.675 Criteria for involuntary admissions, including  
1780 protective custody, emergency admission, and other involuntary  
1781 assessment, involuntary treatment, and alternative involuntary  
1782 assessment for minors, for purposes of assessment and  
1783 stabilization, and for involuntary treatment.—A person meets the  
1784 criteria for involuntary admission if there is good faith reason  
1785 to believe that the person is substance abuse impaired or has a  
1786 co-occurring mental health disorder and, because of such  
1787 impairment or disorder:

1788       (1) Has lost the power of self-control with respect to  
1789 substance abuse use; and ~~either~~

1790       (2) (a) ~~Has inflicted, or threatened or attempted to~~  
1791 ~~inflict, or unless admitted is likely to inflict, physical harm~~  
1792 ~~on himself or herself or another; or~~

1793       ~~(b)~~ Is in need of substance abuse services and, by reason  
1794 of substance abuse impairment, his or her judgment has been so

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1795 impaired that he or she ~~the person~~ is incapable of appreciating  
1796 his or her need for such services and of making a rational  
1797 decision in that regard, although ~~thereto; however,~~ mere refusal  
1798 to receive such services does not constitute evidence of lack of  
1799 judgment with respect to his or her need for such services; or

1800 (b) Without care or treatment, is likely to suffer from  
1801 neglect or refuse to care for himself or herself; that such  
1802 neglect or refusal poses a real and present threat of  
1803 substantial harm to his or her well-being; and that it is not  
1804 apparent that such harm may be avoided through the help of  
1805 willing family members or friends or the provision of other  
1806 services, or there is substantial likelihood that the person has  
1807 inflicted, or threatened to or attempted to inflict, or, unless  
1808 admitted, is likely to inflict, physical harm on himself,  
1809 herself, or another.

1810 Section 24. Paragraph (g) is added to subsection (1) of  
1811 section 397.6751, Florida Statutes, to read:

1812 397.6751 Service provider responsibilities regarding  
1813 involuntary admissions.—

1814 (1) It is the responsibility of the service provider to:

1815 (g) Submit to the department a copy of any court order,  
1816 law enforcement report, or professional certificate requiring an  
1817 individual to undergo involuntary services within 1 working day  
1818 after it is received.

1819 Section 25. Subsection (1) of section 397.6772, Florida  
1820 Statutes, is amended to read:

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1821 397.6772 Protective custody without consent.—

1822 (1) If a person in circumstances which justify protective  
1823 custody as described in s. 397.677 fails or refuses to consent  
1824 to assistance and a law enforcement officer has determined that  
1825 a hospital or a licensed detoxification or addictions receiving  
1826 facility is the most appropriate place for the person, the  
1827 officer may, after giving due consideration to the expressed  
1828 wishes of the person:

1829 (a) Take the person to a hospital or to a licensed  
1830 detoxification or addictions receiving facility against the  
1831 person's will but without using unreasonable force. The officer  
1832 shall use the standard form developed by the department pursuant  
1833 to s. 397.321 to execute a written report detailing the  
1834 circumstances under which the person was taken into custody. The  
1835 written report shall be included in the patient's clinical  
1836 record; or

1837 (b) In the case of an adult, detain the person for his or  
1838 her own protection in any municipal or county jail or other  
1839 appropriate detention facility.

1840

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

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1847 the duty of the detention facility to arrange, as necessary, for  
1848 transportation of the person to an appropriate licensed service  
1849 provider with an available bed. Persons taken into protective  
1850 custody must be assessed by the attending physician within the  
1851 72-hour period and without unnecessary delay, to determine the  
1852 need for further services.

1853 Section 26. Paragraph (a) of subsection (1) of section  
1854 397.6773, Florida Statutes, is amended to read:

1855 397.6773 Dispositional alternatives after protective  
1856 custody.—

1857 (1) An individual who is in protective custody must be  
1858 released by a qualified professional when:

1859 (a) The individual no longer meets the involuntary  
1860 admission criteria in s. 397.675 ~~397.675(1)~~;

1861 Section 27. Section 397.679, Florida Statutes, is amended  
1862 to read:

1863 397.679 Emergency admission; circumstances justifying.—A  
1864 person who meets the criteria for involuntary admission in s.  
1865 397.675 may be admitted to a hospital or to a licensed  
1866 detoxification facility or addictions receiving facility for  
1867 emergency assessment and stabilization, or to a less intensive  
1868 component of a licensed service provider for assessment only,  
1869 upon receipt by the facility of a the physician's certificate by  
1870 a physician, an advanced registered nurse practitioner, a  
1871 clinical psychologist, a clinical social worker, a marriage and  
1872 family therapist, a mental health counselor, a physician

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1873 assistant working under the scope of practice of the supervising  
1874 physician, or a master's-level-certified addictions professional  
1875 for substance abuse services, if the certificate is specific to  
1876 substance abuse impairment, and the completion of an application  
1877 for emergency admission.

1878 Section 28. Section 397.6791, Florida Statutes, is amended  
1879 to read:

1880 397.6791 Emergency admission; persons who may initiate.—  
1881 The following persons may request a certificate for ~~an~~ emergency  
1882 assessment or admission:

1883 (1) In the case of an adult, any professional who may  
1884 issue a professional certificate pursuant to s. 397.6793, the  
1885 ~~certifying physician,~~ the person's spouse or legal guardian, any  
1886 relative of the person, or any other responsible adult who has  
1887 personal knowledge of the person's substance abuse impairment.

1888 (2) In the case of a minor, the minor's parent, legal  
1889 guardian, or legal custodian.

1890 Section 29. Section 397.6793, Florida Statutes, is amended  
1891 to read:

1892 397.6793 Professional's ~~Physician's~~ certificate for  
1893 emergency admission.—

1894 (1) A physician, a clinical psychologist, a physician  
1895 assistant working under the scope of practice of the supervising  
1896 physician, a psychiatric nurse, an advanced registered nurse  
1897 practitioner, a mental health counselor, a marriage and family  
1898 therapist, a master's-level-certified addictions professional

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1899 for substance abuse services, or a clinical social worker may  
1900 execute a professional's certificate for emergency admission.  
1901 The professional's ~~physician's~~ certificate must include the name  
1902 of the person to be admitted, the relationship between the  
1903 person and the professional executing the certificate ~~physician,~~  
1904 the relationship between the applicant and the professional  
1905 ~~physician,~~ any relationship between the professional ~~physician~~  
1906 and the licensed service provider, ~~and~~ a statement that the  
1907 person has been examined and assessed within the preceding 5  
1908 days after ~~of~~ the application date, and ~~must include~~ factual  
1909 allegations with respect to the need for emergency admission,  
1910 including:

1911 (a) The reason for the ~~physician's~~ belief that the person  
1912 is substance abuse impaired; ~~and~~

1913 (b) The reason for the ~~physician's~~ belief that because of  
1914 such impairment the person has lost the power of self-control  
1915 with respect to substance abuse; and ~~either~~

1916 (c)1. The reason for the belief ~~physician believes~~ that,  
1917 without care or treatment, the person is likely to suffer from  
1918 neglect or refuse to care for himself or herself; that such  
1919 neglect or refusal poses a real and present threat of  
1920 substantial harm to his or her well-being; and that it is not  
1921 apparent that such harm may be avoided through the help of  
1922 willing family members or friends or the provision of other  
1923 services, or there is substantial likelihood that the person has  
1924 inflicted or, unless admitted, is likely to inflict, physical

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1925 harm on himself, ~~or~~ herself, or another ~~others unless admitted;~~  
1926 or

1927 2. The reason for the belief ~~physician believes~~ that the  
1928 person's refusal to voluntarily receive care is based on  
1929 judgment so impaired by reason of substance abuse that the  
1930 person is incapable of appreciating his or her need for care and  
1931 of making a rational decision regarding his or her need for  
1932 care.

1933 (2) The professional's ~~physician's~~ certificate must  
1934 recommend the least restrictive type of service that is  
1935 appropriate for the person. The certificate must be signed by  
1936 the professional ~~physician~~. If other less restrictive means are  
1937 not available, such as voluntary appearance for outpatient  
1938 evaluation, a law enforcement officer shall take the person  
1939 named in the certificate into custody and deliver him or her to  
1940 the appropriate facility for involuntary assessment and  
1941 stabilization.

1942 (3) A signed copy of the professional's ~~physician's~~  
1943 certificate shall accompany the person, and shall be made a part  
1944 of the person's clinical record, together with a signed copy of  
1945 the application. The application and the professional's  
1946 ~~physician's~~ certificate authorize the involuntary admission of  
1947 the person pursuant to, and subject to the provisions of, ss.  
1948 397.679-397.6797.

1949 (4) The professional's certificate is valid for 7 days  
1950 after issuance.

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1951           (5) The professional's physician's certificate must  
1952 indicate whether the person requires transportation assistance  
1953 for delivery for emergency admission and specify, pursuant to s.  
1954 397.6795, the type of transportation assistance necessary.

1955           Section 30. Section 397.6795, Florida Statutes, is amended  
1956 to read:

1957           397.6795 Transportation-assisted delivery of persons for  
1958 emergency assessment.—An applicant for a person's emergency  
1959 admission, ~~or~~ the person's spouse or guardian, or a law  
1960 enforcement officer, ~~or a health officer~~ may deliver a person  
1961 named in the professional's physician's certificate for  
1962 emergency admission to a hospital or a licensed detoxification  
1963 facility or addictions receiving facility for emergency  
1964 assessment and stabilization.

1965           Section 31. Subsection (1) of section 397.681, Florida  
1966 Statutes, is amended to read:

1967           397.681 Involuntary petitions; general provisions; court  
1968 jurisdiction and right to counsel.—

1969           (1) JURISDICTION.—The courts have jurisdiction of  
1970 involuntary assessment and stabilization petitions and  
1971 involuntary treatment petitions for substance abuse impaired  
1972 persons, and such petitions must be filed with the clerk of the  
1973 court in the county where the person is located. The clerk of  
1974 the court may not charge a fee for the filing of a petition  
1975 under this section. The chief judge may appoint a general or  
1976 special magistrate to preside over all or part of the

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1977 proceedings. The alleged impaired person is named as the  
1978 respondent.

1979 Section 32. Subsection (1) of section 397.6811, Florida  
1980 Statutes, is amended to read:

1981 397.6811 Involuntary assessment and stabilization.—A  
1982 person determined by the court to appear to meet the criteria  
1983 for involuntary admission under s. 397.675 may be admitted for a  
1984 period of 5 days to a hospital or to a licensed detoxification  
1985 facility or addictions receiving facility, for involuntary  
1986 assessment and stabilization or to a less restrictive component  
1987 of a licensed service provider for assessment only upon entry of  
1988 a court order or upon receipt by the licensed service provider  
1989 of a petition. Involuntary assessment and stabilization may be  
1990 initiated by the submission of a petition to the court.

1991 (1) If the person upon whose behalf the petition is being  
1992 filed is an adult, a petition for involuntary assessment and  
1993 stabilization may be filed by the respondent's spouse or legal  
1994 guardian, any relative, a private practitioner, the director of  
1995 a licensed service provider or the director's designee, or an  
1996 adult ~~any three adults~~ who has direct ~~have~~ personal knowledge of  
1997 the respondent's substance abuse impairment.

1998 Section 33. Section 397.6814, Florida Statutes, is amended  
1999 to read:

2000 397.6814 Involuntary assessment and stabilization;  
2001 contents of petition.—A petition for involuntary assessment and  
2002 stabilization must contain the name of the respondent, ~~+~~ the name

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2003 of the applicant or applicants, ~~and~~ the relationship between the  
2004 respondent and the applicant, ~~and~~ the name of the respondent's  
2005 attorney, if known, ~~and a statement of the respondent's ability~~  
2006 ~~to afford an attorney;~~ and must state facts to support the need  
2007 for involuntary assessment and stabilization, including:

2008 (1) The reason for the petitioner's belief that the  
2009 respondent is substance abuse impaired; ~~and~~

2010 (2) The reason for the petitioner's belief that because of  
2011 such impairment the respondent has lost the power of self-  
2012 control with respect to substance abuse; ~~and either~~

2013 (3) (a) The reason the petitioner believes that the  
2014 respondent has inflicted or is likely to inflict physical harm  
2015 on himself or herself or others unless admitted; or

2016 (b) The reason the petitioner believes that the  
2017 respondent's refusal to voluntarily receive care is based on  
2018 judgment so impaired by reason of substance abuse that the  
2019 respondent is incapable of appreciating his or her need for care  
2020 and of making a rational decision regarding that need for care.  
2021 If the respondent has refused to submit to an assessment, such  
2022 refusal must be alleged in the petition.

2023  
2024 A fee may not be charged for the filing of a petition pursuant  
2025 to this section.

2026 Section 34. Subsection (4) is added to section 397.6818,  
2027 Florida Statutes, to read:

2028 397.6818 Court determination.—At the hearing initiated in

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2029 accordance with s. 397.6811(1), the court shall hear all  
2030 relevant testimony. The respondent must be present unless the  
2031 court has reason to believe that his or her presence is likely  
2032 to be injurious to him or her, in which event the court shall  
2033 appoint a guardian advocate to represent the respondent. The  
2034 respondent has the right to examination by a court-appointed  
2035 qualified professional. After hearing all the evidence, the  
2036 court shall determine whether there is a reasonable basis to  
2037 believe the respondent meets the involuntary admission criteria  
2038 of s. 397.675.

2039 (4) The order is valid only for the period specified in  
2040 the order or, if a period is not specified, for 7 days after the  
2041 order is signed.

2042 Section 35. Section 397.6819, Florida Statutes, is amended  
2043 to read:

2044 397.6819 Involuntary assessment and stabilization;  
2045 responsibility of licensed service provider.—A licensed service  
2046 provider may admit an individual for involuntary assessment and  
2047 stabilization for a period not to exceed 5 days unless a  
2048 petition for involuntary services has been initiated and the  
2049 individual is being retained pursuant to s. 397.6822(3) or a  
2050 request for an extension of time has been filed with the court  
2051 pursuant to s. 397.6821. The individual must be assessed within  
2052 72 hours ~~without unnecessary delay~~ by a qualified professional.  
2053 If an assessment is performed by a qualified professional who is  
2054 not a physician, the assessment must be reviewed by a physician

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2055 before the end of the assessment period.

2056 Section 36. Section 397.695, Florida Statutes, is amended  
2057 to read:

2058 397.695 Involuntary services ~~treatment~~; persons who may  
2059 petition.—

2060 (1) If the respondent is an adult, a petition for  
2061 involuntary services ~~treatment~~ may be filed by the respondent's  
2062 spouse or legal guardian, any relative, a service provider, or  
2063 an adult ~~any three adults~~ who has direct ~~have~~ personal knowledge  
2064 of the respondent's substance abuse impairment and his or her  
2065 prior course of assessment and treatment.

2066 (2) If the respondent is a minor, a petition for  
2067 involuntary treatment may be filed by a parent, legal guardian,  
2068 or service provider.

2069 Section 37. Section 397.6951, Florida Statutes, is amended  
2070 to read:

2071 397.6951 Contents of petition for involuntary services  
2072 ~~treatment~~.—A petition for involuntary services ~~treatment~~ must  
2073 contain the name of the respondent ~~to be admitted~~; the name of  
2074 the petitioner or petitioners; the relationship between the  
2075 respondent and the petitioner; the name of the respondent's  
2076 attorney, if known, ~~and a statement of the petitioner's~~  
2077 ~~knowledge of the respondent's ability to afford an attorney~~; the  
2078 findings and recommendations of the assessment performed by the  
2079 qualified professional; and the factual allegations presented by  
2080 the petitioner establishing the need for involuntary outpatient

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2081 services. The factual allegations must demonstrate treatment,  
2082 including:

2083 (1) The reason for the petitioner's belief that the  
2084 respondent is substance abuse impaired; ~~and~~

2085 (2) The reason for the petitioner's belief that because of  
2086 such impairment the respondent has lost the power of self-  
2087 control with respect to substance abuse; and ~~either~~

2088 (3) (a) The reason the petitioner believes that the  
2089 respondent has inflicted or is likely to inflict physical harm  
2090 on himself or herself or others unless the court orders the  
2091 involuntary services admitted; or

2092 (b) The reason the petitioner believes that the  
2093 respondent's refusal to voluntarily receive care is based on  
2094 judgment so impaired by reason of substance abuse that the  
2095 respondent is incapable of appreciating his or her need for care  
2096 and of making a rational decision regarding that need for care.

2097 Section 38. Section 397.6955, Florida Statutes, is amended  
2098 to read:

2099 397.6955 Duties of court upon filing of petition for  
2100 involuntary services ~~treatment~~.-

2101 (1) Upon the filing of a petition for ~~the~~ involuntary  
2102 services for treatment of a substance abuse impaired person with  
2103 the clerk of the court, the court shall immediately determine  
2104 whether the respondent is represented by an attorney or whether  
2105 the appointment of counsel for the respondent is appropriate. If  
2106 the court appoints counsel for the person, the clerk of the

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2107 court shall immediately notify the office of criminal conflict  
2108 and civil regional counsel, created pursuant to s. 27.511, of  
2109 the appointment. The office of criminal conflict and civil  
2110 regional counsel shall represent the person until the petition  
2111 is dismissed, the court order expires, or the person is  
2112 discharged from involuntary services. An attorney that  
2113 represents the person named in the petition shall have access to  
2114 the person, witnesses, and records relevant to the presentation  
2115 of the person's case and shall represent the interests of the  
2116 person, regardless of the source of payment to the attorney.

2117 (2) The court shall schedule a hearing to be held on the  
2118 petition within ~~5~~ 10 days unless a continuance is granted. The  
2119 court may appoint a magistrate to preside at the hearing.

2120 (3) A copy of the petition and notice of the hearing must  
2121 be provided to the respondent; the respondent's parent,  
2122 guardian, or legal custodian, in the case of a minor; the  
2123 respondent's attorney, if known; the petitioner; the  
2124 respondent's spouse or guardian, if applicable; and such other  
2125 persons as the court may direct. If the respondent is a minor, a  
2126 copy of the petition and notice of the hearing must be ~~and have~~  
2127 ~~such petition and order~~ personally delivered to the respondent  
2128 ~~if he or she is a minor~~. The court shall also issue a summons to  
2129 the person whose admission is sought.

2130 Section 39. Section 397.6957, Florida Statutes, is amended  
2131 to read:

2132 397.6957 Hearing on petition for involuntary services

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2133 ~~treatment.~~—

2134 (1) At a hearing on a petition for involuntary services  
2135 ~~treatment~~, the court shall hear and review all relevant  
2136 evidence, including the review of results of the assessment  
2137 completed by the qualified professional in connection with the  
2138 respondent's protective custody, emergency admission,  
2139 involuntary assessment, or alternative involuntary admission.  
2140 The respondent must be present unless the court finds that his  
2141 or her presence is likely to be injurious to himself or herself  
2142 or others, in which event the court must appoint a guardian  
2143 advocate to act in behalf of the respondent throughout the  
2144 proceedings.

2145 (2) The petitioner has the burden of proving by clear and  
2146 convincing evidence that:

2147 (a) The respondent is substance abuse impaired and has a  
2148 history of lack of compliance with treatment for substance  
2149 abuse; and

2150 (b) Because of such impairment the respondent is unlikely  
2151 to voluntarily participate in the recommended services or is  
2152 unable to determine for himself or herself whether services are  
2153 necessary ~~the respondent has lost the power of self-control with~~  
2154 ~~respect to substance abuse;~~ and: either

2155 1. Without services, the respondent is likely to suffer  
2156 from neglect or refuse to care for himself or herself; that such  
2157 neglect or refusal poses a real and present threat of  
2158 substantial harm to his or her well-being; and that there is a

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2159 substantial likelihood that without services the respondent will  
2160 cause serious bodily harm to himself, herself, or another in the  
2161 near future, as evidenced by recent behavior ~~The respondent has~~  
2162 ~~inflicted or is likely to inflict physical harm on himself or~~  
2163 ~~herself or others unless admitted; or~~

2164 2. The respondent's refusal to voluntarily receive care is  
2165 based on judgment so impaired by reason of substance abuse that  
2166 the respondent is incapable of appreciating his or her need for  
2167 care and of making a rational decision regarding that need for  
2168 care.

2169 (3) One of the qualified professionals who executed the  
2170 involuntary services certificate must be a witness. The court  
2171 shall allow testimony from individuals, including family  
2172 members, deemed by the court to be relevant under state law,  
2173 regarding the respondent's prior history and how that prior  
2174 history relates to the person's current condition. The testimony  
2175 in the hearing must be under oath, and the proceedings must be  
2176 recorded. The patient may refuse to testify at the hearing.

2177 (4) ~~(3)~~ At the conclusion of the hearing the court shall  
2178 ~~either~~ dismiss the petition or order the respondent to receive  
2179 ~~undergo~~ involuntary services from his or her ~~substance abuse~~  
2180 ~~treatment, with the respondent's~~ chosen licensed service  
2181 provider if ~~to deliver the involuntary substance abuse treatment~~  
2182 ~~where possible and appropriate.~~

2183 Section 40. Section 397.697, Florida Statutes, is amended  
2184 to read:

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2185           397.697 Court determination; effect of court order for  
2186 involuntary services ~~substance abuse treatment~~.—

2187           (1) When the court finds that the conditions for  
2188 involuntary services ~~substance abuse treatment~~ have been proved  
2189 by clear and convincing evidence, it may order the respondent to  
2190 receive ~~undergo~~ involuntary services ~~from treatment~~ by a  
2191 publicly funded licensed service provider for a period not to  
2192 exceed 90 60 days. The court may also order a respondent to  
2193 undergo treatment through a privately funded licensed service  
2194 provider if the respondent has the ability to pay for the  
2195 treatment, or if any person on the respondent's behalf  
2196 voluntarily demonstrates a willingness and an ability to pay for  
2197 the treatment. If the court finds it necessary, it may direct  
2198 the sheriff to take the respondent into custody and deliver him  
2199 or her to the licensed service provider specified in the court  
2200 order, or to the nearest appropriate licensed service provider,  
2201 for involuntary services ~~treatment~~. When the conditions  
2202 justifying involuntary services ~~treatment~~ no longer exist, the  
2203 individual must be released as provided in s. 397.6971. When the  
2204 conditions justifying involuntary services ~~treatment~~ are  
2205 expected to exist after 90 60 days of services ~~treatment~~, a  
2206 renewal of the involuntary services ~~treatment~~ order may be  
2207 requested pursuant to s. 397.6975 before ~~prior to~~ the end of the  
2208 90-day 60-day period.

2209           (2) In all cases resulting in an order for involuntary  
2210 services ~~substance abuse treatment~~, the court shall retain

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2211 jurisdiction over the case and the parties for the entry of such  
2212 further orders as the circumstances may require. The court's  
2213 requirements for notification of proposed release must be  
2214 included in the original ~~treatment~~ order.

2215 (3) An involuntary services ~~treatment~~ order authorizes the  
2216 licensed service provider to require the individual to receive  
2217 services that undergo such treatment as will benefit him or her,  
2218 including services ~~treatment~~ at any licensable service component  
2219 of a licensed service provider.

2220 (4) If the court orders involuntary services, a copy of  
2221 the order must be sent to the managing entity within 1 working  
2222 day after it is received from the court. Documents may be  
2223 submitted electronically through existing data systems, if  
2224 applicable.

2225 Section 41. Section 397.6971, Florida Statutes, is amended  
2226 to read:

2227 397.6971 Early release from involuntary services ~~substance~~  
2228 ~~abuse treatment.~~

2229 (1) At any time before ~~prior to~~ the end of the 90-day ~~60-~~  
2230 ~~day~~ involuntary services ~~treatment~~ period, or before ~~prior to~~  
2231 the end of any extension granted pursuant to s. 397.6975, an  
2232 individual receiving ~~admitted for~~ involuntary services ~~treatment~~  
2233 may be determined eligible for discharge to the most appropriate  
2234 referral or disposition for the individual when any of the  
2235 following apply:

2236 (a) The individual no longer meets the criteria for

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2237 involuntary admission and has given his or her informed consent  
2238 to be transferred to voluntary treatment status.~~†~~

2239 (b) If the individual was admitted on the grounds of  
2240 likelihood of infliction of physical harm upon himself or  
2241 herself or others, such likelihood no longer exists.~~†~~~~or~~

2242 (c) If the individual was admitted on the grounds of need  
2243 for assessment and stabilization or treatment, accompanied by  
2244 inability to make a determination respecting such need,~~†~~~~either:~~

2245 1. Such inability no longer exists; or

2246 2. It is evident that further treatment will not bring  
2247 about further significant improvements in the individual's  
2248 condition.~~†~~

2249 (d) The individual is no longer in need of services.~~†~~~~or~~

2250 (e) The director of the service provider determines that  
2251 the individual is beyond the safe management capabilities of the  
2252 provider.

2253 (2) Whenever a qualified professional determines that an  
2254 individual admitted for involuntary services qualifies ~~treatment~~  
2255 ~~is ready~~ for early release under ~~for any of the reasons listed~~  
2256 ~~in~~ subsection (1), the service provider shall immediately  
2257 discharge the individual,† and must notify all persons specified  
2258 by the court in the original treatment order.

2259 Section 42. Section 397.6975, Florida Statutes, is amended  
2260 to read:

2261 397.6975 Extension of involuntary services ~~substance abuse~~  
2262 ~~treatment~~ period.-

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2263 (1) Whenever a service provider believes that an  
2264 individual who is nearing the scheduled date of his or her  
2265 release from involuntary services treatment continues to meet  
2266 the criteria for involuntary services treatment in s. 397.693, a  
2267 petition for renewal of the involuntary services treatment order  
2268 may be filed with the court at least 10 days before the  
2269 expiration of the court-ordered services treatment period. The  
2270 court shall immediately schedule a hearing to be held not more  
2271 than 15 days after filing of the petition. The court shall  
2272 provide the copy of the petition for renewal and the notice of  
2273 the hearing to all parties to the proceeding. The hearing is  
2274 conducted pursuant to s. 397.6957.

2275 (2) If the court finds that the petition for renewal of  
2276 the involuntary services treatment order should be granted, it  
2277 may order the respondent to receive ~~undergo~~ involuntary services  
2278 ~~treatment~~ for a period not to exceed an additional 90 days. When  
2279 the conditions justifying involuntary services treatment no  
2280 longer exist, the individual must be released as provided in s.  
2281 397.6971. When the conditions justifying involuntary services  
2282 ~~treatment~~ continue to exist after an additional 90 days of  
2283 service additional treatment, a new petition requesting renewal  
2284 of the involuntary services treatment order may be filed  
2285 pursuant to this section.

2286 (3) Within 1 court working day after the filing of a  
2287 petition for continued involuntary services, the court shall  
2288 appoint the office of criminal conflict and civil regional

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2289 counsel to represent the respondent, unless the respondent is  
2290 otherwise represented by counsel. The clerk of the court shall  
2291 immediately notify the office of criminal conflict and civil  
2292 regional counsel of such appointment. The office of criminal  
2293 conflict and civil regional counsel shall represent the  
2294 respondent until the petition is dismissed or the court order  
2295 expires or the respondent is discharged from involuntary  
2296 services. Any attorney representing the respondent shall have  
2297 access to the respondent, witnesses, and records relevant to the  
2298 presentation of the respondent's case and shall represent the  
2299 interests of the respondent, regardless of the source of payment  
2300 to the attorney.

2301 (4) Hearings on petitions for continued involuntary  
2302 services shall be before the circuit court. The court may  
2303 appoint a magistrate to preside at the hearing. The procedures  
2304 for obtaining an order pursuant to this section shall be in  
2305 accordance with s. 397.697.

2306 (5) Notice of hearing shall be provided to the respondent  
2307 or his or her counsel. The respondent and the respondent's  
2308 counsel may agree to a period of continued involuntary services  
2309 without a court hearing.

2310 (6) The same procedure shall be repeated before the  
2311 expiration of each additional period of involuntary services.

2312 (7) If the respondent has previously been found  
2313 incompetent to consent to treatment, the court shall consider  
2314 testimony and evidence regarding the respondent's competence.

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2315 Section 43. Section 397.6977, Florida Statutes, is amended  
2316 to read:

2317 397.6977 Disposition of individual upon completion of  
2318 involuntary services ~~substance abuse treatment~~.—At the  
2319 conclusion of the 90-day ~~60-day~~ period of court-ordered  
2320 involuntary services ~~treatment~~, the respondent ~~individual~~ is  
2321 automatically discharged unless a motion for renewal of the  
2322 involuntary services ~~treatment~~ order has been filed with the  
2323 court pursuant to s. 397.6975.

2324 Section 44. Section 397.6978, Florida Statutes, is created  
2325 to read:

2326 397.6978 Guardian advocate; patient incompetent to  
2327 consent; substance abuse disorder.—

2328 (1) The administrator of an addictions receiving facility  
2329 may petition the court for the appointment of a guardian  
2330 advocate based upon the opinion of a qualified professional that  
2331 the patient is incompetent to consent to treatment. If the court  
2332 finds that a patient is incompetent to consent to treatment and  
2333 has not been adjudicated incapacitated and that a guardian with  
2334 the authority to consent to substance abuse treatment has not  
2335 been appointed, it may appoint a guardian advocate. The patient  
2336 has the right to have an attorney represent him or her at the  
2337 hearing. If the person is indigent, the court shall appoint the  
2338 office of criminal conflict and civil regional counsel to  
2339 represent him or her at the hearing. The patient has the right  
2340 to testify, cross-examine witnesses, and present witnesses. The

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2341 proceeding shall be recorded electronically or  
2342 stenographically, and testimony must be provided under oath. One  
2343 of the qualified professionals authorized to give an opinion in  
2344 support of a petition for involuntary services, as described in  
2345 s. 397.693, must testify. A guardian advocate must meet the  
2346 qualifications of a guardian contained in part IV of chapter  
2347 744. The person who is appointed as a guardian advocate must  
2348 agree to the appointment.

2349 (2) The following persons are prohibited from appointment  
2350 as a patient's guardian advocate:

2351 (a) A professional providing clinical services to the  
2352 individual under this part.

2353 (b) The qualified professional who initiated the  
2354 involuntary examination of the individual, if the examination  
2355 was initiated by a qualified professional's certificate.

2356 (c) An employee, an administrator, or a board member of  
2357 the facility providing the examination of the individual.

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

2360 (e) A person providing any substantial professional  
2361 services, excluding public guardians or professional guardians,  
2362 to the individual, including clinical services.

2363 (f) A creditor of the individual.

2364 (g) A person subject to an injunction for protection  
2365 against domestic violence under s. 741.30, whether the order of  
2366 injunction is temporary or final, and for which the individual

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2367 was the petitioner.

2368 (h) A person subject to an injunction for protection  
2369 against repeat violence, stalking, sexual violence, or dating  
2370 violence under s. 784.046, whether the order of injunction is  
2371 temporary or final, and for which the individual was the  
2372 petitioner.

2373 (3) A facility requesting appointment of a guardian  
2374 advocate must, before the appointment, provide the prospective  
2375 guardian advocate with information about the duties and  
2376 responsibilities of guardian advocates, including information  
2377 about the ethics of medical decisionmaking. Before asking a  
2378 guardian advocate to give consent to treatment for a patient,  
2379 the facility must provide to the guardian advocate sufficient  
2380 information so that the guardian advocate can decide whether to  
2381 give express and informed consent to the treatment. Such  
2382 information must include information that demonstrates that the  
2383 treatment is essential to the care of the patient and does not  
2384 present an unreasonable risk of serious, hazardous, or  
2385 irreversible side effects. If possible, before giving consent to  
2386 treatment, the guardian advocate must personally meet and talk  
2387 with the patient and the patient's physician. If that is not  
2388 possible, the discussion may be conducted by telephone. The  
2389 decision of the guardian advocate may be reviewed by the court,  
2390 upon petition of the patient's attorney, the patient's family,  
2391 or the facility administrator.

2392 (4) In lieu of the training required for guardians

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2393 appointed pursuant to chapter 744, a guardian advocate shall  
2394 attend at least a 4-hour training course approved by the court  
2395 before exercising his or her authority. At a minimum, the  
2396 training course must include information about patient rights,  
2397 the diagnosis of substance abuse disorders, the ethics of  
2398 medical decisionmaking, and the duties of guardian advocates.

2399 (5) The required training course and the information to be  
2400 supplied to prospective guardian advocates before their  
2401 appointment must be developed by the department, approved by the  
2402 chief judge of the circuit court, and taught by a court-approved  
2403 organization, which may include, but need not be limited to, a  
2404 community college, a guardianship organization, a local bar  
2405 association, or The Florida Bar. The training course may be web-  
2406 based, provided in video format, or provided in other electronic  
2407 means but must be capable of ensuring the identity and  
2408 participation of the prospective guardian advocate. The court  
2409 may waive some or all of the training requirements for guardian  
2410 advocates or impose additional requirements. The court shall  
2411 make its decision on a case-by-case basis and, in making its  
2412 decision, shall consider the experience and education of the  
2413 guardian advocate, the duties assigned to the guardian advocate,  
2414 and the needs of the patient.

2415 (6) In selecting a guardian advocate, the court shall give  
2416 preference to the patient's health care surrogate, if one has  
2417 already been designated by the patient. If the patient has not  
2418 previously designated a health care surrogate, the selection

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2419 shall be made, except for good cause documented in the court  
2420 record, from among the following persons, listed in order of  
2421 priority:

2422 (a) The spouse of the patient.

2423 (b) An adult child of the patient.

2424 (c) A parent of the patient.

2425 (d) The adult next of kin of the patient.

2426 (e) An adult friend of the patient.

2427 (f) An adult trained and willing to serve as the guardian  
2428 advocate for the patient.

2429 (7) If a guardian with the authority to consent to medical  
2430 treatment has not already been appointed, or if the patient has  
2431 not already designated a health care surrogate, the court may  
2432 authorize the guardian advocate to consent to medical treatment  
2433 as well as substance abuse disorder treatment. Unless otherwise  
2434 limited by the court, a guardian advocate with authority to  
2435 consent to medical treatment has the same authority to make  
2436 health care decisions and is subject to the same restrictions as  
2437 a proxy appointed under part IV of chapter 765. Unless the  
2438 guardian advocate has sought and received express court approval  
2439 in a proceeding separate from the proceeding to determine the  
2440 competence of the patient to consent to medical treatment, the  
2441 guardian advocate may not consent to:

2442 (a) Abortion.

2443 (b) Sterilization.

2444 (c) Electroshock therapy.

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2445 (d) Psychosurgery.

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

2449  
2450 The court must base its authorization on evidence that the  
2451 treatment or procedure is essential to the care of the patient  
2452 and that the treatment does not present an unreasonable risk of  
2453 serious, hazardous, or irreversible side effects. In complying  
2454 with this subsection, the court shall follow the procedures set  
2455 forth in subsection (1).

2456 (8) The guardian advocate shall be discharged when the  
2457 patient is discharged from an order for involuntary services or  
2458 when the patient is transferred from involuntary to voluntary  
2459 status. The court or a hearing officer shall consider the  
2460 competence of the patient as provided in subsection (1) and may  
2461 consider an involuntarily placed patient's competence to consent  
2462 to services at any hearing. Upon sufficient evidence, the court  
2463 may restore, or the magistrate may recommend that the court  
2464 restore, the patient's competence. A copy of the order restoring  
2465 competence or the certificate of discharge containing the  
2466 restoration of competence shall be provided to the patient and  
2467 the guardian advocate.

2468 Section 45. Paragraphs (d) through (m) of subsection (2)  
2469 of section 409.967, are redesignated as paragraphs (e) through  
2470 (n), respectively, and a new paragraph (d) is added to that

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2471 subsection to read:

2472 409.967 Managed care plan accountability.—

2473 (2) The agency shall establish such contract requirements  
2474 as are necessary for the operation of the statewide managed care  
2475 program. In addition to any other provisions the agency may deem  
2476 necessary, the contract must require:

2477 (d) Quality care.—Managed care plans shall provide, or  
2478 contract for the provision of, care coordination to facilitate  
2479 the appropriate delivery of behavioral health care services in  
2480 the least restrictive setting with treatment and recovery  
2481 capabilities that address the needs of the patient. Services  
2482 shall be provided in a manner that integrates behavioral health  
2483 services and primary care. Plans shall be required to achieve  
2484 specific behavioral health outcome standards, established by the  
2485 agency in consultation with the department.

2486 Section 46. Subsection (5) is added to section 409.973,  
2487 Florida Statutes, to read:

2488 409.973 Benefits.—

2489 (5) INTEGRATED BEHAVIORAL HEALTH INITIATIVE.—Each plan  
2490 operating in the managed medical assistance program shall work  
2491 with the managing entity in its service area to establish  
2492 specific organizational supports and protocols that enhance the  
2493 integration and coordination of primary care and behavioral  
2494 health services for Medicaid recipients. Progress in this  
2495 initiative shall be measured using the integration framework and  
2496 core measures developed by the Agency for Healthcare Research

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2497 and Quality.

2498 Section 47. Section 491.0045, Florida Statutes, is amended  
2499 to read:

2500 491.0045 Intern registration; requirements.—

2501 (1) ~~Effective January 1, 1998,~~ An individual who has not  
2502 satisfied ~~intends to practice in Florida to satisfy~~ the  
2503 postgraduate or post-master's level experience requirements, as  
2504 specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register  
2505 as an intern in the profession for which he or she is seeking  
2506 licensure before ~~prior to~~ commencing the post-master's  
2507 experience requirement or an individual who intends to satisfy  
2508 part of the required graduate-level practicum, internship, or  
2509 field experience, outside the academic arena for any profession,  
2510 must register as an intern in the profession for which he or she  
2511 is seeking licensure before ~~prior to~~ commencing the practicum,  
2512 internship, or field experience.

2513 (2) The department shall register as a clinical social  
2514 worker intern, marriage and family therapist intern, or mental  
2515 health counselor intern each applicant who the board certifies  
2516 has:

2517 (a) Completed the application form and remitted a  
2518 nonrefundable application fee not to exceed \$200, as set by  
2519 board rule;

2520 (b)1. Completed the education requirements as specified in  
2521 s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for which  
2522 he or she is applying for licensure, if needed; and

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2523 2. Submitted an acceptable supervision plan, as determined  
2524 by the board, for meeting the practicum, internship, or field  
2525 work required for licensure that was not satisfied in his or her  
2526 graduate program.

2527 (c) Identified a qualified supervisor.

2528 (3) An individual registered under this section must  
2529 remain under supervision while practicing under registered  
2530 intern status ~~until he or she is in receipt of a license or a~~  
2531 ~~letter from the department stating that he or she is licensed to~~  
2532 ~~practice the profession for which he or she applied.~~

2533 ~~(4) An individual who has applied for intern registration~~  
2534 ~~on or before December 31, 2001, and has satisfied the education~~  
2535 ~~requirements of s. 491.005 that are in effect through December~~  
2536 ~~31, 2000, will have met the educational requirements for~~  
2537 ~~licensure for the profession for which he or she has applied.~~

2538 (4)(5) An individual who fails ~~Individuals who have~~  
2539 ~~commenced the experience requirement as specified in s.~~  
2540 ~~491.005(1)(c), (3)(c), or (4)(c) but failed to register as~~  
2541 ~~required by subsection (1) shall register with the department~~  
2542 ~~before January 1, 2000. Individuals who fail to comply with this~~  
2543 ~~section may~~ subsection shall ~~not be granted a license under this~~  
2544 chapter, and any time spent by the individual completing the  
2545 experience requirement as specified in s. 491.005(1)(c), (3)(c),  
2546 or (4)(c) before ~~prior to~~ registering as an intern does ~~shall~~  
2547 not count toward completion of the ~~such~~ requirement.

2548 (5) An intern registration is valid for 5 years.

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2549       (6) A registration issued on or before March 31, 2017,  
2550 expires March 31, 2022, and may not be renewed or reissued. Any  
2551 registration issued after March 31, 2017, expires 60 months  
2552 after the date it is issued. A subsequent intern registration  
2553 may not be issued unless the candidate has passed the theory and  
2554 practice examination described in s. 491.005(1)(d), (3)(d), and  
2555 (4)(d).

2556       (7) An individual who has held a provisional license  
2557 issued by the board may not apply for an intern registration in  
2558 the same profession.

2559       Section 48. Section 394.4674, Florida Statutes, is  
2560 repealed.

2561       Section 49. Section 394.4985, Florida Statutes, is  
2562 repealed.

2563       Section 50. Section 394.745, Florida Statutes, is  
2564 repealed.

2565       Section 51. Section 397.331, Florida Statutes, is  
2566 repealed.

2567       Section 52. Section 397.801, Florida Statutes, is  
2568 repealed.

2569       Section 53. Section 397.811, Florida Statutes, is  
2570 repealed.

2571       Section 54. Section 397.821, Florida Statutes, is  
2572 repealed.

2573       Section 55. Section 397.901, Florida Statutes, is  
2574 repealed.

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2575 Section 56. Section 397.93, Florida Statutes, is repealed.

2576 Section 57. Section 397.94, Florida Statutes, is repealed.

2577 Section 58. Section 397.951, Florida Statutes, is  
2578 repealed.

2579 Section 59. Section 397.97, Florida Statutes, is repealed.

2580 Section 60. Section 397.98, Florida Statutes, is repealed.

2581 Section 61. Paragraph (a) of subsection (3) of section  
2582 39.407, Florida Statutes, is amended to read:

2583 39.407 Medical, psychiatric, and psychological examination  
2584 and treatment of child; physical, mental, or substance abuse  
2585 examination of person with or requesting child custody.—

2586 (3) (a) 1. Except as otherwise provided in subparagraph  
2587 (b) 1. or paragraph (e), before the department provides  
2588 psychotropic medications to a child in its custody, the  
2589 prescribing physician shall attempt to obtain express and  
2590 informed consent, as defined in s. 394.455(15) ~~s. 394.455(9)~~ and  
2591 as described in s. 394.459(3) (a), from the child's parent or  
2592 legal guardian. The department must take steps necessary to  
2593 facilitate the inclusion of the parent in the child's  
2594 consultation with the physician. However, if the parental rights  
2595 of the parent have been terminated, the parent's location or  
2596 identity is unknown or cannot reasonably be ascertained, or the  
2597 parent declines to give express and informed consent, the  
2598 department may, after consultation with the prescribing  
2599 physician, seek court authorization to provide the psychotropic  
2600 medications to the child. Unless parental rights have been

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2601 terminated and if it is possible to do so, the department shall  
2602 continue to involve the parent in the decisionmaking process  
2603 regarding the provision of psychotropic medications. If, at any  
2604 time, a parent whose parental rights have not been terminated  
2605 provides express and informed consent to the provision of a  
2606 psychotropic medication, the requirements of this section that  
2607 the department seek court authorization do not apply to that  
2608 medication until such time as the parent no longer consents.

2609       2. Any time the department seeks a medical evaluation to  
2610 determine the need to initiate or continue a psychotropic  
2611 medication for a child, the department must provide to the  
2612 evaluating physician all pertinent medical information known to  
2613 the department concerning that child.

2614       Section 62. Paragraph (e) of subsection (5) of section  
2615 212.055, Florida Statutes, is amended to read:

2616       212.055 Discretionary sales surtaxes; legislative intent;  
2617 authorization and use of proceeds.—It is the legislative intent  
2618 that any authorization for imposition of a discretionary sales  
2619 surtax shall be published in the Florida Statutes as a  
2620 subsection of this section, irrespective of the duration of the  
2621 levy. Each enactment shall specify the types of counties  
2622 authorized to levy; the rate or rates which may be imposed; the  
2623 maximum length of time the surtax may be imposed, if any; the  
2624 procedure which must be followed to secure voter approval, if  
2625 required; the purpose for which the proceeds may be expended;  
2626 and such other requirements as the Legislature may provide.

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2627 Taxable transactions and administrative procedures shall be as  
2628 provided in s. 212.054.

2629 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined  
2630 in s. 125.011(1) may levy the surtax authorized in this  
2631 subsection pursuant to an ordinance either approved by  
2632 extraordinary vote of the county commission or conditioned to  
2633 take effect only upon approval by a majority vote of the  
2634 electors of the county voting in a referendum. In a county as  
2635 defined in s. 125.011(1), for the purposes of this subsection,  
2636 "county public general hospital" means a general hospital as  
2637 defined in s. 395.002 which is owned, operated, maintained, or  
2638 governed by the county or its agency, authority, or public  
2639 health trust.

2640 (e) A governing board, agency, or authority shall be  
2641 chartered by the county commission upon this act becoming law.  
2642 The governing board, agency, or authority shall adopt and  
2643 implement a health care plan for indigent health care services.  
2644 The governing board, agency, or authority shall consist of no  
2645 more than seven and no fewer than five members appointed by the  
2646 county commission. The members of the governing board, agency,  
2647 or authority shall be at least 18 years of age and residents of  
2648 the county. No member may be employed by or affiliated with a  
2649 health care provider or the public health trust, agency, or  
2650 authority responsible for the county public general hospital.  
2651 The following community organizations shall each appoint a  
2652 representative to a nominating committee: the South Florida

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2653 Hospital and Healthcare Association, the Miami-Dade County  
2654 Public Health Trust, the Dade County Medical Association, the  
2655 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade  
2656 County. This committee shall nominate between 10 and 14 county  
2657 citizens for the governing board, agency, or authority. The  
2658 slate shall be presented to the county commission and the county  
2659 commission shall confirm the top five to seven nominees,  
2660 depending on the size of the governing board. Until such time as  
2661 the governing board, agency, or authority is created, the funds  
2662 provided for in subparagraph (d)2. shall be placed in a  
2663 restricted account set aside from other county funds and not  
2664 disbursed by the county for any other purpose.

2665 1. The plan shall divide the county into a minimum of four  
2666 and maximum of six service areas, with no more than one  
2667 participant hospital per service area. The county public general  
2668 hospital shall be designated as the provider for one of the  
2669 service areas. Services shall be provided through participants'  
2670 primary acute care facilities.

2671 2. The plan and subsequent amendments to it shall fund a  
2672 defined range of health care services for both indigent persons  
2673 and the medically poor, including primary care, preventive care,  
2674 hospital emergency room care, and hospital care necessary to  
2675 stabilize the patient. For the purposes of this section,  
2676 "stabilization" means stabilization as defined in s. 397.311(44)  
2677 ~~s. 397.311(41)~~. Where consistent with these objectives, the plan  
2678 may include services rendered by physicians, clinics, community

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2679 hospitals, and alternative delivery sites, as well as at least  
2680 one regional referral hospital per service area. The plan shall  
2681 provide that agreements negotiated between the governing board,  
2682 agency, or authority and providers shall recognize hospitals  
2683 that render a disproportionate share of indigent care, provide  
2684 other incentives to promote the delivery of charity care to draw  
2685 down federal funds where appropriate, and require cost  
2686 containment, including, but not limited to, case management.  
2687 From the funds specified in subparagraphs (d)1. and 2. for  
2688 indigent health care services, service providers shall receive  
2689 reimbursement at a Medicaid rate to be determined by the  
2690 governing board, agency, or authority created pursuant to this  
2691 paragraph for the initial emergency room visit, and a per-member  
2692 per-month fee or capitation for those members enrolled in their  
2693 service area, as compensation for the services rendered  
2694 following the initial emergency visit. Except for provisions of  
2695 emergency services, upon determination of eligibility,  
2696 enrollment shall be deemed to have occurred at the time services  
2697 were rendered. The provisions for specific reimbursement of  
2698 emergency services shall be repealed on July 1, 2001, unless  
2699 otherwise reenacted by the Legislature. The capitation amount or  
2700 rate shall be determined before ~~prior to~~ program implementation  
2701 by an independent actuarial consultant. In no event shall such  
2702 reimbursement rates exceed the Medicaid rate. The plan must also  
2703 provide that any hospitals owned and operated by government  
2704 entities on or after the effective date of this act must, as a

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2705 condition of receiving funds under this subsection, afford  
2706 public access equal to that provided under s. 286.011 as to any  
2707 meeting of the governing board, agency, or authority the subject  
2708 of which is budgeting resources for the retention of charity  
2709 care, as that term is defined in the rules of the Agency for  
2710 Health Care Administration. The plan shall also include  
2711 innovative health care programs that provide cost-effective  
2712 alternatives to traditional methods of service and delivery  
2713 funding.

2714 3. The plan's benefits shall be made available to all  
2715 county residents currently eligible to receive health care  
2716 services as indigents or medically poor as defined in paragraph  
2717 (4) (d).

2718 4. Eligible residents who participate in the health care  
2719 plan shall receive coverage for a period of 12 months or the  
2720 period extending from the time of enrollment to the end of the  
2721 current fiscal year, per enrollment period, whichever is less.

2722 5. At the end of each fiscal year, the governing board,  
2723 agency, or authority shall prepare an audit that reviews the  
2724 budget of the plan, delivery of services, and quality of  
2725 services, and makes recommendations to increase the plan's  
2726 efficiency. The audit shall take into account participant  
2727 hospital satisfaction with the plan and assess the amount of  
2728 poststabilization patient transfers requested, and accepted or  
2729 denied, by the county public general hospital.

2730 Section 63. Paragraph (c) of subsection (2) of section

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2731 394.4599, Florida Statutes, is amended to read:

2732 394.4599 Notice.—

2733 (2) INVOLUNTARY ADMISSION.—

2734 (c)1. A receiving facility shall give notice of the  
2735 whereabouts of a minor who is being involuntarily held for  
2736 examination pursuant to s. 394.463 to the minor's parent,  
2737 guardian, caregiver, or guardian advocate, in person or by  
2738 telephone or other form of electronic communication, immediately  
2739 after the minor's arrival at the facility. The facility may  
2740 delay notification for no more than 24 hours after the minor's  
2741 arrival if the facility has submitted a report to the central  
2742 abuse hotline, pursuant to s. 39.201, based upon knowledge or  
2743 suspicion of abuse, abandonment, or neglect and if the facility  
2744 deems a delay in notification to be in the minor's best  
2745 interest.

2746 2. The receiving facility shall attempt to notify the  
2747 minor's parent, guardian, caregiver, or guardian advocate until  
2748 the receiving facility receives confirmation from the parent,  
2749 guardian, caregiver, or guardian advocate, verbally, by  
2750 telephone or other form of electronic communication, or by  
2751 recorded message, that notification has been received. Attempts  
2752 to notify the parent, guardian, caregiver, or guardian advocate  
2753 must be repeated at least once every hour during the first 12  
2754 hours after the minor's arrival and once every 24 hours  
2755 thereafter and must continue until such confirmation is  
2756 received, unless the minor is released at the end of the 72-hour

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2757 examination period, or until a petition for involuntary services  
2758 ~~placement~~ is filed with the court pursuant to s. 394.463(2)(g)  
2759 ~~s. 394.463(2)(i)~~. The receiving facility may seek assistance  
2760 from a law enforcement agency to notify the minor's parent,  
2761 guardian, caregiver, or guardian advocate if the facility has  
2762 not received within the first 24 hours after the minor's arrival  
2763 a confirmation by the parent, guardian, caregiver, or guardian  
2764 advocate that notification has been received. The receiving  
2765 facility must document notification attempts in the minor's  
2766 clinical record.

2767 Section 64. Subsection (3) of section 394.495, Florida  
2768 Statutes, is amended to read:

2769 394.495 Child and adolescent mental health system of care;  
2770 programs and services.—

2771 (3) Assessments must be performed by:

2772 (a) A professional as defined in s. 394.455(5), (7), (32),  
2773 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~;

2774 (b) A professional licensed under chapter 491; or

2775 (c) A person who is under the direct supervision of a  
2776 qualified professional as defined in s. 394.455(5), (7), (32),  
2777 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a  
2778 professional licensed under chapter 491.

2779 Section 65. Subsection (5) of section 394.496, Florida  
2780 Statutes, is amended to read:

2781 394.496 Service planning.—

2782 (5) A professional as defined in s. 394.455(5), (7), (32),

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2783 ~~(35), or (36) s. 394.455(2), (4), (21), (23), or (24)~~ or a  
2784 professional licensed under chapter 491 must be included among  
2785 those persons developing the services plan.

2786 Section 66. Subsection (6) of section 394.9085, Florida  
2787 Statutes, is amended to read:

2788 394.9085 Behavioral provider liability.—

2789 (6) For purposes of this section, the terms  
2790 "detoxification services," "addictions receiving facility," and  
2791 "receiving facility" have the same meanings as those provided in  
2792 ss. 397.311(25)(a)4., 397.311(25)(a)1., and 394.455(38) ss.  
2793 ~~397.311(22)(a)4., 397.311(22)(a)1., and 394.455(26),~~  
2794 respectively.

2795 Section 67. Subsections (16) through (20) of section  
2796 397.321, Florida Statutes, are renumbered as subsections (15)  
2797 through (19), respectively, and present subsection (15) of that  
2798 section is amended to read:

2799 397.321 Duties of the department.—The department shall:

2800 ~~(15) Appoint a substance abuse impairment coordinator to~~  
2801 ~~represent the department in efforts initiated by the statewide~~  
2802 ~~substance abuse impairment prevention and treatment coordinator~~  
2803 ~~established in s. 397.801 and to assist the statewide~~  
2804 ~~coordinator in fulfilling the responsibilities of that position.~~

2805 Section 68. Subsection (8) of section 397.405, Florida  
2806 Statutes, is amended to read:

2807 397.405 Exemptions from licensure.—The following are  
2808 exempt from the licensing provisions of this chapter:

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2809 (8) A legally cognizable church or nonprofit religious  
2810 organization or denomination providing substance abuse services,  
2811 including prevention services, which are solely religious,  
2812 spiritual, or ecclesiastical in nature. A church or nonprofit  
2813 religious organization or denomination providing any of the  
2814 licensed service components itemized under s. 397.311(25) ~~s.~~  
2815 ~~397.311(22)~~ is not exempt from substance abuse licensure but  
2816 retains its exemption with respect to all services which are  
2817 solely religious, spiritual, or ecclesiastical in nature.

2818  
2819 The exemptions from licensure in this section do not apply to  
2820 any service provider that receives an appropriation, grant, or  
2821 contract from the state to operate as a service provider as  
2822 defined in this chapter or to any substance abuse program  
2823 regulated pursuant to s. 397.406. Furthermore, this chapter may  
2824 not be construed to limit the practice of a physician or  
2825 physician assistant licensed under chapter 458 or chapter 459, a  
2826 psychologist licensed under chapter 490, a psychotherapist  
2827 licensed under chapter 491, or an advanced registered nurse  
2828 practitioner licensed under part I of chapter 464, who provides  
2829 substance abuse treatment, so long as the physician, physician  
2830 assistant, psychologist, psychotherapist, or advanced registered  
2831 nurse practitioner does not represent to the public that he or  
2832 she is a licensed service provider and does not provide services  
2833 to individuals pursuant to part V of this chapter. Failure to  
2834 comply with any requirement necessary to maintain an exempt

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2835 status under this section is a misdemeanor of the first degree,  
2836 punishable as provided in s. 775.082 or s. 775.083.

2837 Section 69. Subsections (1) and (5) of section 397.407,  
2838 Florida Statutes, are amended to read:

2839 397.407 Licensure process; fees.—

2840 (1) The department shall establish the licensure process  
2841 to include fees and categories of licenses and must prescribe a  
2842 fee range that is based, at least in part, on the number and  
2843 complexity of programs listed in s. 397.311(25) ~~s. 397.311(22)~~  
2844 which are operated by a licensee. The fees from the licensure of  
2845 service components are sufficient to cover at least 50 percent  
2846 of the costs of regulating the service components. The  
2847 department shall specify a fee range for public and privately  
2848 funded licensed service providers. Fees for privately funded  
2849 licensed service providers must exceed the fees for publicly  
2850 funded licensed service providers.

2851 (5) The department may issue probationary, regular, and  
2852 interim licenses. The department shall issue one license for  
2853 each service component that is operated by a service provider  
2854 and defined pursuant to s. 397.311(25) ~~s. 397.311(22)~~. The  
2855 license is valid only for the specific service components listed  
2856 for each specific location identified on the license. The  
2857 licensed service provider shall apply for a new license at least  
2858 60 days before the addition of any service components or 30 days  
2859 before the relocation of any of its service sites. Provision of  
2860 service components or delivery of services at a location not

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2861 identified on the license may be considered an unlicensed  
2862 operation that authorizes the department to seek an injunction  
2863 against operation as provided in s. 397.401, in addition to  
2864 other sanctions authorized by s. 397.415. Probationary and  
2865 regular licenses may be issued only after all required  
2866 information has been submitted. A license may not be  
2867 transferred. As used in this subsection, the term "transfer"  
2868 includes, but is not limited to, the transfer of a majority of  
2869 the ownership interest in the licensed entity or transfer of  
2870 responsibilities under the license to another entity by  
2871 contractual arrangement.

2872 Section 70. Section 397.416, Florida Statutes, is amended  
2873 to read:

2874 397.416 Substance abuse treatment services; qualified  
2875 professional.—Notwithstanding any other provision of law, a  
2876 person who was certified through a certification process  
2877 recognized by the former Department of Health and Rehabilitative  
2878 Services before January 1, 1995, may perform the duties of a  
2879 qualified professional with respect to substance abuse treatment  
2880 services as defined in this chapter, and need not meet the  
2881 certification requirements contained in s. 397.311(33) ~~s.~~  
2882 ~~397.311(30)~~.

2883 Section 71. Subsection (2) of section 397.4871, Florida  
2884 Statutes, is amended to read:

2885 397.4871 Recovery residence administrator certification.—

2886 (2) The department shall approve at least one

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2887 credentialing entity by December 1, 2015, for the purpose of  
2888 developing and administering a voluntary credentialing program  
2889 for administrators. The department shall approve any  
2890 credentialing entity that the department endorses pursuant to s.  
2891 397.321(15) ~~s. 397.321(16)~~ if the credentialing entity also  
2892 meets the requirements of this section. The approved  
2893 credentialing entity shall:

2894 (a) Establish recovery residence administrator core  
2895 competencies, certification requirements, testing instruments,  
2896 and recertification requirements.

2897 (b) Establish a process to administer the certification  
2898 application, award, and maintenance processes.

2899 (c) Develop and administer:

2900 1. A code of ethics and disciplinary process.

2901 2. Biennial continuing education requirements and annual  
2902 certification renewal requirements.

2903 3. An education provider program to approve training  
2904 entities that are qualified to provide precertification training  
2905 to applicants and continuing education opportunities to  
2906 certified persons.

2907 Section 72. Paragraph (e) of subsection (3) of section  
2908 409.966, Florida Statutes, is amended to read:

2909 409.966 Eligible plans; selection.—

2910 (3) QUALITY SELECTION CRITERIA.—

2911 (e) To ensure managed care plan participation in Regions 1  
2912 and 2, the agency shall award an additional contract to each

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2913 plan with a contract award in Region 1 or Region 2. Such  
2914 contract shall be in any other region in which the plan  
2915 submitted a responsive bid and negotiates a rate acceptable to  
2916 the agency. If a plan that is awarded an additional contract  
2917 pursuant to this paragraph is subject to penalties pursuant to  
2918 s. 409.967(2)(i) ~~s. 409.967(2)(h)~~ for activities in Region 1 or  
2919 Region 2, the additional contract is automatically terminated  
2920 180 days after the imposition of the penalties. The plan must  
2921 reimburse the agency for the cost of enrollment changes and  
2922 other transition activities.

2923 Section 73. Paragraph (b) of subsection (1) of section  
2924 409.972, Florida Statutes, is amended to read:

2925 409.972 Mandatory and voluntary enrollment.—

2926 (1) The following Medicaid-eligible persons are exempt  
2927 from mandatory managed care enrollment required by s. 409.965,  
2928 and may voluntarily choose to participate in the managed medical  
2929 assistance program:

2930 (b) Medicaid recipients residing in residential commitment  
2931 facilities operated through the Department of Juvenile Justice  
2932 or a mental health treatment facility ~~facilities~~ as defined in  
2933 s. 394.455(46) ~~by s. 394.455(32)~~.

2934 Section 74. Paragraphs (d) and (g) of subsection (1) of  
2935 section 440.102, Florida Statutes, are amended to read:

2936 440.102 Drug-free workplace program requirements.—The  
2937 following provisions apply to a drug-free workplace program  
2938 implemented pursuant to law or to rules adopted by the Agency

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2939 for Health Care Administration:

2940 (1) DEFINITIONS.—Except where the context otherwise  
2941 requires, as used in this act:

2942 (d) "Drug rehabilitation program" means a service  
2943 provider, established pursuant to s. 397.311(42) ~~s. 397.311(39)~~,  
2944 that provides confidential, timely, and expert identification,  
2945 assessment, and resolution of employee drug abuse.

2946 (g) "Employee assistance program" means an established  
2947 program capable of providing expert assessment of employee  
2948 personal concerns; confidential and timely identification  
2949 services with regard to employee drug abuse; referrals of  
2950 employees for appropriate diagnosis, treatment, and assistance;  
2951 and followup services for employees who participate in the  
2952 program or require monitoring after returning to work. If, in  
2953 addition to the above activities, an employee assistance program  
2954 provides diagnostic and treatment services, these services shall  
2955 in all cases be provided by service providers pursuant to s.  
2956 397.311(42) ~~s. 397.311(39)~~.

2957 Section 75. Subsection (7) of section 744.704, Florida  
2958 Statutes, is amended to read:

2959 744.704 Powers and duties.—

2960 (7) A public guardian may ~~shall~~ not commit a ward to a  
2961 ~~mental health~~ treatment facility, as defined in s. 394.455(46)  
2962 ~~s. 394.455(32)~~, without an involuntary placement proceeding as  
2963 provided by law.

2964 Section 76. The Secretary of Children and Families shall

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2965 appoint a workgroup to consider the feasibility of individuals  
2966 using advance directives to express the treatment wishes for  
2967 substance use disorders. The workgroup shall be composed of  
2968 individuals with expertise in the treatment of substance use  
2969 disorders. The workgroup must review the use of advance  
2970 directives in mental health, the use of advance directives for  
2971 substance use disorders in other states, and the use of similar  
2972 legal instruments to express the treatment wishes of individuals  
2973 suffering from substance use disorders. The workgroup shall  
2974 provide a report to the Governor, the President of the Senate,  
2975 and the Speaker of the House of Representatives by January 1,  
2976 2017. The report must include recommendations on the feasibility  
2977 of using advance directives for individuals with substance use  
2978 disorders and recommendations for any revisions to state laws or  
2979 agency rules. The members of the workgroup are not entitled to  
2980 reimbursement from the Department of Children and Families for  
2981 travel for workgroup meetings unless they are employees of the  
2982 department. This section expires on May 6, 2017.

2983 Section 77. Paragraph (b) of subsection (2) of section  
2984 61.13, Florida Statutes, is amended to read:

2985 61.13 Support of children; parenting and time-sharing;  
2986 powers of court.—

2987 (2)

2988 (b) A parenting plan approved by the court must, at a  
2989 minimum:—

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2990        1. Describe in adequate detail how the parents will share  
2991 and be responsible for the daily tasks associated with the  
2992 upbringing of the child;

2993        2. Include the time-sharing schedule arrangements that  
2994 specify the time that the minor child will spend with each  
2995 parent;

2996        3. Designate a designation of who will be responsible for:  
2997        a. Any and all forms of health care. If the court orders  
2998 shared parental responsibility over health care decisions, the  
2999 parenting plan must provide that either parent may consent to  
3000 mental health treatment for the child.

3001        b. School-related matters, including the address to be  
3002 used for school-boundary determination and registration. ~~7~~ and

3003        c. Other activities; and

3004        4. Describe in adequate detail the methods and  
3005 technologies that the parents will use to communicate with the  
3006 child.

3007        Section 78. Subsection (6) of section 39.001, Florida  
3008 Statutes, is amended to read:

3009        39.001 Purposes and intent; personnel standards and  
3010 screening.—

3011        (6) MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES.—

3012        (a) The Legislature recognizes that early referral and  
3013 comprehensive treatment can help combat mental illnesses and  
3014 substance abuse disorders in families and that treatment is  
3015 cost-effective.

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3016 (b) The Legislature establishes the following goals for  
3017 the state related to mental illness and substance abuse  
3018 treatment services in the dependency process:

3019 1. To ensure the safety of children.

3020 2. To prevent and remediate the consequences of mental  
3021 illnesses and substance abuse disorders on families involved in  
3022 protective supervision or foster care and reduce the occurrences  
3023 of mental illnesses and substance abuse disorders, including  
3024 alcohol abuse or related disorders, for families who are at risk  
3025 of being involved in protective supervision or foster care.

3026 3. To expedite permanency for children and reunify  
3027 healthy, intact families, when appropriate.

3028 4. To support families in recovery.

3029 (c) The Legislature finds that children in the care of the  
3030 state's dependency system need appropriate health care services,  
3031 that the impact of mental illnesses and substance abuse  
3032 disorders on health indicates the need for health care services  
3033 to include treatment for mental health and substance abuse  
3034 disorders for ~~services to~~ children and parents, where  
3035 appropriate, and that it is in the state's best interest that  
3036 such children be provided the services they need to enable them  
3037 to become and remain independent of state care. In order to  
3038 provide these services, the state's dependency system must have  
3039 the ability to identify and provide appropriate intervention and  
3040 treatment for children with personal or family-related mental  
3041 illness and substance abuse problems.

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3042 (d) It is the intent of the Legislature to encourage the  
3043 use of the mental health court program model established under  
3044 s. 394.47892 and the drug court program model established under  
3045 ~~by~~ s. 397.334 and authorize courts to assess children and  
3046 persons who have custody or are requesting custody of children  
3047 where good cause is shown to identify and address mental  
3048 illnesses and substance abuse disorders ~~problems~~ as the court  
3049 deems appropriate at every stage of the dependency process.  
3050 Participation in treatment, including a mental health court  
3051 program or a treatment-based drug court program, may be required  
3052 by the court following adjudication. Participation in assessment  
3053 and treatment before ~~prior to~~ adjudication is ~~shall be~~  
3054 voluntary, except as provided in s. 39.407(16).

3055 (e) It is therefore the purpose of the Legislature to  
3056 provide authority for the state to contract with mental health  
3057 service providers and community substance abuse treatment  
3058 providers for the development and operation of specialized  
3059 support and overlay services for the dependency system, which  
3060 will be fully implemented and used as resources permit.

3061 (f) Participation in a mental health court program or a  
3062 ~~the~~ treatment-based drug court program does not divest any  
3063 public or private agency of its responsibility for a child or  
3064 adult, but is intended to enable these agencies to better meet  
3065 their needs through shared responsibility and resources.

3066 Section 79. Subsection (10) of section 39.507, Florida  
3067 Statutes, is amended to read:

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3068 39.507 Adjudicatory hearings; orders of adjudication.—  
3069 (10) After an adjudication of dependency, or a finding of  
3070 dependency in which ~~where~~ adjudication is withheld, the court  
3071 may order a person who has custody or is requesting custody of  
3072 the child to submit to a mental health or substance abuse  
3073 disorder assessment or evaluation. The order may be made only  
3074 upon good cause shown and pursuant to notice and procedural  
3075 requirements provided under the Florida Rules of Juvenile  
3076 Procedure. The assessment or evaluation must be administered by  
3077 an appropriate ~~a~~ qualified professional, as defined in s. 39.01  
3078 or s. 397.311. The court may also require such person to  
3079 participate in and comply with treatment and services identified  
3080 as necessary, including, when appropriate and available,  
3081 participation in and compliance with a mental health court  
3082 program established under s. 394.47892 or a treatment-based drug  
3083 court program established under s. 397.334. In addition to  
3084 supervision by the department, the court, including the mental  
3085 health court program or treatment-based drug court program, may  
3086 oversee the progress and compliance with treatment by a person  
3087 who has custody or is requesting custody of the child. The court  
3088 may impose appropriate available sanctions for noncompliance  
3089 upon a person who has custody or is requesting custody of the  
3090 child or make a finding of noncompliance for consideration in  
3091 determining whether an alternative placement of the child is in  
3092 the child's best interests. Any order entered under this  
3093 subsection may be made only upon good cause shown. This

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3094 subsection does not authorize placement of a child with a person  
3095 seeking custody, other than the parent or legal custodian, who  
3096 requires mental health or substance abuse disorder treatment.

3097 Section 80. Paragraph (b) of subsection (1) of section  
3098 39.521, Florida Statutes, is amended to read:

3099 39.521 Disposition hearings; powers of disposition.—

3100 (1) A disposition hearing shall be conducted by the court,  
3101 if the court finds that the facts alleged in the petition for  
3102 dependency were proven in the adjudicatory hearing, or if the  
3103 parents or legal custodians have consented to the finding of  
3104 dependency or admitted the allegations in the petition, have  
3105 failed to appear for the arraignment hearing after proper  
3106 notice, or have not been located despite a diligent search  
3107 having been conducted.

3108 (b) When any child is adjudicated by a court to be  
3109 dependent, the court having jurisdiction of the child has the  
3110 power by order to:

3111 1. Require the parent and, when appropriate, the legal  
3112 custodian and the child to participate in treatment and services  
3113 identified as necessary. The court may require the person who  
3114 has custody or who is requesting custody of the child to submit  
3115 to a mental health or substance abuse disorder assessment or  
3116 evaluation. The order may be made only upon good cause shown and  
3117 pursuant to notice and procedural requirements provided under  
3118 the Florida Rules of Juvenile Procedure. The mental health  
3119 assessment or evaluation must be administered by a qualified

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3120 professional, as defined in s. 39.01, and the substance abuse  
3121 assessment or evaluation must be administered by a qualified  
3122 professional as defined in s. 397.311. The court may also  
3123 require such person to participate in and comply with treatment  
3124 and services identified as necessary, including, when  
3125 appropriate and available, participation in and compliance with  
3126 a mental health court program established under s. 394.47892 or  
3127 a treatment-based drug court program established under s.  
3128 397.334. In addition to supervision by the department, the  
3129 court, including the mental health court program or the  
3130 treatment-based drug court program, may oversee the progress and  
3131 compliance with treatment by a person who has custody or is  
3132 requesting custody of the child. The court may impose  
3133 appropriate available sanctions for noncompliance upon a person  
3134 who has custody or is requesting custody of the child or make a  
3135 finding of noncompliance for consideration in determining  
3136 whether an alternative placement of the child is in the child's  
3137 best interests. Any order entered under this subparagraph may be  
3138 made only upon good cause shown. This subparagraph does not  
3139 authorize placement of a child with a person seeking custody of  
3140 the child, other than the child's parent or legal custodian, who  
3141 requires mental health or substance abuse disorder treatment.

3142 2. Require, if the court deems necessary, the parties to  
3143 participate in dependency mediation.

3144 3. Require placement of the child either under the  
3145 protective supervision of an authorized agent of the department

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3146 in the home of one or both of the child's parents or in the home  
3147 of a relative of the child or another adult approved by the  
3148 court, or in the custody of the department. Protective  
3149 supervision continues until the court terminates it or until the  
3150 child reaches the age of 18, whichever date is first. Protective  
3151 supervision shall be terminated by the court whenever the court  
3152 determines that permanency has been achieved for the child,  
3153 whether with a parent, another relative, or a legal custodian,  
3154 and that protective supervision is no longer needed. The  
3155 termination of supervision may be with or without retaining  
3156 jurisdiction, at the court's discretion, and shall in either  
3157 case be considered a permanency option for the child. The order  
3158 terminating supervision by the department must ~~shall~~ set forth  
3159 the powers of the custodian of the child and ~~shall~~ include the  
3160 powers ordinarily granted to a guardian of the person of a minor  
3161 unless otherwise specified. Upon the court's termination of  
3162 supervision by the department, ~~no~~ further judicial reviews are  
3163 not required if, so long as permanency has been established for  
3164 the child.

3165 Section 81. Section 394.4655, Florida Statutes, is amended  
3166 to read:

3167 394.4655 Involuntary outpatient services placement.—

3168 (1) DEFINITIONS.—As used in this section, the term:

3169 (a) "Court" means a circuit court or a criminal county  
3170 court.

3171 (b) "Criminal county court" means a county court

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3172 exercising its original jurisdiction in a misdemeanor case under  
3173 s. 34.01.

3174 (2)~~(1)~~ CRITERIA FOR INVOLUNTARY OUTPATIENT SERVICES  
3175 ~~PLACEMENT~~.—A person may be ordered to involuntary outpatient  
3176 services placement upon a finding of the court, by clear and  
3177 convincing evidence, that the person meets all of the following  
3178 criteria ~~by clear and convincing evidence:~~

3179 (a) The person is 18 years of age or older.~~†~~

3180 (b) The person has a mental illness.~~†~~

3181 (c) The person is unlikely to survive safely in the  
3182 community without supervision, based on a clinical  
3183 determination.~~†~~

3184 (d) The person has a history of lack of compliance with  
3185 treatment for mental illness.~~†~~

3186 (e) The person has:

3187 1. At least twice within the immediately preceding 36  
3188 months been involuntarily admitted to a receiving or treatment  
3189 facility as defined in s. 394.455, or has received mental health  
3190 services in a forensic or correctional facility. The 36-month  
3191 period does not include any period during which the person was  
3192 admitted or incarcerated; or

3193 2. Engaged in one or more acts of serious violent behavior  
3194 toward self or others, or attempts at serious bodily harm to  
3195 himself or herself or others, within the preceding 36 months.~~†~~

3196 (f) The person is, as a result of his or her mental  
3197 illness, unlikely to voluntarily participate in the recommended

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3198 treatment plan and ~~either he or she~~ has refused voluntary  
3199 services placement for treatment after sufficient and  
3200 conscientious explanation and disclosure of why the services are  
3201 necessary ~~purpose of placement for treatment~~ or he or she is  
3202 unable to determine for himself or herself whether services are  
3203 ~~placement is necessary.~~

3204 (g) In view of the person's treatment history and current  
3205 behavior, the person is in need of involuntary outpatient  
3206 services placement in order to prevent a relapse or  
3207 deterioration that would be likely to result in serious bodily  
3208 harm to himself or herself or others, or a substantial harm to  
3209 his or her well-being as set forth in s. 394.463(1).~~†~~

3210 (h) It is likely that the person will benefit from  
3211 involuntary outpatient services. ~~placement; and~~

3212 (i) All available, less restrictive alternatives that  
3213 would offer an opportunity for improvement of his or her  
3214 condition have been judged to be inappropriate or unavailable.

3215 ~~(3)-(2)~~ INVOLUNTARY OUTPATIENT SERVICES PLACEMENT.—

3216 (a)1. A patient who is being recommended for involuntary  
3217 outpatient services placement by the administrator of the  
3218 ~~receiving~~ facility where the patient has been examined may be  
3219 retained by the facility after adherence to the notice  
3220 procedures provided in s. 394.4599. The recommendation must be  
3221 supported by the opinion of a—psychiatrist and the second  
3222 opinion of a clinical psychologist or another psychiatrist, both  
3223 of whom have personally examined the patient within the

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3224 preceding 72 hours, that the criteria for involuntary outpatient  
3225 services placement are met. However, ~~in a county having a~~  
3226 ~~population of fewer than 50,000,~~ if the administrator certifies  
3227 that a psychiatrist or clinical psychologist is not available to  
3228 provide the second opinion, the second opinion may be provided  
3229 by a licensed physician who has postgraduate training and  
3230 experience in diagnosis and treatment of mental illness ~~and~~  
3231 ~~nervous disorders~~ or by a psychiatric nurse. Any second opinion  
3232 authorized in this subparagraph may be conducted through a face-  
3233 to-face examination, in person or by electronic means. Such  
3234 recommendation must be entered on an involuntary outpatient  
3235 services placement certificate that authorizes the ~~receiving~~  
3236 facility to retain the patient pending completion of a hearing.  
3237 The certificate must ~~shall~~ be made a part of the patient's  
3238 clinical record.

3239 2. If the patient has been stabilized and no longer meets  
3240 the criteria for involuntary examination pursuant to s.  
3241 394.463(1), the patient must be released from the ~~receiving~~  
3242 facility while awaiting the hearing for involuntary outpatient  
3243 services placement. Before filing a petition for involuntary  
3244 outpatient services treatment, the administrator of the a  
3245 ~~receiving~~ facility or a designated department representative  
3246 must identify the service provider that will have primary  
3247 responsibility for service provision under an order for  
3248 involuntary outpatient services placement, unless the person is  
3249 otherwise participating in outpatient psychiatric treatment and

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3250 is not in need of public financing for that treatment, in which  
3251 case the individual, if eligible, may be ordered to involuntary  
3252 treatment pursuant to the existing psychiatric treatment  
3253 relationship.

3254 3. The service provider shall prepare a written proposed  
3255 treatment plan in consultation with the patient or the patient's  
3256 guardian advocate, if appointed, for the court's consideration  
3257 for inclusion in the involuntary outpatient services placement  
3258 order that addresses the nature and extent of the mental illness  
3259 and any co-occurring substance use disorder that necessitate  
3260 involuntary outpatient services. The treatment plan must specify  
3261 the likely level of care, including the use of medication, and  
3262 anticipated discharge criteria for terminating involuntary  
3263 outpatient services. ~~The service provider shall also provide a~~  
3264 ~~copy of the proposed treatment plan to the patient and the~~  
3265 ~~administrator of the receiving facility. The treatment plan must~~  
3266 ~~specify the nature and extent of the patient's mental illness,~~  
3267 ~~address the reduction of symptoms that necessitate involuntary~~  
3268 ~~outpatient placement, and include measurable goals and~~  
3269 ~~objectives for the services and treatment that are provided to~~  
3270 ~~treat the person's mental illness and assist the person in~~  
3271 ~~living and functioning in the community or to prevent a relapse~~  
3272 ~~or deterioration.~~ Service providers may select and supervise  
3273 other individuals to implement specific aspects of the treatment  
3274 plan. The services in the ~~treatment~~ plan must be deemed  
3275 clinically appropriate by a physician, clinical psychologist,

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3276 psychiatric nurse, mental health counselor, marriage and family  
3277 therapist, or clinical social worker who consults with, or is  
3278 employed or contracted by, the service provider. The service  
3279 provider must certify to the court in the proposed ~~treatment~~  
3280 plan whether sufficient services for improvement and  
3281 stabilization are currently available and whether the service  
3282 provider agrees to provide those services. If the service  
3283 provider certifies that the services in the proposed treatment  
3284 plan are not available, the petitioner may not file the  
3285 petition. The service provider must notify the managing entity  
3286 if the requested services are not available. The managing entity  
3287 must document such efforts to obtain the requested services.

3288 (b) If a patient in involuntary inpatient placement meets  
3289 the criteria for involuntary outpatient services placement, the  
3290 administrator of the ~~treatment~~ facility may, before the  
3291 expiration of the period during which the ~~treatment~~ facility is  
3292 authorized to retain the patient, recommend involuntary  
3293 outpatient services placement. The recommendation must be  
3294 supported by the opinion of a psychiatrist and the second  
3295 opinion of a clinical psychologist or another psychiatrist, both  
3296 of whom have personally examined the patient within the  
3297 preceding 72 hours, that the criteria for involuntary outpatient  
3298 services placement are met. However, ~~in a county having a~~  
3299 ~~population of fewer than 50,000,~~ if the administrator certifies  
3300 that a psychiatrist or clinical psychologist is not available to  
3301 provide the second opinion, the second opinion may be provided

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3302 by a licensed physician who has postgraduate training and  
3303 experience in diagnosis and treatment of mental illness ~~and~~  
3304 ~~nervous disorders~~ or by a psychiatric nurse. Any second opinion  
3305 authorized in this subparagraph may be conducted through a face-  
3306 to-face examination, in person or by electronic means. Such  
3307 recommendation must be entered on an involuntary outpatient  
3308 services placement certificate, and the certificate must be made  
3309 a part of the patient's clinical record.

3310 (c)1. The administrator of the treatment facility shall  
3311 provide a copy of the involuntary outpatient services placement  
3312 certificate and a copy of the state mental health discharge form  
3313 to the managing entity ~~a department representative~~ in the county  
3314 where the patient will be residing. For persons who are leaving  
3315 a state mental health treatment facility, the petition for  
3316 involuntary outpatient services placement must be filed in the  
3317 county where the patient will be residing.

3318 2. The service provider that will have primary  
3319 responsibility for service provision shall be identified by the  
3320 designated department representative before ~~prior to~~ the order  
3321 for involuntary outpatient services placement and must, before  
3322 ~~prior to~~ filing a petition for involuntary outpatient services  
3323 ~~placement~~, certify to the court whether the services recommended  
3324 in the patient's discharge plan are available ~~in the local~~  
3325 ~~community~~ and whether the service provider agrees to provide  
3326 those services. The service provider must develop with the  
3327 patient, or the patient's guardian advocate, if appointed, a

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3328 treatment or service plan that addresses the needs identified in  
3329 the discharge plan. The plan must be deemed to be clinically  
3330 appropriate by a physician, clinical psychologist, psychiatric  
3331 nurse, mental health counselor, marriage and family therapist,  
3332 or clinical social worker, as defined in this chapter, who  
3333 consults with, or is employed or contracted by, the service  
3334 provider.

3335 3. If the service provider certifies that the services in  
3336 the proposed treatment or service plan are not available, the  
3337 petitioner may not file the petition. The service provider must  
3338 notify the managing entity if the requested services are not  
3339 available. The managing entity must document such efforts to  
3340 obtain the requested services.

3341 (4)-(3) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES  
3342 PLACEMENT.—

3343 (a) A petition for involuntary outpatient services  
3344 ~~placement~~ may be filed by:

- 3345 1. The administrator of a receiving facility; or  
3346 2. The administrator of a treatment facility.

3347 (b) Each required criterion for involuntary outpatient  
3348 services ~~placement~~ must be alleged and substantiated in the  
3349 petition for involuntary outpatient services ~~placement~~. A copy  
3350 of the certificate recommending involuntary outpatient services  
3351 ~~placement~~ completed by a qualified professional specified in  
3352 subsection (3) ~~(2)~~ must be attached to the petition. A copy of  
3353 the proposed treatment plan must be attached to the petition.

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3354 Before the petition is filed, the service provider shall certify  
3355 that the services in the proposed ~~treatment~~ plan are available.  
3356 If the necessary services are not available ~~in the patient's~~  
3357 ~~local community to respond to the person's individual needs~~, the  
3358 petition may not be filed. The service provider must notify the  
3359 managing entity if the requested services are not available. The  
3360 managing entity must document such efforts to obtain the  
3361 requested services.

3362 (c) The petition for involuntary outpatient services  
3363 ~~placement~~ must be filed in the county where the patient is  
3364 located, unless the patient is being placed from a state  
3365 treatment facility, in which case the petition must be filed in  
3366 the county where the patient will reside. When the petition has  
3367 been filed, the clerk of the court shall provide copies of the  
3368 petition and the proposed treatment plan to the department, the  
3369 managing entity, the patient, the patient's guardian or  
3370 representative, the state attorney, and the public defender or  
3371 the patient's private counsel. A fee may not be charged for  
3372 filing a petition under this subsection.

3373 (5)-(4) APPOINTMENT OF COUNSEL.—Within 1 court working day  
3374 after the filing of a petition for involuntary outpatient  
3375 services placement, the court shall appoint the public defender  
3376 to represent the person who is the subject of the petition,  
3377 unless the person is otherwise represented by counsel. The clerk  
3378 of the court shall immediately notify the public defender of the  
3379 appointment. The public defender shall represent the person

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3380 until the petition is dismissed, the court order expires, or the  
3381 patient is discharged from involuntary outpatient services  
3382 ~~placement~~. An attorney who represents the patient must be  
3383 provided ~~shall have~~ access to the patient, witnesses, and  
3384 records relevant to the presentation of the patient's case and  
3385 shall represent the interests of the patient, regardless of the  
3386 source of payment to the attorney.

3387 (6) ~~(5)~~ CONTINUANCE OF HEARING.—The patient is entitled,  
3388 with the concurrence of the patient's counsel, to at least one  
3389 continuance of the hearing. The continuance shall be for a  
3390 period of up to 4 weeks.

3391 (7) ~~(6)~~ HEARING ON INVOLUNTARY OUTPATIENT SERVICES  
3392 PLACEMENT.—

3393 (a)1. The court shall hold the hearing on involuntary  
3394 outpatient services ~~placement~~ within 5 working days after the  
3395 filing of the petition, unless a continuance is granted. The  
3396 hearing must ~~shall~~ be held in the county where the petition is  
3397 filed, must ~~shall~~ be as convenient to the patient as is  
3398 consistent with orderly procedure, and must ~~shall~~ be conducted  
3399 in physical settings not likely to be injurious to the patient's  
3400 condition. If the court finds that the patient's attendance at  
3401 the hearing is not consistent with the best interests of the  
3402 patient and if the patient's counsel does not object, the court  
3403 may waive the presence of the patient from all or any portion of  
3404 the hearing. The state attorney for the circuit in which the  
3405 patient is located shall represent the state, rather than the

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3406 petitioner, as the real party in interest in the proceeding.

3407 2. The court may appoint a magistrate ~~master~~ to preside at  
3408 the hearing. One of the professionals who executed the  
3409 involuntary outpatient services ~~placement~~ certificate shall be a  
3410 witness. The patient and the patient's guardian or  
3411 representative shall be informed by the court of the right to an  
3412 independent expert examination. If the patient cannot afford  
3413 such an examination, the court shall ensure that one is  
3414 provided, as otherwise provided by law ~~provide for one~~. The  
3415 independent expert's report is ~~shall be~~ confidential and not  
3416 discoverable, unless the expert is to be called as a witness for  
3417 the patient at the hearing. The court shall allow testimony from  
3418 individuals, including family members, deemed by the court to be  
3419 relevant under state law, regarding the person's prior history  
3420 and how that prior history relates to the person's current  
3421 condition. The testimony in the hearing must be given under  
3422 oath, and the proceedings must be recorded. The patient may  
3423 refuse to testify at the hearing.

3424 (b)1. If the court concludes that the patient meets the  
3425 criteria for involuntary outpatient services ~~placement~~ pursuant  
3426 to subsection (2) ~~(1)~~, the court shall issue an order for  
3427 involuntary outpatient services ~~placement~~. The court order shall  
3428 be for a period of up to 90 days ~~6 months~~. The order must  
3429 specify the nature and extent of the patient's mental illness.  
3430 The order of the court and the treatment plan must ~~shall~~ be made  
3431 part of the patient's clinical record. The service provider

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3432 shall discharge a patient from involuntary outpatient services  
3433 ~~placement~~ when the order expires or any time the patient no  
3434 longer meets the criteria for involuntary placement. Upon  
3435 discharge, the service provider shall send a certificate of  
3436 discharge to the court.

3437 2. The court may not order the department or the service  
3438 provider to provide services if the program or service is not  
3439 available in the patient's local community, if there is no space  
3440 available in the program or service for the patient, or if  
3441 funding is not available for the program or service. The service  
3442 provider must notify the managing entity if the requested  
3443 services are not available. The managing entity must document  
3444 such efforts to obtain the requested services. A copy of the  
3445 order must be sent to the managing entity ~~Agency for Health Care~~  
3446 ~~Administration~~ by the service provider within 1 working day  
3447 after it is received from the court. The order may be submitted  
3448 electronically through existing data systems. After the  
3449 ~~placement~~ order for involuntary services is issued, the service  
3450 provider and the patient may modify ~~provisions of~~ the treatment  
3451 plan. For any material modification of the treatment plan to  
3452 which the patient or, if one is appointed, the patient's  
3453 guardian advocate agrees, ~~if appointed, does agree,~~ the service  
3454 provider shall send notice of the modification to the court. Any  
3455 material modifications of the treatment plan which are contested  
3456 by the patient or the patient's guardian advocate, if applicable  
3457 ~~appointed,~~ must be approved or disapproved by the court

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3458 consistent with subsection (3) ~~(2)~~.

3459 3. If, in the clinical judgment of a physician, the  
3460 patient has failed or has refused to comply with the treatment  
3461 ordered by the court, and, in the clinical judgment of the  
3462 physician, efforts were made to solicit compliance and the  
3463 patient may meet the criteria for involuntary examination, a  
3464 person may be brought to a receiving facility pursuant to s.  
3465 394.463. If, after examination, the patient does not meet the  
3466 criteria for involuntary inpatient placement pursuant to s.  
3467 394.467, the patient must be discharged from the ~~receiving~~  
3468 facility. The involuntary outpatient services ~~placement~~ order  
3469 shall remain in effect unless the service provider determines  
3470 that the patient no longer meets the criteria for involuntary  
3471 outpatient services ~~placement~~ or until the order expires. The  
3472 service provider must determine whether modifications should be  
3473 made to the existing treatment plan and must attempt to continue  
3474 to engage the patient in treatment. For any material  
3475 modification of the treatment plan to which the patient or the  
3476 patient's guardian advocate, if applicable ~~appointed~~, agrees  
3477 ~~does agree~~, the service provider shall send notice of the  
3478 modification to the court. Any material modifications of the  
3479 treatment plan which are contested by the patient or the  
3480 patient's guardian advocate, if applicable ~~appointed~~, must be  
3481 approved or disapproved by the court consistent with subsection  
3482 (3) ~~(2)~~.

3483 (c) If, at any time before the conclusion of the initial

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3484 hearing on involuntary outpatient services placement, it appears  
3485 to the court that the person does not meet the criteria for  
3486 involuntary outpatient services placement under this section  
3487 but, instead, meets the criteria for involuntary inpatient  
3488 placement, the court may order the person admitted for  
3489 involuntary inpatient examination under s. 394.463. If the  
3490 person instead meets the criteria for involuntary assessment,  
3491 protective custody, or involuntary admission pursuant to s.  
3492 397.675, the court may order the person to be admitted for  
3493 involuntary assessment for a period of 5 days pursuant to s.  
3494 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by  
3495 chapter 397.

3496 (d) At the hearing on involuntary outpatient services  
3497 ~~placement~~, the court shall consider testimony and evidence  
3498 regarding the patient's competence to consent to services  
3499 ~~treatment~~. If the court finds that the patient is incompetent to  
3500 consent to treatment, it shall appoint a guardian advocate as  
3501 provided in s. 394.4598. The guardian advocate shall be  
3502 appointed or discharged in accordance with s. 394.4598.

3503 (e) The administrator of the receiving facility or the  
3504 designated department representative shall provide a copy of the  
3505 court order and adequate documentation of a patient's mental  
3506 illness to the service provider for involuntary outpatient  
3507 services placement. Such documentation must include any advance  
3508 directives made by the patient, a psychiatric evaluation of the  
3509 patient, and any evaluations of the patient performed by a

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3510 ~~clinical~~ psychologist or a clinical social worker.

3511 (8)~~(7)~~ PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT  
3512 SERVICES PLACEMENT.—

3513 (a)1. If the person continues to meet the criteria for  
3514 involuntary outpatient services placement, the service provider  
3515 shall, at least 10 days before the expiration of the period  
3516 during which the treatment is ordered for the person, file in  
3517 the ~~circuit~~ court that issued the order for involuntary  
3518 outpatient services a petition for continued involuntary  
3519 outpatient services placement. The court shall immediately  
3520 schedule a hearing on the petition to be held within 15 days  
3521 after the petition is filed.

3522 2. The existing involuntary outpatient services placement  
3523 order remains in effect until disposition on the petition for  
3524 continued involuntary outpatient services placement.

3525 3. A certificate shall be attached to the petition which  
3526 includes a statement from the person's physician or clinical  
3527 psychologist justifying the request, a brief description of the  
3528 patient's treatment during the time he or she was receiving  
3529 involuntary services ~~involuntarily placed~~, and an individualized  
3530 plan of continued treatment.

3531 4. The service provider shall develop the individualized  
3532 plan of continued treatment in consultation with the patient or  
3533 the patient's guardian advocate, if applicable ~~appointed~~. When  
3534 the petition has been filed, the clerk of the court shall  
3535 provide copies of the certificate and the individualized plan of

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3536 continued services ~~treatment~~ to the department, the patient, the  
3537 patient's guardian advocate, the state attorney, and the  
3538 patient's private counsel or the public defender.

3539 (b) Within 1 court working day after the filing of a  
3540 petition for continued involuntary outpatient services  
3541 ~~placement~~, the court shall appoint the public defender to  
3542 represent the person who is the subject of the petition, unless  
3543 the person is otherwise represented by counsel. The clerk of the  
3544 court shall immediately notify the public defender of such  
3545 appointment. The public defender shall represent the person  
3546 until the petition is dismissed or the court order expires or  
3547 the patient is discharged from involuntary outpatient services  
3548 ~~placement~~. Any attorney representing the patient shall have  
3549 access to the patient, witnesses, and records relevant to the  
3550 presentation of the patient's case and shall represent the  
3551 interests of the patient, regardless of the source of payment to  
3552 the attorney.

3553 (c) Hearings on petitions for continued involuntary  
3554 outpatient services must ~~placement shall~~ be before the circuit  
3555 court that issued the order for involuntary outpatient services.  
3556 The court may appoint a magistrate ~~master~~ to preside at the  
3557 hearing. The procedures for obtaining an order pursuant to this  
3558 paragraph must meet the requirements of ~~shall be in accordance~~  
3559 ~~with~~ subsection (7) ~~(6)~~, except that the time period included in  
3560 paragraph (2) (e) ~~(1) (e)~~ is not applicable in determining the  
3561 appropriateness of additional periods of involuntary outpatient

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3562 placement.

3563 (d) Notice of the hearing must ~~shall~~ be provided as set  
3564 forth in s. 394.4599. The patient and the patient's attorney may  
3565 agree to a period of continued outpatient services ~~placement~~  
3566 without a court hearing.

3567 (e) The same procedure must ~~shall~~ be repeated before the  
3568 expiration of each additional period the patient is placed in  
3569 treatment.

3570 (f) If the patient has previously been found incompetent  
3571 to consent to treatment, the court shall consider testimony and  
3572 evidence regarding the patient's competence. Section 394.4598  
3573 governs the discharge of the guardian advocate if the patient's  
3574 competency to consent to treatment has been restored.

3575 Section 82. Paragraphs (c) and (d) of subsection (2) of  
3576 section 394.4599, Florida Statutes, are amended to read:

3577 394.4599 Notice.—

3578 (2) INVOLUNTARY ADMISSION.—

3579 (c)1. A receiving facility shall give notice of the  
3580 whereabouts of a minor who is being involuntarily held for  
3581 examination pursuant to s. 394.463 to the minor's parent,  
3582 guardian, caregiver, or guardian advocate, in person or by  
3583 telephone or other form of electronic communication, immediately  
3584 after the minor's arrival at the facility. The facility may  
3585 delay notification for no more than 24 hours after the minor's  
3586 arrival if the facility has submitted a report to the central  
3587 abuse hotline, pursuant to s. 39.201, based upon knowledge or

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3588 suspicion of abuse, abandonment, or neglect and if the facility  
3589 deems a delay in notification to be in the minor's best  
3590 interest.

3591 2. The receiving facility shall attempt to notify the  
3592 minor's parent, guardian, caregiver, or guardian advocate until  
3593 the receiving facility receives confirmation from the parent,  
3594 guardian, caregiver, or guardian advocate, verbally, by  
3595 telephone or other form of electronic communication, or by  
3596 recorded message, that notification has been received. Attempts  
3597 to notify the parent, guardian, caregiver, or guardian advocate  
3598 must be repeated at least once every hour during the first 12  
3599 hours after the minor's arrival and once every 24 hours  
3600 thereafter and must continue until such confirmation is  
3601 received, unless the minor is released at the end of the 72-hour  
3602 examination period, or until a petition for involuntary services  
3603 ~~placement~~ is filed with the court pursuant to s. 394.463(2)(g)  
3604 ~~s. 394.463(2)(i)~~. The receiving facility may seek assistance  
3605 from a law enforcement agency to notify the minor's parent,  
3606 guardian, caregiver, or guardian advocate if the facility has  
3607 not received within the first 24 hours after the minor's arrival  
3608 a confirmation by the parent, guardian, caregiver, or guardian  
3609 advocate that notification has been received. The receiving  
3610 facility must document notification attempts in the minor's  
3611 clinical record.

3612 (d) The written notice of the filing of the petition for  
3613 involuntary services for ~~placement of~~ an individual being held

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3614 must contain the following:

3615 1. Notice that the petition for:

3616 a. Involuntary inpatient treatment pursuant to s. 394.467  
3617 has been filed with the circuit court in the county in which the  
3618 individual is hospitalized and the address of such court; or

3619 b. Involuntary outpatient services pursuant to s. 394.4655  
3620 has been filed with the criminal county court, as defined in s.  
3621 394.4655(1), or the circuit court, as applicable, in the county  
3622 in which the individual is hospitalized and the address of such  
3623 court.

3624 2. Notice that the office of the public defender has been  
3625 appointed to represent the individual in the proceeding, if the  
3626 individual is not otherwise represented by counsel.

3627 3. The date, time, and place of the hearing and the name  
3628 of each examining expert and every other person expected to  
3629 testify in support of continued detention.

3630 4. Notice that the individual, the individual's guardian,  
3631 guardian advocate, health care surrogate or proxy, or  
3632 representative, or the administrator may apply for a change of  
3633 venue for the convenience of the parties or witnesses or because  
3634 of the condition of the individual.

3635 5. Notice that the individual is entitled to an  
3636 independent expert examination and, if the individual cannot  
3637 afford such an examination, that the court will provide for one.

3638 Section 83. Section 394.455, Florida Statutes, is amended  
3639 to read:

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3640 394.455 Definitions.—As used in this part, ~~unless the~~  
3641 ~~context clearly requires otherwise,~~ the term:

3642 (1) "Access center" means a facility that has medical,  
3643 mental health, and substance abuse professionals to provide  
3644 emergency screening and evaluation for mental health or  
3645 substance abuse disorders and may provide transportation to an  
3646 appropriate facility if an individual is in need of more  
3647 intensive services.

3648 (2) "Addictions receiving facility" is a secure, acute  
3649 care facility that, at a minimum, provides emergency screening,  
3650 evaluation, detoxification, and stabilization services; is  
3651 operated 24 hours per day, 7 days per week; and is designated by  
3652 the department to serve individuals found to have substance  
3653 abuse impairment who qualify for services under this part.

3654 (3)~~(1)~~ "Administrator" means the chief administrative  
3655 officer of a receiving or treatment facility or his or her  
3656 designee.

3657 (4) "Adult" means an individual who is 18 years of age or  
3658 older or who has had the disability of nonage removed under  
3659 chapter 743.

3660 (5)~~(2)~~ "Clinical psychologist" means a psychologist as  
3661 defined in s. 490.003(7) with 3 years of postdoctoral experience  
3662 in the practice of clinical psychology, inclusive of the  
3663 experience required for licensure, or a psychologist employed by  
3664 a facility operated by the United States Department of Veterans  
3665 Affairs that qualifies as a receiving or treatment facility

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3666 under this part.

3667 ~~(6)-(3)~~ "Clinical record" means all parts of the record  
3668 required to be maintained and includes all medical records,  
3669 progress notes, charts, and admission and discharge data, and  
3670 all other information recorded by a facility staff which  
3671 pertains to the patient's hospitalization or treatment.

3672 ~~(7)-(4)~~ "Clinical social worker" means a person licensed as  
3673 a clinical social worker under s. 491.005 or s. 491.006 ~~chapter~~  
3674 ~~491~~.

3675 ~~(8)-(5)~~ "Community facility" means a ~~any~~ community service  
3676 provider that contracts ~~contracting~~ with the department to  
3677 furnish substance abuse or mental health services under part IV  
3678 of this chapter.

3679 ~~(9)-(6)~~ "Community mental health center or clinic" means a  
3680 publicly funded, not-for-profit center that ~~which~~ contracts with  
3681 the department for the provision of inpatient, outpatient, day  
3682 treatment, or emergency services.

3683 ~~(10)-(7)~~ "Court," unless otherwise specified, means the  
3684 circuit court.

3685 ~~(11)-(8)~~ "Department" means the Department of Children and  
3686 Families.

3687 (12) "Designated receiving facility" means a facility  
3688 approved by the department which may be a public or private  
3689 hospital, crisis stabilization unit, or addictions receiving  
3690 facility; which provides, at a minimum, emergency screening,  
3691 evaluation, and short-term stabilization for mental health or

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3692 substance abuse disorders; and which may have an agreement with  
3693 a corresponding facility for transportation and services.

3694 (13) "Detoxification facility" means a facility licensed  
3695 to provide detoxification services under chapter 397.

3696 (14) "Electronic means" means a form of telecommunication  
3697 which requires all parties to maintain visual as well as audio  
3698 communication when being used to conduct an examination by a  
3699 qualified professional.

3700 (15)-(9) "Express and informed consent" means consent  
3701 voluntarily given in writing, by a competent person, after  
3702 sufficient explanation and disclosure of the subject matter  
3703 involved to enable the person to make a knowing and willful  
3704 decision without any element of force, fraud, deceit, duress, or  
3705 other form of constraint or coercion.

3706 (16)-(10) "Facility" means any hospital, community  
3707 facility, public or private facility, or receiving or treatment  
3708 facility providing for the evaluation, diagnosis, care,  
3709 treatment, training, or hospitalization of persons who appear to  
3710 have a mental illness or who have been diagnosed as having a  
3711 mental illness or substance abuse impairment. The term  
3712 "Facility" does not include a any program or an entity licensed  
3713 under pursuant to chapter 400 or chapter 429.

3714 (17)-(11) "Guardian" means the natural guardian of a minor,  
3715 or a person appointed by a court to act on behalf of a ward's  
3716 person if the ward is a minor or has been adjudicated  
3717 incapacitated.

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3718 ~~(18)-(12)~~ "Guardian advocate" means a person appointed by a  
3719 court to make decisions regarding mental health treatment on  
3720 behalf of a patient who has been found incompetent to consent to  
3721 treatment pursuant to this part. ~~The guardian advocate may be~~  
3722 ~~granted specific additional powers by written order of the~~  
3723 ~~court, as provided in this part.~~

3724 ~~(19)-(13)~~ "Hospital" means a hospital facility ~~as defined~~  
3725 ~~in s. 395.002 and~~ licensed under chapter 395 and part II of  
3726 chapter 408.

3727 ~~(20)-(14)~~ "Incapacitated" means that a person has been  
3728 adjudicated incapacitated pursuant to part V of chapter 744 and  
3729 a guardian of the person has been appointed.

3730 ~~(21)-(15)~~ "Incompetent to consent to treatment" means a  
3731 state in which ~~that~~ a person's judgment is so affected by a his  
3732 ~~or her~~ mental illness or a substance abuse impairment that he or  
3733 ~~she the person~~ lacks the capacity to make a well-reasoned,  
3734 willful, and knowing decision concerning his or her medical, ~~or~~  
3735 mental health, or substance abuse treatment.

3736 ~~(22)~~ "Involuntary examination" means an examination  
3737 performed under s. 394.463, s. 397.6772, s. 397.679, s.  
3738 397.6798, or s. 397.6811 to determine whether a person qualifies  
3739 for involuntary services.

3740 ~~(23)~~ "Involuntary services" means court-ordered outpatient  
3741 services or inpatient placement for mental health treatment  
3742 pursuant to s. 394.4655 or s. 394.467.

3743 ~~(24)-(16)~~ "Law enforcement officer" has the same meaning as

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3744 ~~provided means a law enforcement officer as defined in s.~~  
3745 943.10.

3746 (25) "Marriage and family therapist" means a person  
3747 licensed to practice marriage and family therapy under s.  
3748 491.005 or s. 491.006.

3749 (26) "Mental health counselor" means a person licensed to  
3750 practice mental health counseling under s. 491.005 or s.  
3751 491.006.

3752 (27)~~(17)~~ "Mental health overlay program" means a mobile  
3753 service that ~~which~~ provides an independent examination for  
3754 voluntary admission ~~admissions~~ and a range of supplemental  
3755 onsite services to persons with a mental illness in a  
3756 residential setting such as a nursing home, an assisted living  
3757 facility, or an adult family-care home, or a nonresidential  
3758 setting such as an adult day care center. Independent  
3759 examinations provided ~~pursuant to this part~~ through a mental  
3760 health overlay program must only be provided under contract with  
3761 the department ~~for this service~~ or be attached to a public  
3762 receiving facility that is also a community mental health  
3763 center.

3764 (28)~~(18)~~ "Mental illness" means an impairment of the  
3765 mental or emotional processes that exercise conscious control of  
3766 one's actions or of the ability to perceive or understand  
3767 reality, which impairment substantially interferes with the  
3768 person's ability to meet the ordinary demands of living. For the  
3769 purposes of this part, the term does not include a developmental

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3770 disability as defined in chapter 393, intoxication, or  
3771 conditions manifested only by antisocial behavior or substance  
3772 abuse ~~impairment~~.

3773 (29) "Minor" means an individual who is 17 years of age or  
3774 younger and who has not had the disability of nonage removed  
3775 pursuant to s. 743.01 or s. 743.015.

3776 (30)~~(19)~~ "Mobile crisis response service" means a  
3777 nonresidential crisis service ~~attached to a public receiving~~  
3778 ~~facility and~~ available 24 hours per a day, 7 days per a week,  
3779 ~~through~~ which provides immediate intensive assessments and  
3780 interventions, including screening for admission into a mental  
3781 health receiving facility, an addictions receiving facility, or  
3782 a detoxification facility, ~~take place~~ for the purpose of  
3783 identifying appropriate treatment services.

3784 (31)~~(20)~~ "Patient" means any person, with or without a co-  
3785 occurring substance abuse disorder, who is held or accepted for  
3786 mental health treatment.

3787 (32)~~(21)~~ "Physician" means a medical practitioner licensed  
3788 under chapter 458 or chapter 459 who has experience in the  
3789 diagnosis and treatment of mental illness ~~and nervous disorders~~  
3790 or a physician employed by a facility operated by the United  
3791 States Department of Veterans Affairs or the United States  
3792 Department of Defense ~~which qualifies as a receiving or~~  
3793 ~~treatment facility under this part.~~

3794 (33) "Physician assistant" means a person licensed under  
3795 chapter 458 or chapter 459 who has experience in the diagnosis

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3796 and treatment of mental disorders.

3797 (34)-(22) "Private facility" means a ~~any~~ hospital or  
3798 facility operated by a for-profit or not-for-profit corporation  
3799 or association which ~~that~~ provides mental health or substance  
3800 abuse services and is not a public facility.

3801 (35)-(23) "Psychiatric nurse" means an advanced registered  
3802 nurse practitioner certified under s. 464.012 who has a master's  
3803 or doctoral degree in psychiatric nursing, holds a national  
3804 advanced practice certification as a psychiatric mental health  
3805 advanced practice nurse, and has 2 years of post-master's  
3806 clinical experience under the supervision of a physician.

3807 (36)-(24) "Psychiatrist" means a medical practitioner  
3808 licensed under chapter 458 or chapter 459 ~~who has primarily~~  
3809 ~~diagnosed and treated mental and nervous disorders for~~ at least  
3810 ~~a period of not less than~~ 3 years, inclusive of psychiatric  
3811 residency.

3812 (37)-(25) "Public facility" means a ~~any~~ facility that has  
3813 contracted with the department to provide mental health services  
3814 to all persons, regardless of ~~their~~ ability to pay, and is  
3815 receiving state funds for such purpose.

3816 (38)-(26) "Receiving facility" means a ~~any~~ public or  
3817 private facility or hospital designated by the department to  
3818 receive and hold or refer, as appropriate, involuntary patients  
3819 under emergency conditions ~~or~~ for mental health or substance  
3820 abuse ~~psychiatric~~ evaluation and to provide ~~short-term~~ treatment  
3821 or transportation to the appropriate service provider. The term

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3822 does not include a county jail.

3823 ~~(39)-(27)~~ "Representative" means a person selected to  
3824 receive notice of proceedings during the time a patient is held  
3825 in or admitted to a receiving or treatment facility.

3826 ~~(40)-(28)(a)~~ "Restraint" means: ~~a physical device, method,~~  
3827 ~~or drug used to control behavior.~~

3828 (a) A physical restraint, including ~~is~~ any manual method  
3829 or physical or mechanical device, material, or equipment  
3830 attached or adjacent to an ~~the~~ individual's body so that he or  
3831 she cannot easily remove the restraint and which restricts  
3832 freedom of movement or normal access to one's body. "Physical  
3833 restraint" includes the physical holding of a person during a  
3834 procedure to forcibly administer psychotropic medication.  
3835 "Physical restraint" does not include physical devices such as  
3836 orthopedically prescribed appliances, surgical dressings and  
3837 bandages, supportive body bands, or other physical holding when  
3838 necessary for routine physical examinations and tests or for  
3839 purposes of orthopedic, surgical, or other similar medical  
3840 treatment when used to provide support for the achievement of  
3841 functional body position or proper balance or when used to  
3842 protect a person from falling out of bed.

3843 ~~(b)~~ A drug or ~~used as a restraint is a~~ medication used to  
3844 control a ~~the~~ person's behavior or to restrict his or her  
3845 freedom of movement which ~~and~~ is not part of the standard  
3846 treatment regimen of a person with a diagnosed mental illness  
3847 ~~who is a client of the department. Physically holding a person~~

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3848 ~~during a procedure to forcibly administer psychotropic~~  
3849 ~~medication is a physical restraint.~~

3850 ~~(c) Restraint does not include physical devices, such as~~  
3851 ~~orthopedically prescribed appliances, surgical dressings and~~  
3852 ~~bandages, supportive body bands, or other physical holding when~~  
3853 ~~necessary for routine physical examinations and tests; or for~~  
3854 ~~purposes of orthopedic, surgical, or other similar medical~~  
3855 ~~treatment; when used to provide support for the achievement of~~  
3856 ~~functional body position or proper balance; or when used to~~  
3857 ~~protect a person from falling out of bed.~~

3858 ~~(41)(29)~~ "Seclusion" means the physical segregation ~~of a~~  
3859 ~~person in any fashion~~ or involuntary isolation of a person in a  
3860 room or area from which the person is prevented from leaving.  
3861 The prevention may be by physical barrier or by a staff member  
3862 who is acting in a manner, or who is physically situated, so as  
3863 to prevent the person from leaving the room or area. For  
3864 purposes of this part ~~chapter~~, the term does not mean isolation  
3865 due to a person's medical condition or symptoms.

3866 ~~(42)(30)~~ "Secretary" means the Secretary of Children and  
3867 Families.

3868 (43) "Service provider" means a receiving facility, a  
3869 facility licensed under chapter 397, a treatment facility, an  
3870 entity under contract with the department to provide mental  
3871 health or substance abuse services, a community mental health  
3872 center or clinic, a psychologist, a clinical social worker, a  
3873 marriage and family therapist, a mental health counselor, a

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3874 physician, a psychiatrist, an advanced registered nurse  
3875 practitioner, a psychiatric nurse, or a qualified professional  
3876 as defined in s. 39.01.

3877 (44) "Substance abuse impairment" means a condition  
3878 involving the use of alcoholic beverages or any psychoactive or  
3879 mood-altering substance in such a manner that a person has lost  
3880 the power of self-control and has inflicted or is likely to  
3881 inflict physical harm on himself, herself, or another.

3882 (45)-(31) "Transfer evaluation" means the process by which,  
3883 as approved by the appropriate district office of the  
3884 department, whereby a person who is being considered for  
3885 placement in a state treatment facility is first evaluated for  
3886 appropriateness of admission to such the facility by a  
3887 community-based public receiving facility or by a community  
3888 mental health center or clinic if the public receiving facility  
3889 is not a community mental health center or clinic.

3890 (46)-(32) "Treatment facility" means a any state-owned,  
3891 state-operated, or state-supported hospital, center, or clinic  
3892 designated by the department for extended treatment and  
3893 hospitalization, beyond that provided for by a receiving  
3894 facility, of persons who have a mental illness, including  
3895 facilities of the United States Government, and any private  
3896 facility designated by the department when rendering such  
3897 services to a person pursuant to the provisions of this part.  
3898 Patients treated in facilities of the United States Government  
3899 shall be solely those whose care is the responsibility of the

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3900 United States Department of Veterans Affairs.

3901 (47) "Triage center" means a facility that has medical,  
3902 mental health, and substance abuse professionals present or on  
3903 call to provide emergency screening and evaluation for mental  
3904 health or substance abuse disorders for individuals transported  
3905 to the center by a law enforcement officer.

3906 ~~(33) "Service provider" means any public or private~~  
3907 ~~receiving facility, an entity under contract with the Department~~  
3908 ~~of Children and Families to provide mental health services, a~~  
3909 ~~clinical psychologist, a clinical social worker, a marriage and~~  
3910 ~~family therapist, a mental health counselor, a physician, a~~  
3911 ~~psychiatric nurse as defined in subsection (23), or a community~~  
3912 ~~mental health center or clinic as defined in this part.~~

3913 ~~(34) "Involuntary examination" means an examination~~  
3914 ~~performed under s. 394.463 to determine if an individual~~  
3915 ~~qualifies for involuntary inpatient treatment under s.~~  
3916 ~~394.467(1) or involuntary outpatient treatment under s.~~  
3917 ~~394.4655(1).~~

3918 ~~(35) "Involuntary placement" means either involuntary~~  
3919 ~~outpatient treatment pursuant to s. 394.4655 or involuntary~~  
3920 ~~inpatient treatment pursuant to s. 394.467.~~

3921 ~~(36) "Marriage and family therapist" means a person~~  
3922 ~~licensed as a marriage and family therapist under chapter 491.~~

3923 ~~(37) "Mental health counselor" means a person licensed as~~  
3924 ~~a mental health counselor under chapter 491.~~

3925 ~~(38) "Electronic means" means a form of telecommunication~~

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3926 ~~that requires all parties to maintain visual as well as audio~~  
3927 ~~communication.~~

3928 Section 84. Subsection (2) of section 394.463, Florida  
3929 Statutes, is amended to read:

3930 394.463 Involuntary examination.—

3931 (2) INVOLUNTARY EXAMINATION.—

3932 (a) An involuntary examination may be initiated by any one  
3933 of the following means:

3934 1. A circuit or county court may enter an ex parte order  
3935 stating that a person appears to meet the criteria for  
3936 involuntary examination and specifying, ~~giving~~ the findings on  
3937 which that conclusion is based. The ex parte order for  
3938 involuntary examination must be based on written or oral sworn  
3939 testimony that includes specific facts that support the  
3940 findings, ~~written or oral~~. If other less restrictive means are  
3941 not available, such as voluntary appearance for outpatient  
3942 evaluation, a law enforcement officer, or other designated agent  
3943 of the court, shall take the person into custody and deliver him  
3944 or her to an appropriate, or the nearest, ~~receiving~~ facility  
3945 within the designated receiving system pursuant to s. 394.462  
3946 for involuntary examination. The order of the court shall be  
3947 made a part of the patient's clinical record. A No fee may not  
3948 ~~shall~~ be charged for the filing of an order under this  
3949 subsection. A Any receiving facility accepting the patient based  
3950 on this order must send a copy of the order to the department  
3951 ~~Agency for Health Care Administration~~ on the next working day.

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3952 The order may be submitted electronically through existing data  
3953 systems, if available. The order shall be valid only until the  
3954 person is delivered to the facility or executed or, if not  
3955 executed, for the period specified in the order itself,  
3956 whichever comes first. If no time limit is specified in the  
3957 order, the order shall be valid for 7 days after the date that  
3958 the order was signed.

3959 2. A law enforcement officer shall take a person who  
3960 appears to meet the criteria for involuntary examination into  
3961 custody and deliver the person or have him or her delivered to  
3962 an appropriate, or the nearest, receiving facility within the  
3963 designated receiving system pursuant to s. 394.462 for  
3964 examination. The officer shall execute a written report  
3965 detailing the circumstances under which the person was taken  
3966 into custody, which must ~~and the report shall~~ be made a part of  
3967 the patient's clinical record. Any ~~receiving~~ facility accepting  
3968 the patient based on this report must send a copy of the report  
3969 to the department ~~Agency for Health Care Administration~~ on the  
3970 next working day.

3971 3. A physician, clinical psychologist, psychiatric nurse,  
3972 mental health counselor, marriage and family therapist, or  
3973 clinical social worker may execute a certificate stating that he  
3974 or she has examined a person within the preceding 48 hours and  
3975 finds that the person appears to meet the criteria for  
3976 involuntary examination and stating the observations upon which  
3977 that conclusion is based. If other less restrictive means, such

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3978 as voluntary appearance for outpatient evaluation, are not  
3979 available, ~~such as voluntary appearance for outpatient~~  
3980 ~~evaluation,~~ a law enforcement officer shall take into custody  
3981 the person named in the certificate ~~into custody~~ and deliver him  
3982 or her to the appropriate, or nearest, receiving facility within  
3983 the designated receiving system pursuant to s. 394.462 for  
3984 involuntary examination. The law enforcement officer shall  
3985 execute a written report detailing the circumstances under which  
3986 the person was taken into custody. The report and certificate  
3987 shall be made a part of the patient's clinical record. Any  
3988 ~~receiving~~ facility accepting the patient based on this  
3989 certificate must send a copy of the certificate to the  
3990 department ~~Agency for Health Care Administration~~ on the next  
3991 working day. The document may be submitted electronically  
3992 through existing data systems, if applicable.

3993 (b) A person may ~~shall~~ not be removed from any program or  
3994 residential placement licensed under chapter 400 or chapter 429  
3995 and transported to a receiving facility for involuntary  
3996 examination unless an ex parte order, a professional  
3997 certificate, or a law enforcement officer's report is first  
3998 prepared. If the condition of the person is such that  
3999 preparation of a law enforcement officer's report is not  
4000 practicable before removal, the report shall be completed as  
4001 soon as possible after removal, but in any case before the  
4002 person is transported to a receiving facility. A ~~receiving~~  
4003 facility admitting a person for involuntary examination who is

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4004 not accompanied by the required ex parte order, professional  
4005 certificate, or law enforcement officer's report shall notify  
4006 the department ~~Agency for Health Care Administration~~ of such  
4007 admission by certified mail or by e-mail, if available, by no  
4008 ~~later than~~ the next working day. The provisions of this  
4009 paragraph do not apply when transportation is provided by the  
4010 patient's family or guardian.

4011 (c) A law enforcement officer acting in accordance with an  
4012 ex parte order issued pursuant to this subsection may serve and  
4013 execute such order on any day of the week, at any time of the  
4014 day or night.

4015 (d) A law enforcement officer acting in accordance with an  
4016 ex parte order issued pursuant to this subsection may use such  
4017 reasonable physical force as is necessary to gain entry to the  
4018 premises, and any dwellings, buildings, or other structures  
4019 located on the premises, and to take custody of the person who  
4020 is the subject of the ex parte order.

4021 (e) The department ~~Agency for Health Care Administration~~  
4022 shall receive and maintain the copies of ex parte orders,  
4023 involuntary outpatient services placement ~~placement~~ orders issued pursuant  
4024 to s. 394.4655, involuntary inpatient placement orders issued  
4025 pursuant to s. 394.467, professional certificates, and law  
4026 enforcement officers' reports. These documents shall be  
4027 considered part of the clinical record, governed by the  
4028 provisions of s. 394.4615. These documents shall be used to ~~The~~  
4029 ~~agency shall~~ prepare annual reports analyzing the data obtained

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4030 from these documents, without information identifying patients,  
4031 and shall provide copies of reports to the department, the  
4032 President of the Senate, the Speaker of the House of  
4033 Representatives, and the minority leaders of the Senate and the  
4034 House of Representatives.

4035 (f) A patient shall be examined by a physician or, a  
4036 clinical psychologist, or by a psychiatric nurse performing  
4037 within the framework of an established protocol with a  
4038 psychiatrist at a ~~receiving~~ facility without unnecessary delay  
4039 to determine if the criteria for involuntary services are met.  
4040 Emergency treatment may be provided ~~and may~~, upon the order of a  
4041 physician if the physician determines, ~~be given emergency~~  
4042 ~~treatment if it is determined~~ that such treatment is necessary  
4043 for the safety of the patient or others. The patient may not be  
4044 released by the receiving facility or its contractor without the  
4045 documented approval of a psychiatrist or a clinical psychologist  
4046 or, if the receiving facility is owned or operated by a hospital  
4047 or health system, the release may also be approved by a  
4048 psychiatric nurse performing within the framework of an  
4049 established protocol with a psychiatrist, or an attending  
4050 emergency department physician with experience in the diagnosis  
4051 and treatment of mental illness ~~and nervous disorders~~ and after  
4052 completion of an involuntary examination pursuant to this  
4053 subsection. A psychiatric nurse may not approve the release of a  
4054 patient if the involuntary examination was initiated by a  
4055 psychiatrist unless the release is approved by the initiating

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4056 psychiatrist. ~~However, a patient may not be held in a receiving~~  
4057 ~~facility for involuntary examination longer than 72 hours.~~

4058 (g) Within the 72-hour examination period or, if the 72  
4059 hours ends on a weekend or holiday, no later than the next  
4060 working day thereafter, one of the following actions must be  
4061 taken, based on the individual needs of the patient:

4062 1. The patient shall be released, unless he or she is  
4063 charged with a crime, in which case the patient shall be  
4064 returned to the custody of a law enforcement officer;

4065 2. The patient shall be released, subject to the  
4066 provisions of subparagraph 1., for voluntary outpatient  
4067 treatment;

4068 3. The patient, unless he or she is charged with a crime,  
4069 shall be asked to give express and informed consent to placement  
4070 as a voluntary patient and, if such consent is given, the  
4071 patient shall be admitted as a voluntary patient; or

4072 4. A petition for involuntary placement shall be filed in  
4073 the circuit court if inpatient treatment is deemed necessary or  
4074 with the criminal county court, as defined in s. 394.4655(1), as  
4075 applicable. When inpatient treatment is deemed necessary, the  
4076 least restrictive treatment consistent with the optimum  
4077 improvement of the patient's condition shall be made available.  
4078 When a petition is to be filed for involuntary outpatient  
4079 placement, it shall be filed by one of the petitioners specified  
4080 in s. 394.4655(4) (a). A petition for involuntary inpatient  
4081 placement shall be filed by the facility administrator.

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4082        (h)~~(g)~~ A person for whom an involuntary examination has  
4083 been initiated who is being evaluated or treated at a hospital  
4084 for an emergency medical condition specified in s. 395.002 must  
4085 be examined by a ~~receiving~~ facility within 72 hours. The 72-hour  
4086 period begins when the patient arrives at the hospital and  
4087 ceases when the attending physician documents that the patient  
4088 has an emergency medical condition. If the patient is examined  
4089 at a hospital providing emergency medical services by a  
4090 professional qualified to perform an involuntary examination and  
4091 is found as a result of that examination not to meet the  
4092 criteria for involuntary outpatient services ~~placement~~ pursuant  
4093 to s. 394.4655(2) ~~394.4655(1)~~ or involuntary inpatient placement  
4094 pursuant to s. 394.467(1), the patient may be offered voluntary  
4095 services or placement, if appropriate, or released directly from  
4096 the hospital providing emergency medical services. The finding  
4097 by the professional that the patient has been examined and does  
4098 not meet the criteria for involuntary inpatient services  
4099 ~~placement~~ or involuntary outpatient placement must be entered  
4100 into the patient's clinical record. ~~Nothing in~~ This paragraph is  
4101 not intended to prevent a hospital providing emergency medical  
4102 services from appropriately transferring a patient to another  
4103 hospital before ~~prior to~~ stabilization if, ~~provided~~ the  
4104 requirements of s. 395.1041(3) (c) have been met.

4105        (i)~~(h)~~ One of the following must occur within 12 hours  
4106 after the patient's attending physician documents that the  
4107 patient's medical condition has stabilized or that an emergency

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4108 medical condition does not exist:

4109 1. The patient must be examined by a ~~designated receiving~~  
4110 facility and released; or

4111 2. The patient must be transferred to a designated  
4112 ~~receiving~~ facility in which appropriate medical treatment is  
4113 available. However, the ~~receiving~~ facility must be notified of  
4114 the transfer within 2 hours after the patient's condition has  
4115 been stabilized or after determination that an emergency medical  
4116 condition does not exist.

4117 ~~(i) Within the 72-hour examination period or, if the 72~~  
4118 ~~hours ends on a weekend or holiday, no later than the next~~  
4119 ~~working day thereafter, one of the following actions must be~~  
4120 ~~taken, based on the individual needs of the patient:~~

4121 1. ~~The patient shall be released, unless he or she is~~  
4122 ~~charged with a crime, in which case the patient shall be~~  
4123 ~~returned to the custody of a law enforcement officer;~~

4124 2. ~~The patient shall be released, subject to the~~  
4125 ~~provisions of subparagraph 1., for voluntary outpatient~~  
4126 ~~treatment;~~

4127 3. ~~The patient, unless he or she is charged with a crime,~~  
4128 ~~shall be asked to give express and informed consent to placement~~  
4129 ~~as a voluntary patient, and, if such consent is given, the~~  
4130 ~~patient shall be admitted as a voluntary patient; or~~

4131 4. ~~A petition for involuntary placement shall be filed in~~  
4132 ~~the circuit court when outpatient or inpatient treatment is~~  
4133 ~~deemed necessary. When inpatient treatment is deemed necessary,~~

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4134 ~~the least restrictive treatment consistent with the optimum~~  
4135 ~~improvement of the patient's condition shall be made available.~~  
4136 ~~When a petition is to be filed for involuntary outpatient~~  
4137 ~~placement, it shall be filed by one of the petitioners specified~~  
4138 ~~in s. 394.4655(3)(a). A petition for involuntary inpatient~~  
4139 ~~placement shall be filed by the facility administrator.~~

4140 Section 85. Subsection (3) of section 394.4615, Florida  
4141 Statutes, is amended to read:

4142 394.4615 Clinical records; confidentiality.—

4143 (3) Information from the clinical record may be released  
4144 in the following circumstances:

4145 (a) When a patient has declared an intention to harm other  
4146 persons. When such declaration has been made, the administrator  
4147 may authorize the release of sufficient information to provide  
4148 adequate warning to the person threatened with harm by the  
4149 patient.

4150 (b) When the administrator of the facility or secretary of  
4151 the department deems release to a qualified researcher as  
4152 defined in administrative rule, an aftercare treatment provider,  
4153 or an employee or agent of the department is necessary for  
4154 treatment of the patient, maintenance of adequate records,  
4155 compilation of treatment data, aftercare planning, or evaluation  
4156 of programs.

4157

4158 For the purpose of determining whether a person meets the  
4159 criteria for involuntary outpatient placement or for preparing

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4160 the proposed treatment plan pursuant to s. 394.4655, the  
4161 clinical record may be released to the state attorney, the  
4162 public defender or the patient's private legal counsel, the  
4163 court, and to the appropriate mental health professionals,  
4164 including the service provider identified in s. 394.4655(7)(b)2.  
4165 ~~394.4655(6)(b)2.~~, in accordance with state and federal law.

4166 Section 86. Section 394.47891, Florida Statutes, is  
4167 amended to read:

4168 394.47891 Military veterans and servicemembers court  
4169 programs.—The chief judge of each judicial circuit may establish  
4170 a Military Veterans and Servicemembers Court Program under which  
4171 veterans, as defined in s. 1.01, including veterans who were  
4172 discharged or released under a general discharge, and  
4173 servicemembers, as defined in s. 250.01, who are charged or  
4174 convicted of a criminal offense and who suffer from a military-  
4175 related mental illness, traumatic brain injury, substance abuse  
4176 disorder, or psychological problem can be sentenced in  
4177 accordance with chapter 921 in a manner that appropriately  
4178 addresses the severity of the mental illness, traumatic brain  
4179 injury, substance abuse disorder, or psychological problem  
4180 through services tailored to the individual needs of the  
4181 participant. Entry into any Military Veterans and Servicemembers  
4182 Court Program must be based upon the sentencing court's  
4183 assessment of the defendant's criminal history, military  
4184 service, substance abuse treatment needs, mental health  
4185 treatment needs, amenability to the services of the program, the

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4186 recommendation of the state attorney and the victim, if any, and  
4187 the defendant's agreement to enter the program.

4188 Section 87. Section 394.47892, Florida Statutes, is  
4189 created to read:

4190 394.47892 Mental health court programs.—

4191 (1) Each county may fund a mental health court program  
4192 under which a defendant in the justice system assessed with a  
4193 mental illness shall be processed in such a manner as to  
4194 appropriately address the severity of the identified mental  
4195 illness through treatment services tailored to the individual  
4196 needs of the participant. The Legislature intends to encourage  
4197 the department, the Department of Corrections, the Department of  
4198 Juvenile Justice, the Department of Health, the Department of  
4199 Law Enforcement, the Department of Education, and other such  
4200 agencies, local governments, law enforcement agencies,  
4201 interested public or private entities, and individuals to  
4202 support the creation and establishment of problem-solving court  
4203 programs. Participation in a mental health court program does  
4204 not relieve a public or private agency of its responsibility for  
4205 a child or an adult, but enables such agency to better meet the  
4206 child's or adult's needs through shared responsibility and  
4207 resources.

4208 (2) Mental health court programs may include pretrial  
4209 intervention programs as provided in ss. 948.08, 948.16, and  
4210 985.345, postadjudicatory mental health court programs as  
4211 provided in ss. 948.01 and 948.06, and review of the status of

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4212 compliance or noncompliance of sentenced defendants through a  
4213 mental health court program.

4214 (3) Entry into a pretrial mental health court program is  
4215 voluntary.

4216 (4) (a) Entry into a postadjudicatory mental health court  
4217 program as a condition of probation or community control  
4218 pursuant to s. 948.01 or s. 948.06 must be based upon the  
4219 sentencing court's assessment of the defendant's criminal  
4220 history, mental health screening outcome, amenability to the  
4221 services of the program, and total sentence points; the  
4222 recommendation of the state attorney and the victim, if any; and  
4223 the defendant's agreement to enter the program.

4224 (b) A defendant who is sentenced to a postadjudicatory  
4225 mental health court program and who, while a mental health court  
4226 program participant, is the subject of a violation of probation  
4227 or community control under s. 948.06 shall have the violation of  
4228 probation or community control heard by the judge presiding over  
4229 the postadjudicatory mental health court program. After a  
4230 hearing on or admission of the violation, the judge shall  
4231 dispose of any such violation as he or she deems appropriate if  
4232 the resulting sentence or conditions are lawful.

4233 (5) (a) Contingent upon an annual appropriation by the  
4234 Legislature, the state courts system shall establish, at a  
4235 minimum, one coordinator position in each mental health court  
4236 program to coordinate the responsibilities of the participating  
4237 agencies and service providers. Each coordinator shall provide

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4238 direct support to the mental health court program by providing  
4239 coordination between the multidisciplinary team and the  
4240 judiciary, providing case management, monitoring compliance of  
4241 the participants in the mental health court program with court  
4242 requirements, and managing the collection of data for program  
4243 evaluation and accountability.

4244 (b) Each mental health court program shall collect  
4245 sufficient client-level data and programmatic information for  
4246 purposes of program evaluation. Client-level data includes  
4247 primary offenses that resulted in the mental health court  
4248 program referral or sentence, treatment compliance, completion  
4249 status and reasons for failure to complete, offenses committed  
4250 during treatment and the sanctions imposed, frequency of court  
4251 appearances, and units of service. Programmatic information  
4252 includes referral and screening procedures, eligibility  
4253 criteria, type and duration of treatment offered, and  
4254 residential treatment resources. The programmatic information  
4255 and aggregate data on the number of mental health court program  
4256 admissions and terminations by type of termination shall be  
4257 reported annually by each mental health court program to the  
4258 Office of the State Courts Administrator.

4259 (6) If a county chooses to fund a mental health court  
4260 program, the county must secure funding from sources other than  
4261 the state for those costs not otherwise assumed by the state  
4262 pursuant to s. 29.004. However, this subsection does not  
4263 preclude counties from using funds for treatment and other

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4264 services provided through state executive branch agencies.  
4265 Counties may provide, by interlocal agreement, for the  
4266 collective funding of these programs.

4267 (7) The chief judge of each judicial circuit may appoint  
4268 an advisory committee for the mental health court program. The  
4269 committee shall be composed of the chief judge, or his or her  
4270 designee, who shall serve as chair; the judge or judges of the  
4271 mental health court program, if not otherwise designated by the  
4272 chief judge as his or her designee; the state attorney, or his  
4273 or her designee; the public defender, or his or her designee;  
4274 the mental health court program coordinator or coordinators;  
4275 community representatives; treatment representatives; and any  
4276 other persons who the chair deems appropriate.

4277 Section 88. Paragraph (a) of subsection (2) of section  
4278 790.065, Florida Statutes, is amended to read:

4279 790.065 Sale and delivery of firearms.—

4280 (2) Upon receipt of a request for a criminal history  
4281 record check, the Department of Law Enforcement shall, during  
4282 the licensee's call or by return call, forthwith:

4283 (a) Review any records available to determine if the  
4284 potential buyer or transferee:

4285 1. Has been convicted of a felony and is prohibited from  
4286 receipt or possession of a firearm pursuant to s. 790.23;

4287 2. Has been convicted of a misdemeanor crime of domestic  
4288 violence, and therefore is prohibited from purchasing a firearm;

4289 3. Has had adjudication of guilt withheld or imposition of

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4290 sentence suspended on any felony or misdemeanor crime of  
4291 domestic violence unless 3 years have elapsed since probation or  
4292 any other conditions set by the court have been fulfilled or  
4293 expunction has occurred; or

4294 4. Has been adjudicated mentally defective or has been  
4295 committed to a mental institution by a court or as provided in  
4296 sub-sub-subparagraph b.(II), and as a result is prohibited by  
4297 state or federal law from purchasing a firearm.

4298 a. As used in this subparagraph, "adjudicated mentally  
4299 defective" means a determination by a court that a person, as a  
4300 result of marked subnormal intelligence, or mental illness,  
4301 incompetency, condition, or disease, is a danger to himself or  
4302 herself or to others or lacks the mental capacity to contract or  
4303 manage his or her own affairs. The phrase includes a judicial  
4304 finding of incapacity under s. 744.331(6)(a), an acquittal by  
4305 reason of insanity of a person charged with a criminal offense,  
4306 and a judicial finding that a criminal defendant is not  
4307 competent to stand trial.

4308 b. As used in this subparagraph, "committed to a mental  
4309 institution" means:

4310 (I) Involuntary commitment, commitment for mental  
4311 defectiveness or mental illness, and commitment for substance  
4312 abuse. The phrase includes involuntary inpatient placement as  
4313 defined in s. 394.467, involuntary outpatient placement as  
4314 defined in s. 394.4655, involuntary assessment and stabilization  
4315 under s. 397.6818, and involuntary substance abuse treatment

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4316 under s. 397.6957, but does not include a person in a mental  
4317 institution for observation or discharged from a mental  
4318 institution based upon the initial review by the physician or a  
4319 voluntary admission to a mental institution; or

4320 (II) Notwithstanding sub-sub-subparagraph (I), voluntary  
4321 admission to a mental institution for outpatient or inpatient  
4322 treatment of a person who had an involuntary examination under  
4323 s. 394.463, where each of the following conditions have been  
4324 met:

4325 (A) An examining physician found that the person is an  
4326 imminent danger to himself or herself or others.

4327 (B) The examining physician certified that if the person  
4328 did not agree to voluntary treatment, a petition for involuntary  
4329 outpatient or inpatient services ~~treatment~~ would have been filed  
4330 under s. 394.463(2)(g) ~~s. 394.463(2)(i)4.~~, or the examining  
4331 physician certified that a petition was filed and the person  
4332 subsequently agreed to voluntary treatment before ~~prior to~~ a  
4333 court hearing on the petition.

4334 (C) Before agreeing to voluntary treatment, the person  
4335 received written notice of that finding and certification, and  
4336 written notice that as a result of such finding, he or she may  
4337 be prohibited from purchasing a firearm, and may not be eligible  
4338 to apply for or retain a concealed weapon or firearms license  
4339 under s. 790.06 and the person acknowledged such notice in  
4340 writing, in substantially the following form:

4341 "I understand that the doctor who examined me believes I am a

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4342 danger to myself or to others. I understand that if I do not  
4343 agree to voluntary treatment, a petition will be filed in court  
4344 to require me to receive involuntary treatment. I understand  
4345 that if that petition is filed, I have the right to contest it.  
4346 In the event a petition has been filed, I understand that I can  
4347 subsequently agree to voluntary treatment prior to a court  
4348 hearing. I understand that by agreeing to voluntary treatment in  
4349 either of these situations, I may be prohibited from buying  
4350 firearms and from applying for or retaining a concealed weapons  
4351 or firearms license until I apply for and receive relief from  
4352 that restriction under Florida law."

4353 (D) A judge or a magistrate has, pursuant to sub-sub-  
4354 subparagraph c.(II), reviewed the record of the finding,  
4355 certification, notice, and written acknowledgment classifying  
4356 the person as an imminent danger to himself or herself or  
4357 others, and ordered that such record be submitted to the  
4358 department.

4359 c. In order to check for these conditions, the department  
4360 shall compile and maintain an automated database of persons who  
4361 are prohibited from purchasing a firearm based on court records  
4362 of adjudications of mental defectiveness or commitments to  
4363 mental institutions.

4364 (I) Except as provided in sub-sub-subparagraph (II),  
4365 clerks of court shall submit these records to the department  
4366 within 1 month after the rendition of the adjudication or  
4367 commitment. Reports shall be submitted in an automated format.

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4368 The reports must, at a minimum, include the name, along with any  
4369 known alias or former name, the sex, and the date of birth of  
4370 the subject.

4371 (II) For persons committed to a mental institution  
4372 pursuant to sub-sub-subparagraph b.(II), within 24 hours after  
4373 the person's agreement to voluntary admission, a record of the  
4374 finding, certification, notice, and written acknowledgment must  
4375 be filed by the administrator of the receiving or treatment  
4376 facility, as defined in s. 394.455, with the clerk of the court  
4377 for the county in which the involuntary examination under s.  
4378 394.463 occurred. No fee shall be charged for the filing under  
4379 this sub-sub-subparagraph. The clerk must present the records to  
4380 a judge or magistrate within 24 hours after receipt of the  
4381 records. A judge or magistrate is required and has the lawful  
4382 authority to review the records ex parte and, if the judge or  
4383 magistrate determines that the record supports the classifying  
4384 of the person as an imminent danger to himself or herself or  
4385 others, to order that the record be submitted to the department.  
4386 If a judge or magistrate orders the submittal of the record to  
4387 the department, the record must be submitted to the department  
4388 within 24 hours.

4389 d. A person who has been adjudicated mentally defective or  
4390 committed to a mental institution, as those terms are defined in  
4391 this paragraph, may petition the ~~circuit~~ court that made the  
4392 adjudication or commitment, or the court that ordered that the  
4393 record be submitted to the department pursuant to sub-sub-

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4394 subparagraph c.(II), for relief from the firearm disabilities  
4395 imposed by such adjudication or commitment. A copy of the  
4396 petition shall be served on the state attorney for the county in  
4397 which the person was adjudicated or committed. The state  
4398 attorney may object to and present evidence relevant to the  
4399 relief sought by the petition. The hearing on the petition may  
4400 be open or closed as the petitioner may choose. The petitioner  
4401 may present evidence and subpoena witnesses to appear at the  
4402 hearing on the petition. The petitioner may confront and cross-  
4403 examine witnesses called by the state attorney. A record of the  
4404 hearing shall be made by a certified court reporter or by court-  
4405 approved electronic means. The court shall make written findings  
4406 of fact and conclusions of law on the issues before it and issue  
4407 a final order. The court shall grant the relief requested in the  
4408 petition if the court finds, based on the evidence presented  
4409 with respect to the petitioner's reputation, the petitioner's  
4410 mental health record and, if applicable, criminal history  
4411 record, the circumstances surrounding the firearm disability,  
4412 and any other evidence in the record, that the petitioner will  
4413 not be likely to act in a manner that is dangerous to public  
4414 safety and that granting the relief would not be contrary to the  
4415 public interest. If the final order denies relief, the  
4416 petitioner may not petition again for relief from firearm  
4417 disabilities until 1 year after the date of the final order. The  
4418 petitioner may seek judicial review of a final order denying  
4419 relief in the district court of appeal having jurisdiction over

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4420 the court that issued the order. The review shall be conducted  
4421 de novo. Relief from a firearm disability granted under this  
4422 sub-subparagraph has no effect on the loss of civil rights,  
4423 including firearm rights, for any reason other than the  
4424 particular adjudication of mental defectiveness or commitment to  
4425 a mental institution from which relief is granted.

4426 e. Upon receipt of proper notice of relief from firearm  
4427 disabilities granted under sub-subparagraph d., the department  
4428 shall delete any mental health record of the person granted  
4429 relief from the automated database of persons who are prohibited  
4430 from purchasing a firearm based on court records of  
4431 adjudications of mental defectiveness or commitments to mental  
4432 institutions.

4433 f. The department is authorized to disclose data collected  
4434 pursuant to this subparagraph to agencies of the Federal  
4435 Government and other states for use exclusively in determining  
4436 the lawfulness of a firearm sale or transfer. The department is  
4437 also authorized to disclose this data to the Department of  
4438 Agriculture and Consumer Services for purposes of determining  
4439 eligibility for issuance of a concealed weapons or concealed  
4440 firearms license and for determining whether a basis exists for  
4441 revoking or suspending a previously issued license pursuant to  
4442 s. 790.06(10). When a potential buyer or transferee appeals a  
4443 nonapproval based on these records, the clerks of court and  
4444 mental institutions shall, upon request by the department,  
4445 provide information to help determine whether the potential

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4446 buyer or transferee is the same person as the subject of the  
4447 record. Photographs and any other data that could confirm or  
4448 negate identity must be made available to the department for  
4449 such purposes, notwithstanding any other provision of state law  
4450 to the contrary. Any such information that is made confidential  
4451 or exempt from disclosure by law shall retain such confidential  
4452 or exempt status when transferred to the department.

4453 Section 89. Paragraph (a) of subsection (5) of section  
4454 910.035, Florida Statutes, is amended to read:

4455 910.035 Transfer from county for plea, sentence, or  
4456 participation in a problem-solving court.—

4457 (5) TRANSFER FOR PARTICIPATION IN A PROBLEM-SOLVING  
4458 COURT.—

4459 (a) For purposes of this subsection, the term "problem-  
4460 solving court" means a drug court pursuant to s. 948.01, s.  
4461 948.06, s. 948.08, s. 948.16, or s. 948.20; a military veterans'  
4462 and servicemembers' court pursuant to s. 394.47891, s. 948.08,  
4463 s. 948.16, or s. 948.21; ~~or~~ a mental health court program  
4464 pursuant to s. 394.47892, s. 948.01, s. 948.06, s. 948.08, or s.  
4465 948.16; or a delinquency pretrial intervention court program  
4466 pursuant to s. 985.345.

4467 Section 90. Section 916.185, Florida Statutes, is created  
4468 to read:

4469 916.185 Forensic Hospital Diversion Pilot Program.—

4470 (1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds  
4471 that many jail inmates who have serious mental illnesses and who

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4472 are committed to state forensic mental health treatment  
4473 facilities for restoration of competency to proceed could be  
4474 served more effectively and at less cost in community-based  
4475 alternative programs. The Legislature further finds that many  
4476 people who have serious mental illnesses and who have been  
4477 discharged from state forensic mental health treatment  
4478 facilities could avoid returning to the criminal justice and  
4479 forensic mental health systems if they received specialized  
4480 treatment in the community. Therefore, it is the intent of the  
4481 Legislature to create the Forensic Hospital Diversion Pilot  
4482 Program to serve offenders who have mental illnesses or co-  
4483 occurring mental illnesses and substance use disorders and who  
4484 are involved in or at risk of entering state forensic mental  
4485 health treatment facilities, prisons, jails, or state civil  
4486 mental health treatment facilities.

4487 (2) DEFINITIONS.—As used in this section, the term:

4488 (a) "Best practices" means treatment services that  
4489 incorporate the most effective and acceptable interventions  
4490 available in the care and treatment of offenders who are  
4491 diagnosed as having mental illnesses or co-occurring mental  
4492 illnesses and substance use disorders.

4493 (b) "Community forensic system" means the community mental  
4494 health and substance use forensic treatment system, including  
4495 the comprehensive set of services and supports provided to  
4496 offenders involved in or at risk of becoming involved in the  
4497 criminal justice system.

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4498 (c) "Evidence-based practices" means interventions and  
4499 strategies that, based on the best available empirical research,  
4500 demonstrate effective and efficient outcomes in the care and  
4501 treatment of offenders who are diagnosed as having mental  
4502 illnesses or co-occurring mental illnesses and substance use  
4503 disorders.

4504 (3) CREATION.—There is authorized a Forensic Hospital  
4505 Diversion Pilot Program to provide competency-restoration and  
4506 community-reintegration services in either a locked residential  
4507 treatment facility when appropriate or a community-based  
4508 facility based on considerations of public safety, the needs of  
4509 the individual, and available resources.

4510 (a) The department may implement a Forensic Hospital  
4511 Diversion Pilot Program modeled after the Miami-Dade Forensic  
4512 Alternative Center, taking into account local needs and  
4513 resources in Duval County, in conjunction with the Fourth  
4514 Judicial Circuit in Duval County; in Broward County, in  
4515 conjunction with the Seventeenth Judicial Circuit in Broward  
4516 County; and in Miami-Dade County, in conjunction with the  
4517 Eleventh Judicial Circuit in Miami-Dade County.

4518 (b) If the department elects to create and implement the  
4519 program, the department shall include a comprehensive continuum  
4520 of care and services that use evidence-based practices and best  
4521 practices to treat offenders who have mental health and co-  
4522 occurring substance use disorders.

4523 (c) The department and the corresponding judicial circuits

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4524 may implement this section if existing resources are available  
4525 to do so on a recurring basis. The department may request budget  
4526 amendments pursuant to chapter 216 to realign funds between  
4527 mental health services and community substance abuse and mental  
4528 health services in order to implement this pilot program.

4529 (4) ELIGIBILITY.—Participation in the Forensic Hospital  
4530 Diversion Pilot Program is limited to offenders who:

4531 (a) Are 18 years of age or older.

4532 (b) Are charged with a felony of the second degree or a  
4533 felony of the third degree.

4534 (c) Do not have a significant history of violent criminal  
4535 offenses.

4536 (d) Are adjudicated incompetent to proceed to trial or not  
4537 guilty by reason of insanity pursuant to this part.

4538 (e) Meet public safety and treatment criteria established  
4539 by the department for placement in a community setting.

4540 (f) Otherwise would be admitted to a state mental health  
4541 treatment facility.

4542 (5) TRAINING.—The Legislature encourages the Florida  
4543 Supreme Court, in consultation and cooperation with the Florida  
4544 Supreme Court Task Force on Substance Abuse and Mental Health  
4545 Issues in the Courts, to develop educational training for judges  
4546 in the pilot program areas which focuses on the community  
4547 forensic system.

4548 (6) RULEMAKING.—The department may adopt rules to  
4549 administer this section.

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4550 Section 91. Subsections (6) through (13) of section  
4551 948.001, Florida Statutes, are renumbered as subsections (7)  
4552 through (14), respectively, and a new subsection (6) is added to  
4553 that section to read:

4554 948.001 Definitions.—As used in this chapter, the term:  
4555 (6) "Mental health probation" means a form of specialized  
4556 supervision that emphasizes mental health treatment and working  
4557 with treatment providers to focus on underlying mental health  
4558 disorders and compliance with a prescribed psychotropic  
4559 medication regimen in accordance with individualized treatment  
4560 plans. Mental health probation shall be supervised by officers  
4561 with restricted caseloads who are sensitive to the unique needs  
4562 of individuals with mental health disorders, and who will work  
4563 in tandem with community mental health case managers assigned to  
4564 the defendant. Caseloads of such officers should be restricted  
4565 to a maximum of 50 cases per officer in order to ensure an  
4566 adequate level of staffing and supervision.

4567 Section 92. Subsection (8) is added to section 948.01,  
4568 Florida Statutes, to read:

4569 948.01 When court may place defendant on probation or into  
4570 community control.—

4571 (8) (a) Notwithstanding s. 921.0024 and effective for  
4572 offenses committed on or after July 1, 2016, the sentencing  
4573 court may place the defendant into a postadjudicatory mental  
4574 health court program if the offense is a nonviolent felony, the  
4575 defendant is amenable to mental health treatment, including

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4576 taking prescribed medications, and the defendant is otherwise  
4577 qualified under s. 394.47892(4). The satisfactory completion of  
4578 the program must be a condition of the defendant's probation or  
4579 community control. As used in this subsection, the term  
4580 "nonviolent felony" means a third degree felony violation under  
4581 chapter 810 or any other felony offense that is not a forcible  
4582 felony as defined in s. 776.08. Defendants charged with  
4583 resisting an officer with violence under s. 843.01, battery on a  
4584 law enforcement officer under s. 784.07, or aggravated assault  
4585 may participate in the mental health court program if the court  
4586 so orders after the victim is given his or her right to provide  
4587 testimony or written statement to the court as provided in s.  
4588 921.143.

4589 (b) The defendant must be fully advised of the purpose of  
4590 the mental health court program and the defendant must agree to  
4591 enter the program. The original sentencing court shall  
4592 relinquish jurisdiction of the defendant's case to the  
4593 postadjudicatory mental health court program until the defendant  
4594 is no longer active in the program, the case is returned to the  
4595 sentencing court due to the defendant's termination from the  
4596 program for failure to comply with the terms thereof, or the  
4597 defendant's sentence is completed.

4598 (c) The Department of Corrections may establish designated  
4599 and trained mental health probation officers to support  
4600 individuals under supervision of the mental health court  
4601 program.

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4602 Section 93. Paragraph (j) is added to subsection (2) of  
4603 section 948.06, Florida Statutes, to read:

4604 948.06 Violation of probation or community control;  
4605 revocation; modification; continuance; failure to pay  
4606 restitution or cost of supervision.—

4607 (2)

4608 (j)1. Notwithstanding s. 921.0024 and effective for  
4609 offenses committed on or after July 1, 2016, the court may order  
4610 the offender to successfully complete a postadjudicatory mental  
4611 health court program under s. 394.47892 or a military veterans  
4612 and servicemembers court program under s. 394.47891 if:

4613 a. The court finds or the offender admits that the  
4614 offender has violated his or her community control or probation;

4615 b. The underlying offense is a nonviolent felony. As used  
4616 in this subsection, the term "nonviolent felony" means a third  
4617 degree felony violation under chapter 810 or any other felony  
4618 offense that is not a forcible felony as defined in s. 776.08.  
4619 Offenders charged with resisting an officer with violence under  
4620 s. 843.01, battery on a law enforcement officer under s. 784.07,  
4621 or aggravated assault may participate in the mental health court  
4622 program if the court so orders after the victim is given his or  
4623 her right to provide testimony or written statement to the court  
4624 as provided in s. 921.143;

4625 c. The court determines that the offender is amenable to  
4626 the services of a postadjudicatory mental health court program,  
4627 including taking prescribed medications, or a military veterans

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4628 and servicemembers court program;

4629 d. The court explains the purpose of the program to the  
4630 offender and the offender agrees to participate; and

4631 e. The offender is otherwise qualified to participate in a  
4632 postadjudicatory mental health court program under s.  
4633 394.47892(4) or a military veterans and servicemembers court  
4634 program under s. 394.47891.

4635 2. After the court orders the modification of community  
4636 control or probation, the original sentencing court shall  
4637 relinquish jurisdiction of the offender's case to the  
4638 postadjudicatory mental health court program until the offender  
4639 is no longer active in the program, the case is returned to the  
4640 sentencing court due to the offender's termination from the  
4641 program for failure to comply with the terms thereof, or the  
4642 offender's sentence is completed.

4643 Section 94. Subsection (8) of section 948.08, Florida  
4644 Statutes, is renumbered as subsection (9), paragraph (a) of  
4645 subsection (7) is amended, and a new subsection (8) is added to  
4646 that section, to read:

4647 948.08 Pretrial intervention program.—

4648 (7) (a) Notwithstanding any provision of this section, a  
4649 person who is charged with a felony, other than a felony listed  
4650 in s. 948.06(8) (c), and identified as a veteran, as defined in  
4651 s. 1.01, including a veteran who is discharged or released under  
4652 a general discharge, or servicemember, as defined in s. 250.01,  
4653 who suffers from a military service-related mental illness,

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4654 traumatic brain injury, substance abuse disorder, or  
4655 psychological problem, is eligible for voluntary admission into  
4656 a pretrial veterans' treatment intervention program approved by  
4657 the chief judge of the circuit, upon motion of either party or  
4658 the court's own motion, except:

4659 1. If a defendant was previously offered admission to a  
4660 pretrial veterans' treatment intervention program at any time  
4661 before trial and the defendant rejected that offer on the  
4662 record, the court may deny the defendant's admission to such a  
4663 program.

4664 2. If a defendant previously entered a court-ordered  
4665 veterans' treatment program, the court may deny the defendant's  
4666 admission into the pretrial veterans' treatment program.

4667 (8) (a) Notwithstanding any provision of this section, a  
4668 defendant is eligible for voluntary admission into a pretrial  
4669 mental health court program established pursuant to s. 394.47892  
4670 and approved by the chief judge of the circuit for a period to  
4671 be determined by the court, based on the clinical needs of the  
4672 defendant, upon motion of either party or the court's own motion  
4673 if:

4674 1. The defendant is identified as having a mental illness;

4675 2. The defendant has not been convicted of a felony; and

4676 3. The defendant is charged with:

4677 a. A nonviolent felony that includes a third degree felony  
4678 violation of chapter 810 or any other felony offense that is not  
4679 a forcible felony as defined in s. 776.08;

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4680 b. Resisting an officer with violence under s. 843.01, if  
4681 the law enforcement officer and state attorney consent to the  
4682 defendant's participation;

4683 c. Battery on a law enforcement officer under s. 784.07,  
4684 if the law enforcement officer and state attorney consent to the  
4685 defendant's participation; or

4686 d. Aggravated assault, if the victim and state attorney  
4687 consent to the defendant's participation.

4688 (b) At the end of the pretrial intervention period, the  
4689 court shall consider the recommendation of the program  
4690 administrator and the recommendation of the state attorney as to  
4691 disposition of the pending charges. The court shall determine,  
4692 by written finding, whether the defendant has successfully  
4693 completed the pretrial intervention program. If the court finds  
4694 that the defendant has not successfully completed the pretrial  
4695 intervention program, the court may order the person to continue  
4696 in education and treatment, which may include a mental health  
4697 program offered by a licensed service provider, as defined in s.  
4698 394.455, or order that the charges revert to normal channels for  
4699 prosecution. The court shall dismiss the charges upon a finding  
4700 that the defendant has successfully completed the pretrial  
4701 intervention program.

4702 Section 95. Subsections (3) and (4) of section 948.16,  
4703 Florida Statutes, are renumbered as subsections (4) and (5),  
4704 respectively, paragraph (a) of subsection (2) and present  
4705 subsection (4) of that section are amended, and a new subsection

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4706 (3) is added to that section, to read:

4707 948.16 Misdemeanor pretrial substance abuse education and  
4708 treatment intervention program; misdemeanor pretrial veterans'  
4709 treatment intervention program; misdemeanor pretrial mental  
4710 health court program.—

4711 (2) (a) A veteran, as defined in s. 1.01, including a  
4712 veteran who is discharged or released under a general discharge,  
4713 or servicemember, as defined in s. 250.01, who suffers from a  
4714 military service-related mental illness, traumatic brain injury,  
4715 substance abuse disorder, or psychological problem, and who is  
4716 charged with a misdemeanor is eligible for voluntary admission  
4717 into a misdemeanor pretrial veterans' treatment intervention  
4718 program approved by the chief judge of the circuit, for a period  
4719 based on the program's requirements and the treatment plan for  
4720 the offender, upon motion of either party or the court's own  
4721 motion. However, the court may deny the defendant admission into  
4722 a misdemeanor pretrial veterans' treatment intervention program  
4723 if the defendant has previously entered a court-ordered  
4724 veterans' treatment program.

4725 (3) A defendant who is charged with a misdemeanor and  
4726 identified as having a mental illness is eligible for voluntary  
4727 admission into a misdemeanor pretrial mental health court  
4728 program established pursuant to s. 394.47892, approved by the  
4729 chief judge of the circuit, for a period to be determined by the  
4730 court, based on the clinical needs of the defendant, upon motion  
4731 of either party or the court's own motion.

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4732        (5)~~(4)~~ Any public or private entity providing a pretrial  
4733 substance abuse education and treatment program or mental health  
4734 court program under this section shall contract with the county  
4735 or appropriate governmental entity. The terms of the contract  
4736 shall include, but not be limited to, the requirements  
4737 established for private entities under s. 948.15(3). This  
4738 requirement does not apply to services provided by the  
4739 Department of Veterans' Affairs or the United States Department  
4740 of Veterans Affairs.

4741        Section 96. Section 948.21, Florida Statutes, is amended  
4742 to read:

4743        948.21 Condition of probation or community control;  
4744 military servicemembers and veterans.—

4745        (1) Effective for a probationer or community controllee  
4746 whose crime is ~~was~~ committed on or after July 1, 2012, and who  
4747 is a veteran, as defined in s. 1.01, or servicemember, as  
4748 defined in s. 250.01, who suffers from a military service-  
4749 related mental illness, traumatic brain injury, substance abuse  
4750 disorder, or psychological problem, the court may, in addition  
4751 to any other conditions imposed, impose a condition requiring  
4752 the probationer or community controllee to participate in a  
4753 treatment program capable of treating the probationer's  
4754 ~~probationer~~ or community controllee's mental illness, traumatic  
4755 brain injury, substance abuse disorder, or psychological  
4756 problem.

4757        (2) Effective for a probationer or community controllee

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4758 whose crime is committed on or after July 1, 2016, and who is a  
4759 veteran, as defined in s. 1.01, including a veteran who is  
4760 discharged or released under a general discharge, or  
4761 servicemember, as defined in s. 250.01, who suffers from a  
4762 military service-related mental illness, traumatic brain injury,  
4763 substance abuse disorder, or psychological problem, the court  
4764 may, in addition to any other conditions imposed, impose a  
4765 condition requiring the probationer or community controllee to  
4766 participate in a treatment program capable of treating the  
4767 probationer or community controllee's mental illness, traumatic  
4768 brain injury, substance abuse disorder, or psychological  
4769 problem.

4770 (3) The court shall give preference to treatment programs  
4771 for which the probationer or community controllee is eligible  
4772 through the United States Department of Veterans Affairs or the  
4773 Florida Department of Veterans' Affairs. The Department of  
4774 Corrections is not required to spend state funds to implement  
4775 this section.

4776 Section 97. Section 985.345, Florida Statutes, is amended  
4777 to read:

4778 985.345 Delinquency pretrial intervention programs  
4779 ~~program.~~—

4780 (1) (a) Notwithstanding any other ~~provision of law to the~~  
4781 ~~contrary~~, a child who is charged with a felony of the second or  
4782 third degree for purchase or possession of a controlled  
4783 substance under chapter 893; tampering with evidence;

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4784 solicitation for purchase of a controlled substance; or  
4785 obtaining a prescription by fraud, and who has not previously  
4786 been adjudicated for a felony, is eligible for voluntary  
4787 admission into a delinquency pretrial substance abuse education  
4788 and treatment intervention program, including a treatment-based  
4789 drug court program established pursuant to s. 397.334, approved  
4790 by the chief judge or alternative sanctions coordinator of the  
4791 circuit to the extent that funded programs are available, for a  
4792 period based on the program requirements and the treatment  
4793 services that are suitable for the offender, upon motion of  
4794 either party or the court's own motion. However, if the state  
4795 attorney believes that the facts and circumstances of the case  
4796 suggest the child's involvement in the dealing and selling of  
4797 controlled substances, the court shall hold a preadmission  
4798 hearing. If the state attorney establishes by a preponderance of  
4799 the evidence at such hearing that the child was involved in the  
4800 dealing and selling of controlled substances, the court shall  
4801 deny the child's admission into a delinquency pretrial  
4802 intervention program.

4803 (b)(2) While enrolled in a delinquency pretrial  
4804 intervention program authorized by this subsection ~~section~~, a  
4805 child is subject to a coordinated strategy developed by a drug  
4806 court team under s. 397.334(4). The coordinated strategy may  
4807 include a protocol of sanctions that may be imposed upon the  
4808 child for noncompliance with program rules. The protocol of  
4809 sanctions may include, but is not limited to, placement in a

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4810 substance abuse treatment program offered by a licensed service  
4811 provider as defined in s. 397.311 or serving a period of secure  
4812 detention under this chapter. The coordinated strategy must be  
4813 provided in writing to the child before the child agrees to  
4814 enter the pretrial treatment-based drug court program or other  
4815 pretrial intervention program. A ~~Any~~ child whose charges are  
4816 dismissed after successful completion of the treatment-based  
4817 drug court program, if otherwise eligible, may have his or her  
4818 arrest record and plea of nolo contendere to the dismissed  
4819 charges expunged under s. 943.0585.

4820 (c) ~~(3)~~ At the end of the delinquency pretrial intervention  
4821 period, the court shall consider the recommendation of the state  
4822 attorney and the program administrator as to disposition of the  
4823 pending charges. The court shall determine, by written finding,  
4824 whether the child has successfully completed the delinquency  
4825 pretrial intervention program. Notwithstanding the coordinated  
4826 strategy developed by a drug court team pursuant to s.  
4827 397.334(4), if the court finds that the child has not  
4828 successfully completed the delinquency pretrial intervention  
4829 program, the court may order the child to continue in an  
4830 education, treatment, or drug testing ~~urine monitoring~~ program  
4831 if resources and funding are available or order that the charges  
4832 revert to normal channels for prosecution. The court may dismiss  
4833 the charges upon a finding that the child has successfully  
4834 completed the delinquency pretrial intervention program.

4835 (2) (a) Notwithstanding any other law, a child who has been

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4836 identified as having a mental illness and who has not been  
4837 previously adjudicated for a felony is eligible for voluntary  
4838 admission into a delinquency pretrial mental health court  
4839 intervention program, established pursuant to s. 394.47892,  
4840 approved by the chief judge of the circuit, for a period to be  
4841 determined by the court, based on the clinical needs of the  
4842 child, upon motion of either party or the court's own motion if  
4843 the child is charged with:

- 4844 1. A misdemeanor;  
4845 2. A nonviolent felony, as defined in s. 948.01(8);  
4846 3. Resisting an officer with violence under s. 843.01, if  
4847 the law enforcement officer and state attorney consent to the  
4848 child's participation;  
4849 4. Battery on a law enforcement officer under 784.07, if  
4850 the law enforcement officer and state attorney consent to the  
4851 child's participation; or  
4852 5. Aggravated assault, if the victim and state attorney  
4853 consent to the child's participation.

4854 (b) At the end of the delinquency pretrial mental health  
4855 court intervention period, the court shall consider the  
4856 recommendation of the state attorney and the program  
4857 administrator as to disposition of the pending charges. The  
4858 court shall determine, by written finding, whether the child has  
4859 successfully completed the program. If the court finds that the  
4860 child has not successfully completed the program, the court may  
4861 order the child to continue in an education, treatment, or

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4862 monitoring program if resources and funding are available or  
4863 order that the charges revert to normal channels for  
4864 prosecution. The court may dismiss the charges upon a finding  
4865 that the child has successfully completed the program.

4866 (c) A child whose charges are dismissed after successful  
4867 completion of the delinquency pretrial mental health court  
4868 intervention program, if otherwise eligible, may have his or her  
4869 criminal history record for such charges expunged under s.  
4870 943.0585.

4871 (3)-(4) Any entity, whether public or private, providing  
4872 pretrial substance abuse education, treatment intervention, drug  
4873 testing, or a mental health court and a urine monitoring program  
4874 under this section must contract with the county or appropriate  
4875 governmental entity, and the terms of the contract must include,  
4876 but need not be limited to, the requirements established for  
4877 private entities under s. 948.15(3). It is the intent of the  
4878 Legislature that public or private entities providing substance  
4879 abuse education and treatment intervention programs involve the  
4880 active participation of parents, schools, churches, businesses,  
4881 law enforcement agencies, and the department or its contract  
4882 providers.

4883 Section 98. For the purpose of incorporating the  
4884 amendments made by this act to sections 948.01 and 948.06,  
4885 Florida Statutes, in references thereto, paragraph (a) of  
4886 subsection (3) and subsection (5) of section 397.334, Florida  
4887 Statutes, are reenacted to read:

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4888 397.334 Treatment-based drug court programs.—

4889 (3) (a) Entry into any postadjudicatory treatment-based  
4890 drug court program as a condition of probation or community  
4891 control pursuant to s. 948.01, s. 948.06, or s. 948.20 must be  
4892 based upon the sentencing court's assessment of the defendant's  
4893 criminal history, substance abuse screening outcome, amenability  
4894 to the services of the program, total sentence points, the  
4895 recommendation of the state attorney and the victim, if any, and  
4896 the defendant's agreement to enter the program.

4897 (5) Treatment-based drug court programs may include  
4898 pretrial intervention programs as provided in ss. 948.08,  
4899 948.16, and 985.345, treatment-based drug court programs  
4900 authorized in chapter 39, postadjudicatory programs as provided  
4901 in ss. 948.01, 948.06, and 948.20, and review of the status of  
4902 compliance or noncompliance of sentenced offenders through a  
4903 treatment-based drug court program. While enrolled in a  
4904 treatment-based drug court program, the participant is subject  
4905 to a coordinated strategy developed by a drug court team under  
4906 subsection (4). The coordinated strategy may include a protocol  
4907 of sanctions that may be imposed upon the participant for  
4908 noncompliance with program rules. The protocol of sanctions may  
4909 include, but is not limited to, placement in a substance abuse  
4910 treatment program offered by a licensed service provider as  
4911 defined in s. 397.311 or in a jail-based treatment program or  
4912 serving a period of secure detention under chapter 985 if a  
4913 child or a period of incarceration within the time limits

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4914 established for contempt of court if an adult. The coordinated  
4915 strategy must be provided in writing to the participant before  
4916 the participant agrees to enter into a treatment-based drug  
4917 court program.

4918 Section 99. For the purpose of incorporating the amendment  
4919 made by this act to section 948.06, Florida Statutes, in a  
4920 reference thereto, paragraph (b) of subsection (2) of section  
4921 948.012, Florida Statutes, is reenacted to read:

4922 948.012 Split sentence of probation or community control  
4923 and imprisonment.—

4924 (2) The court may also impose a split sentence whereby the  
4925 defendant is sentenced to a term of probation which may be  
4926 followed by a period of incarceration or, with respect to a  
4927 felony, into community control, as follows:

4928 (b) If the offender does not meet the terms and conditions  
4929 of probation or community control, the court may revoke, modify,  
4930 or continue the probation or community control as provided in s.  
4931 948.06. If the probation or community control is revoked, the  
4932 court may impose any sentence that it could have imposed at the  
4933 time the offender was placed on probation or community control.  
4934 The court may not provide credit for time served for any portion  
4935 of a probation or community control term toward a subsequent  
4936 term of probation or community control. However, the court may  
4937 not impose a subsequent term of probation or community control  
4938 which, when combined with any amount of time served on preceding  
4939 terms of probation or community control for offenses pending

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4940 before the court for sentencing, would exceed the maximum  
4941 penalty allowable as provided in s. 775.082. Such term of  
4942 incarceration shall be served under applicable law or county  
4943 ordinance governing service of sentences in state or county  
4944 jurisdiction. This paragraph does not prohibit any other  
4945 sanction provided by law.

4946 Section 100. The provisions of this act shall supersede  
4947 and control over any conflicting provisions adopted in House  
4948 Bill 439 or Senate Bill 604, 2016 Regular Session, to the extent  
4949 of such conflict, if either bill becomes a law.

4950 Section 101. This act shall take effect July 1, 2016.

4951  
4952 -----

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

4953 Remove everything before the enacting clause and insert:

4954 A bill to be entitled

4955 An act relating to mental health and substance abuse;  
4956 amending s. 29.004, F.S.; including services provided  
4957 to treatment-based mental health programs within case  
4958 management funded from state revenues as an element of  
4959 the state courts system; amending s. 39.01, F.S.;  
4960 defining a term; amending s. 39.407, F.S.; requiring  
4961 assessment findings to be provided to the plan that is  
4962 financially responsible for a child's care in  
4963 residential treatment under certain circumstances;  
4964 amending s. 394.453, F.S.; revising legislative  
4965

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4966 intent; amending s. 394.4573, F.S.; requiring the  
4967 Department of Children and Families to submit a  
4968 certain assessment to the Governor and Legislature by  
4969 a specified date; redefining terms; providing  
4970 essential elements of a coordinated system of care;  
4971 providing requirements for the department's annual  
4972 assessment; authorizing the department to award  
4973 certain grants; deleting duties and measures of the  
4974 department regarding continuity of care management  
4975 systems; amending s. 394.461, F.S.; creating a  
4976 designated receiving system that functions as a no-  
4977 wrong-door model, based on certain receiving system  
4978 models; authorizing, rather than requiring, the  
4979 department to adopt rules to implement the designated  
4980 receiving system; repealing s. 394.675, F.S., relating  
4981 to the substance abuse and mental health service  
4982 system; amending ss. 394.75 and 394.76, F.S.;;  
4983 conforming provisions and cross-references to changes  
4984 made by the act; amending s. 394.4597, F.S.; revising  
4985 the prioritization of health care surrogates to be  
4986 selected for involuntary patients; specifying certain  
4987 persons who are prohibited from being selected as an  
4988 individual's representative; amending s. 394.4598,  
4989 F.S.; specifying certain persons who are prohibited  
4990 from being appointed as a person's guardian advocate;  
4991 amending s. 394.462, F.S.; requiring that counties

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4992 develop and implement transportation plans; providing  
4993 requirements for the plans; revising requirements for  
4994 transportation to receiving facilities and treatment  
4995 facilities; revising exceptions to such requirements;  
4996 amending s. 394.467, F.S.; revising criteria for  
4997 involuntary inpatient placement; requiring a facility  
4998 filing a petition for involuntary inpatient placement  
4999 to send a copy to the department and managing entity;  
5000 revising criteria for a hearing on involuntary  
5001 inpatient placement; revising criteria for a procedure  
5002 for continued involuntary inpatient services;  
5003 specifying requirements for a certain waiver of the  
5004 patient's attendance at a hearing; requiring the court  
5005 to consider certain testimony and evidence regarding a  
5006 patient's incompetence; amending s. 394.46715, F.S.;  
5007 revising rulemaking authority of the department;  
5008 amending s. 394.4685, F.S.; requiring a public  
5009 receiving facility initiating a patient transfer to a  
5010 licensed hospital for certain mental health services  
5011 to provide notice and transfer patient records to the  
5012 hospital; amending s. 394.656, F.S.; revising the  
5013 membership of the Criminal Justice, Mental Health, and  
5014 Substance Abuse Statewide Grant Review Committee;  
5015 providing duties for the committee; authorizing a not-  
5016 for-profit community provider or managing entity to  
5017 apply for certain grants; revising eligibility for

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5018 such grants; defining a term; creating s. 394.761,  
5019 F.S.; authorizing the agency and the department to  
5020 develop a plan for revenue maximization; requiring the  
5021 plan to be submitted to the Legislature by a certain  
5022 date; amending s. 394.879, F.S.; providing an  
5023 exception for certain treatment and receiving  
5024 facilities from Florida Building Code and Florida Fire  
5025 Prevention Code standards; requiring the department to  
5026 modify licensure rules and procedures to create an  
5027 option for a single, consolidated license for certain  
5028 providers by a specified date; amending s. 394.9082,  
5029 F.S.; providing a purpose for behavioral health  
5030 managing entities; revising definitions; providing  
5031 duties of the department; requiring the department to  
5032 revise its contracts with managing entities; providing  
5033 duties for managing entities; providing requirements  
5034 for network accreditation and systems coordination  
5035 agreements; providing a funding mechanism for managing  
5036 entities; renaming the Crisis Stabilization Services  
5037 Utilization Database as the Acute Care Services  
5038 Utilization Database and requiring certain substance  
5039 abuse providers to provide utilization data; deleting  
5040 provisions relating to legislative findings and  
5041 intent, service delivery strategies, essential  
5042 elements, reporting requirements, and rulemaking  
5043 authority; amending s. 397.305; providing legislative

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Amendment No.

5044 intent; amending s. 397.311, F.S.; defining and  
5045 redefining terms; conforming a cross-reference;  
5046 amending s. 397.321, F.S.; deleting a requirement for  
5047 the department to appoint a substance abuse impairment  
5048 coordinator; requiring the department to develop  
5049 certain forms, display such forms on its website, and  
5050 notify certain entities of the existence and  
5051 availability of such forms; amending s. 397.675, F.S.;  
5052 revising the criteria for involuntary admissions due  
5053 to substance abuse or co-occurring mental health  
5054 disorders; amending s. 397.6751, F.S.; requiring the  
5055 service provider to submit certain documents to the  
5056 department within a specified time when a person is  
5057 involuntarily admitted; amending s. 397.6772, F.S.;  
5058 requiring law enforcement officers to use standard  
5059 forms developed by the department to execute a written  
5060 report detailing the circumstances under which a  
5061 person was taken into custody under the Hal S.  
5062 Marchman Alcohol and Other Drug Services Act; amending  
5063 s. 397.6773, F.S.; revising a cross-reference;  
5064 amending s. 397.679, F.S.; authorizing specified  
5065 licensed professionals to complete a certificate for  
5066 the involuntary admission of an individual; amending  
5067 s. 397.6791, F.S.; providing a list of professionals  
5068 authorized to initiate a certificate for an emergency  
5069 assessment or admission of a person with a substance

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5070 abuse disorder; amending s. 397.6793, F.S.; revising  
5071 the criteria for initiation of a certificate for an  
5072 emergency admission for a person who is substance  
5073 abuse impaired; amending s. 397.6795, F.S.; revising  
5074 the list of persons authorized to deliver a person for  
5075 an emergency assessment; amending s. 397.681, F.S.;  
5076 prohibiting the court from charging a fee for  
5077 involuntary petitions; amending s. 397.6811, F.S.;  
5078 revising the list of persons authorized to file a  
5079 petition for an involuntary assessment and  
5080 stabilization; amending s. 397.6814, F.S.; prohibiting  
5081 a fee from being charged for the filing of a petition  
5082 for involuntary assessment and stabilization; amending  
5083 s. 397.6818, F.S.; limiting the validity of an order  
5084 for involuntary admission to 7 days after it is signed  
5085 unless otherwise specified in the order; amending s.  
5086 397.6819, F.S.; revising the responsibilities of  
5087 service providers who admit an individual for an  
5088 involuntary assessment and stabilization; requiring a  
5089 managing entity to be notified of certain  
5090 recommendations; amending s. 397.695, F.S.;  
5091 authorizing certain persons to file a petition for  
5092 involuntary outpatient services of an individual;  
5093 providing procedures and requirements for such  
5094 petitions; amending s. 397.6951, F.S.; requiring that  
5095 certain additional information be included in a

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Amendment No.

5096 petition for involuntary outpatient services; amending  
5097 s. 397.6955, F.S.; requiring a court to fulfill  
5098 certain additional duties upon the filing of a  
5099 petition for involuntary outpatient services; amending  
5100 s. 397.6957, F.S.; providing additional requirements  
5101 for a hearing on a petition for involuntary outpatient  
5102 services; amending s. 397.697, F.S.; authorizing a  
5103 court to make a determination of involuntary  
5104 outpatient services; authorizing a court to order a  
5105 respondent to undergo treatment through a publicly or  
5106 privately funded licensed service provider under  
5107 certain circumstances; prohibiting a court from  
5108 ordering involuntary outpatient services under certain  
5109 circumstances; requiring the service provider to  
5110 document certain inquiries; requiring the managing  
5111 entity to document certain efforts; requiring a copy  
5112 of the court's order to be sent to the department and  
5113 managing entity; providing procedures for  
5114 modifications to such orders; amending s. 397.6971,  
5115 F.S.; establishing the requirements for an early  
5116 release from involuntary outpatient services; amending  
5117 s. 397.6975, F.S.; requiring the court to appoint  
5118 certain counsel; providing requirements for hearings  
5119 on petitions for continued involuntary outpatient  
5120 services; requiring notice of such hearings; amending  
5121 s. 397.6977, F.S.; conforming provisions to changes

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Amendment No.

5122 made by the act; creating s. 397.6978, F.S.; providing  
5123 for the appointment of guardian advocates if an  
5124 individual is found incompetent to consent to  
5125 treatment; prohibiting specified persons from being  
5126 appointed as an individual's guardian advocate;  
5127 providing requirements for a facility requesting the  
5128 appointment of a guardian advocate; requiring a  
5129 training course for guardian advocates; providing  
5130 requirements for the training course; providing  
5131 requirements for the prioritization of individuals to  
5132 be selected as guardian advocates; authorizing certain  
5133 guardian advocates to consent to medical treatment;  
5134 providing exceptions; providing procedures for the  
5135 discharge of a guardian advocate; amending s. 409.967,  
5136 F.S.; requiring managed care plans to provide for  
5137 quality care; amending s. 409.973, F.S.; providing an  
5138 integrated behavioral health initiative; amending s.  
5139 491.0045, F.S.; revising registration requirements for  
5140 interns; repealing s. 394.4674, F.S., relating to the  
5141 comprehensive plan and report on the  
5142 deinstitutionalization of patients in a treatment  
5143 facility; repealing s. 394.4985, F.S., relating to the  
5144 implementation of a districtwide information and  
5145 referral network; repealing s. 394.745, F.S., relating  
5146 to the annual report on the compliance of providers  
5147 under contract with the department; repealing s.

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5148 397.331, F.S., relating to definitions and legislative  
5149 intent; repealing part IX of chapter 397, F.S.,  
5150 consisting of ss. 397.801, 397.811, and 397.821, F.S.,  
5151 relating to substance abuse impairment coordination,  
5152 juvenile substance abuse impairment coordination, and  
5153 juvenile substance abuse impairment prevention and  
5154 early intervention councils, respectively; repealing  
5155 s. 397.901, F.S., relating to prototype juvenile  
5156 addictions receiving facilities; repealing s. 397.93,  
5157 F.S., relating to target populations for children's  
5158 substance abuse services; repealing s. 397.94, F.S.,  
5159 relating to the information and referral network for  
5160 children's substance abuse services; repealing s.  
5161 397.951, F.S., relating to substance abuse treatment  
5162 and sanctions; repealing s. 397.97, F.S., relating to  
5163 demonstration models for children's substance abuse  
5164 services; repealing s. 397.98, F.S., relating to  
5165 utilization management for children's substance abuse  
5166 services; amending ss. 39.407, 212.055, 394.4599,  
5167 394.495, 394.496, 394.9085, 397.321, 397.405, 397.407,  
5168 397.416, 397.4871, 409.966, 409.972, 440.102, and  
5169 744.704, F.S.; conforming cross-references; requiring  
5170 the Secretary of Children and Families to appoint a  
5171 workgroup on the use of advance directives for  
5172 substance use disorders; requiring a report to the  
5173 Governor and Legislature by a specified date;

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Amendment No.

5174 providing for expiration of the workgroup; amending s.  
5175 61.13, F.S.; providing that a parenting plan that  
5176 provides for shared parental responsibility over  
5177 health care decisions must authorize either parent to  
5178 consent to mental health treatment for the child;  
5179 amending s. 39.001, F.S.; conforming provisions to  
5180 changes made by the act; amending ss. 39.507 and  
5181 39.521, F.S.; providing for consideration of mental  
5182 health issues and involvement in mental health  
5183 programs in adjudicatory hearings and orders;  
5184 providing requirements for certain court orders;  
5185 revising the qualifications for administrators of  
5186 mental health and substance abuse assessments or  
5187 evaluations; amending s. 394.4655, F.S.; defining the  
5188 terms "court" and "criminal county court"; providing  
5189 for involuntary outpatient services; authorizing  
5190 certain licensed physicians and psychiatric nurses to  
5191 provide a second opinion regarding a recommendation  
5192 for involuntary outpatient services under certain  
5193 circumstances; requiring a service provider to  
5194 document certain inquiries; requiring the managing  
5195 entity to document certain efforts; making technical  
5196 changes; amending s. 394.4599, F.S.; conforming  
5197 provisions to changes made by the act; amending s.  
5198 394.455, F.S.; defining and redefining terms; amending  
5199 s. 394.463, F.S.; authorizing circuit or county courts

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Amendment No.

5200 to enter ex parte orders for involuntary examinations;  
5201 requiring a facility to provide copies of ex parte  
5202 orders, reports, and certificates to the department,  
5203 rather than the Agency for Health Care Administration;  
5204 requiring the department to receive certain orders,  
5205 certificates, and reports; requiring the department to  
5206 receive and maintain copies of certain documents;  
5207 prohibiting a person from being held for involuntary  
5208 examination for more than a specified period of time;  
5209 providing exceptions; requiring certain individuals to  
5210 be released to law enforcement custody; providing  
5211 exceptions; conforming cross-references; amending s.  
5212 394.4615, F.S.; conforming a cross-reference; amending  
5213 s. 394.47891, F.S.; expanding eligibility for military  
5214 veterans and servicemembers court programs; creating  
5215 s. 394.47892, F.S.; authorizing the creation of mental  
5216 health court programs; providing for eligibility;  
5217 providing program requirements; providing for an  
5218 advisory committee; amending s. 790.065, F.S.;  
5219 conforming terminology and cross-references; amending  
5220 s. 910.035, F.S.; revising the definition of the term  
5221 "problem-solving court"; creating s. 916.185, F.S.;  
5222 creating the Forensic Hospital Diversion Pilot  
5223 Program; providing legislative findings and intent;  
5224 providing definitions; authorizing the Department of  
5225 Children and Families to implement a Forensic Hospital

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Amendment No.

5226 Diversion Pilot Program in specified judicial  
5227 circuits; authorizing the department to request  
5228 specified budget amendments; providing for eligibility  
5229 for the program; providing legislative intent  
5230 concerning training; authorizing rulemaking; amending  
5231 s. 948.001, F.S.; defining the term "mental health  
5232 probation"; amending ss. 948.01 and 948.06, F.S.;  
5233 authorizing courts to order certain offenders on  
5234 probation or community control to postadjudicatory  
5235 mental health court programs; amending s. 948.08,  
5236 F.S.; expanding eligibility requirements for certain  
5237 pretrial intervention programs; providing for  
5238 voluntary admission into a pretrial mental health  
5239 court program; amending s. 948.16, F.S.; expanding  
5240 eligibility of veterans for a misdemeanor pretrial  
5241 veterans' treatment intervention program; providing  
5242 eligibility of misdemeanor defendants for a  
5243 misdemeanor pretrial mental health court program;  
5244 amending s. 948.21, F.S.; expanding veterans'  
5245 eligibility for participating in treatment programs  
5246 while on court-ordered probation or community control;  
5247 amending s. 985.345, F.S.; authorizing delinquency  
5248 pretrial mental health court intervention programs for  
5249 certain juvenile offenders; providing for disposition  
5250 of pending charges after completion of the program;  
5251 authorizing expunction of specified criminal history

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Amendment No.

5252 records after successful completion of the program;  
5253 reenacting s. 397.334(3)(a) and (5), F.S., relating to  
5254 treatment-based drug court programs, to incorporate  
5255 the amendments made by the act to ss. 948.01 and  
5256 948.06, F.S., in references thereto; reenacting s.  
5257 948.012(2)(b), F.S., relating to split sentence  
5258 probation or community control and imprisonment, to  
5259 incorporate the amendment made by the act to s.  
5260 948.06, F.S., in a reference thereto; providing for  
5261 provisions of the act to supersede and control over  
5262 any conflicting provisions of specified bills;  
5263 providing an effective date.

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