

CHAMBER ACTION

1 The Committee on Future of Florida's Families recommends the  
2 following:

3  
4 **Committee Substitute**

5 Remove the entire bill and insert:

6 A bill to be entitled

7 An act relating to mental health; amending s. 394.455,  
8 F.S.; revising a definition; providing additional  
9 definitions of terms used in pt. I of ch. 394, F.S., "The  
10 Baker Act"; amending s. 394.4598, F.S.; revising language  
11 with respect to the guardian advocate; providing for  
12 discharge under certain circumstances; amending s.  
13 394.4615, F.S.; providing for release of certain clinical  
14 records to certain persons for certain purposes; amending  
15 s. 394.463, F.S.; revising criteria and procedures for  
16 involuntary examination; creating s. 394.4655, F.S.;  
17 providing criteria and procedures for involuntary  
18 outpatient placement; providing for a voluntary  
19 examination for outpatient placement; providing for a  
20 petition for involuntary outpatient placement; providing  
21 for appointment of counsel; providing for continuance of  
22 hearings; providing for a hearing on involuntary  
23 outpatient placement; setting forth procedures for the

24 hearing; providing for appointment of a master to preside;  
25 providing for an independent examination; requiring a  
26 court to order involuntary outpatient placement under  
27 certain circumstances; requiring a treatment plan;  
28 providing for plan modification; providing for a patient  
29 to be brought to a receiving facility upon failure or  
30 refusal to comply with the treatment plan; requiring  
31 attachment of a copy of the treatment plan to a petition;  
32 providing for involuntary inpatient placement or  
33 involuntary assessment; requiring consideration of a  
34 patient's competence to proceed; requiring a list of  
35 guardian advocates to be submitted to the court; defining  
36 the role of a guardian advocate; providing for discharge  
37 of the guardian advocate; requiring certain documentation;  
38 allowing a person for whom an involuntary outpatient  
39 placement petition has been filed to agree to a voluntary  
40 treatment agreement; specifying requirements for  
41 agreements; providing for modifications; providing for  
42 filing of an affidavit of noncompliance with a voluntary  
43 treatment plan; requiring a hearing; requiring dismissal  
44 of petitions in certain circumstances; providing  
45 procedures for continued involuntary outpatient placement;  
46 providing for a continued involuntary outpatient placement  
47 certificate; requiring a hearing; requiring appointment of  
48 a public defender; requiring hearings; providing for  
49 appointment of a special master; authorizing a patient and  
50 the patient's attorney to agree to a period of continued  
51 outpatient placement without a court hearing; amending s.

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52 | 394.467, F.S.; revising language with respect to  
 53 | involuntary inpatient placement to conform to changes made  
 54 | by the act; revising requirements for evaluation and  
 55 | placement; amending ss. 394.495, 394.496, 394.498,  
 56 | 419.001, and 744.704, F.S.; correcting cross references;  
 57 | authorizing the Department of Children and Family Services  
 58 | to adopt rules; providing severability; providing an  
 59 | effective date.

60 |  
 61 | Be It Enacted by the Legislature of the State of Florida:  
 62 |

63 | Section 1. Subsection (3) of section 394.455, Florida  
 64 | Statutes, is amended, existing subsections (16) through (28) are  
 65 | renumbered as subsections (18) through (30), respectively,  
 66 | existing subsections (29) and (30) are renumbered as subsections  
 67 | (32) and (33), respectively, and new subsections (16), (17), and  
 68 | (31) are added to said section, to read:

69 | 394.455 Definitions.--As used in this part, unless the  
 70 | context clearly requires otherwise, the term:

71 | (3) "Clinical record" means all parts of the record  
 72 | required to be maintained and includes all medical records,  
 73 | progress notes, charts, and admission and discharge data, and  
 74 | all other information recorded by a facility which pertains to  
 75 | the patient's hospitalization or ~~and~~ treatment.

76 | (16) "Involuntary examination" means an examination  
 77 | performed under s. 394.463 to determine if an individual  
 78 | qualifies for involuntary inpatient treatment under s.

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79 | 394.467(1) or involuntary outpatient treatment under s.  
80 | 394.4655(1).

81 | (17) "Involuntary placement" means involuntary outpatient  
82 | treatment pursuant to s. 394.4655 or involuntary inpatient  
83 | treatment pursuant to s. 394.467.

84 | (31) "Service provider" means any public or private  
85 | receiving facility, an entity under contract with the Department  
86 | of Children and Family Services to provide mental health  
87 | services, a clinical psychologist, a clinical social worker, a  
88 | physician, a nurse providing psychiatric services consistent  
89 | with chapter 464, or a community mental health center or clinic  
90 | as defined in this part.

91 | Section 2. Subsections (1) and (7) of section 394.4598,  
92 | Florida Statutes, are amended to read:

93 | 394.4598 Guardian advocate.--

94 | (1) The administrator may petition the court for the  
95 | appointment of a guardian advocate based upon the opinion of a  
96 | psychiatrist that the patient is incompetent to consent to  
97 | treatment. If the court finds that a patient is incompetent to  
98 | consent to treatment and has not been adjudicated incapacitated  
99 | and a guardian with the authority to consent to mental health  
100 | treatment appointed, it shall appoint a guardian advocate. The  
101 | patient has the right to have an attorney represent him or her  
102 | at the hearing. If the person is indigent, the court shall  
103 | appoint the office of the public defender to represent him or  
104 | her at the hearing. The patient has the right to testify, cross-  
105 | examine witnesses, and present witnesses. The proceeding shall  
106 | be recorded either electronically or stenographically, and

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107 | testimony shall be provided under oath. One of the professionals  
 108 | authorized to give an opinion in support of a petition for  
 109 | involuntary placement, as described in s. 394.4655 or s.  
 110 | 394.467(2), must testify. A guardian advocate must meet the  
 111 | qualifications of a guardian contained in part IV of chapter  
 112 | 744, except that a professional referred to in this part, an  
 113 | employee of the facility providing direct services to the  
 114 | patient under this part, a departmental employee, a facility  
 115 | administrator, or member of the Florida local advocacy council  
 116 | shall not be appointed. A person who is appointed as a guardian  
 117 | advocate must agree to the appointment.

118 |         (7) The guardian advocate shall be discharged when the  
 119 | patient is discharged from an order for involuntary outpatient  
 120 | placement or involuntary inpatient placement ~~a receiving or~~  
 121 | ~~treatment facility to the community~~ or when the patient is  
 122 | transferred from involuntary to voluntary status. The court or a  
 123 | hearing officer shall consider the competence of the patient  
 124 | pursuant to subsection (1) and may consider an involuntarily  
 125 | placed patient's competence to consent to treatment at any  
 126 | hearing. Upon sufficient evidence, the court may restore, or the  
 127 | hearing officer may recommend that the court restore, the  
 128 | patient's competence. A copy of the order restoring competence  
 129 | or the certificate of discharge containing the restoration of  
 130 | competence shall be provided to the patient and the guardian  
 131 | advocate.

132 |         Section 3. Subsection (3) of section 394.4615, Florida  
 133 | Statutes, is amended to read:

134 |             394.4615 Clinical records; confidentiality.--

135 (3) Information from the clinical record may be released  
136 under the following circumstances ~~when~~:

137 (a) When a patient has declared an intention to harm other  
138 persons. When such declaration has been made, the administrator  
139 may authorize the release of sufficient information to provide  
140 adequate warning to the person threatened with harm by the  
141 patient.

142 (b) When the administrator of the facility or secretary of  
143 the department deems release to a qualified researcher as  
144 defined in administrative rule, an aftercare treatment provider,  
145 or an employee or agent of the department is necessary for  
146 treatment of the patient, maintenance of adequate records,  
147 compilation of treatment data, aftercare planning, or evaluation  
148 of programs.

149 (c) For the purpose of determining whether a person meets  
150 the criteria for involuntary outpatient placement or for  
151 preparing the proposed treatment plan pursuant to s. 394.4655,  
152 the clinical record may be released to the state attorney, the  
153 public defender, or the patient's private legal counsel; to the  
154 court; and to the appropriate mental health professionals,  
155 including the service provider identified in s.  
156 394.4655(6)(b)2., in accordance with state and federal law.

157 Section 4. Subsection (1) and paragraphs (e), (g), and (i)  
158 of subsection (2) of section 394.463, Florida Statutes, are  
159 amended to read:

160 394.463 Involuntary examination.--

161 (1) CRITERIA.--A person may be taken to a receiving  
162 facility for involuntary examination if there is reason to

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163 | believe that the person has a mental illness ~~he or she is~~  
164 | ~~mentally ill~~ and because of his or her mental illness:

165 |       (a) ~~1.~~ The person has refused voluntary examination after  
166 | conscientious explanation and disclosure of the purpose of the  
167 | examination; or

168 |       ~~2.~~ ~~The person~~ is unable to determine for himself or  
169 | herself whether examination is necessary; and

170 |       (b) Based upon the person's current reported or observed  
171 | behavior, considering any mental health history, there is a  
172 | substantial likelihood that without care or treatment:

173 |       1. ~~Without care or treatment,~~ The person will ~~is likely to~~  
174 | suffer from neglect or refuse to care for himself or herself;  
175 | such neglect or refusal will pose ~~poses~~ a real and present  
176 | threat of substantial harm to his or her well-being; and it is  
177 | not apparent that such harm may be avoided through the help of  
178 | willing family members or friends or the provision of other  
179 | services; or

180 |       ~~2. There is a substantial likelihood that without care or~~  
181 | ~~treatment~~ The person will cause serious bodily harm to himself  
182 | or herself or others in the near future, ~~as evidenced by recent~~  
183 | ~~behavior.~~

184 |       (2) INVOLUNTARY EXAMINATION.--

185 |       (e) The Agency for Health Care Administration shall  
186 | receive and maintain the copies of ex parte orders, involuntary  
187 | outpatient placement orders issued pursuant to s. 394.4655,  
188 | involuntary inpatient orders issued pursuant to s. 394.467,  
189 | professional certificates, and law enforcement officers'  
190 | reports. These documents shall be considered part of the

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191 clinical record, governed by the provisions of s. 394.4615. The  
192 agency shall prepare annual reports analyzing the data obtained  
193 from these documents, without information identifying patients,  
194 and shall provide copies of reports to the department, the  
195 President of the Senate, the Speaker of the House of  
196 Representatives, and the minority leaders of the Senate and the  
197 House of Representatives.

198 (g) A person for whom an involuntary examination has been  
199 initiated who is being evaluated or treated at a hospital for an  
200 emergency medical condition specified in s. 395.002 must be  
201 examined by a receiving facility within 72 hours. The 72-hour  
202 period begins when the patient arrives at the hospital and  
203 ceases when the attending physician documents that the patient  
204 has an emergency medical condition. If the patient is examined  
205 at a hospital providing emergency medical services by a  
206 professional qualified to perform an involuntary examination and  
207 is found as a result of that examination not to meet the  
208 criteria for involuntary outpatient placement pursuant to s.  
209 394.4655(1) or involuntary inpatient placement pursuant to s.  
210 394.467(1), the patient may be offered voluntary placement, if  
211 appropriate, or released directly from the hospital providing  
212 emergency medical services. The finding by the professional that  
213 the patient has been examined and does not meet the criteria for  
214 involuntary inpatient or involuntary outpatient placement must  
215 be entered into the patient's clinical record. Nothing in this  
216 paragraph is intended to prevent a hospital providing emergency  
217 medical services from appropriately transferring a patient to



218 another hospital prior to stabilization, provided the  
219 requirements of s. 395.1041(3)(c) have been met.

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

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

227 2. The patient shall be released, subject to the  
228 provisions of subparagraph 1., for voluntary outpatient  
229 treatment;

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

234 4. If treatment is deemed necessary and the patient has  
235 failed to consent to voluntary inpatient or outpatient  
236 treatment, a petition for involuntary placement must ~~shall~~ be  
237 filed in the circuit appropriate court. The petition must seek  
238 involuntary placement of the patient in ~~by the facility~~  
239 ~~administrator when treatment is deemed necessary; in which case,~~  
240 the least restrictive treatment consistent with the optimum  
241 improvement of the patient's condition. A petition for  
242 involuntary outpatient placement shall be filed by one of the  
243 petitioners specified in s. 394.4655(3)(a). A petition for  
244 involuntary inpatient placement shall be filed by the facility  
245 administrator ~~shall be made available.~~

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246 Section 5. Section 394.4655, Florida Statutes, is created  
247 to read:

248 394.4655 Involuntary outpatient placement.--

249 (1) CRITERIA FOR INVOLUNTARY OUTPATIENT PLACEMENT.--A

250 person may be ordered to involuntary outpatient placement upon a  
251 finding of the court that, by clear and convincing evidence:

252 (a) The person is 18 years of age or older.

253 (b) The person has a mental illness.

254 (c) The person is unlikely to survive safely in the  
255 community without supervision, based on a clinical  
256 determination.

257 (d) The person has a history of lack of compliance with  
258 treatment for mental illness.

259 (e) The person has:

260 1. At least twice within the preceding 36 months been  
261 involuntarily admitted to a receiving or treatment facility as  
262 defined in s. 394.455 or has received mental health services in  
263 a forensic or correctional facility. The 36-month period does  
264 not include any period during which the person was admitted or  
265 incarcerated; or

266 2. Engaged in one or more acts of serious violent behavior  
267 toward himself or herself or others, or attempts at serious  
268 bodily harm to himself or herself or others, within the  
269 preceding 36 months.

270 (f) The person is, as a result of his or her mental  
271 illness, unlikely to voluntarily participate in the recommended  
272 treatment pursuant to the treatment plan.

273 (g) In view of the person's treatment history and current  
 274 behavior, the person is in need of involuntary outpatient  
 275 placement in order to prevent a relapse or deterioration that  
 276 would be likely to result in serious bodily harm to himself or  
 277 herself or others, or a substantial harm to his or her well-  
 278 being as set forth in s. 394.463(1).

279 (h) It is likely that the person will benefit from  
 280 involuntary outpatient placement.

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

284 (2) INVOLUNTARY OUTPATIENT PLACEMENT.--

285 (a) From a receiving facility.--A patient may be retained  
 286 by a receiving facility upon the recommendation of the  
 287 administrator of a receiving facility where the patient has been  
 288 examined and after adherence to the notice and hearing  
 289 procedures provided in s. 394.4599. The recommendation must be  
 290 supported by the opinion of a psychiatrist and the second  
 291 opinion of a clinical psychologist or another psychiatrist, both  
 292 of whom have personally examined the patient within the  
 293 preceding 72 hours, that the criteria for involuntary outpatient  
 294 placement are met. However, in a county having a population of  
 295 less than 50,000, if the administrator certifies that no  
 296 psychiatrist or clinical psychologist is available to provide  
 297 the second opinion, such second opinion may be provided by a  
 298 licensed physician who has postgraduate training and experience  
 299 in diagnosis and treatment of mental and nervous disorders or by  
 300 a nurse providing psychiatric services consistent with chapter

301 464. Such recommendation must be entered on an involuntary  
 302 outpatient placement certificate, which certificate must  
 303 authorize the receiving facility to retain the patient pending  
 304 completion of a hearing. If the patient has been stabilized and  
 305 no longer meets the criteria for involuntary examination  
 306 pursuant to s. 394.463(1), the patient must be released from the  
 307 receiving facility while awaiting the hearing for involuntary  
 308 outpatient placement.

309 (b) Voluntary examination for outpatient placement.--A  
 310 patient may choose to be examined on an outpatient basis for an  
 311 involuntary outpatient placement certificate if such an  
 312 arrangement can be made. The certificate must be supported by  
 313 the opinion of a psychiatrist and the second opinion of a  
 314 clinical psychologist or another psychiatrist, both of whom have  
 315 personally examined the patient within the preceding 7 calendar  
 316 days, that the criteria for involuntary outpatient placement are  
 317 met. However, in a county having a population of less than  
 318 50,000, if the psychiatrist certifies that no psychiatrist or  
 319 clinical psychologist is available to provide the second  
 320 opinion, the second opinion may be provided by a licensed  
 321 physician who has postgraduate training and experience in  
 322 diagnosis and treatment of mental and nervous disorders or by a  
 323 nurse providing psychiatric services consistent with chapter  
 324 464.

325 (c) From a treatment facility.--If a patient in  
 326 involuntary inpatient placement meets the criteria for  
 327 involuntary outpatient placement, the administrator of the  
 328 treatment facility may, before expiration of the period during

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329 which the treatment facility is authorized to retain the  
 330 patient, recommend involuntary outpatient placement. The  
 331 recommendation must be supported by the opinion of a  
 332 psychiatrist and the second opinion of a clinical psychologist  
 333 or another psychiatrist, both of whom have personally examined  
 334 the patient within the preceding 72 hours, that the criteria for  
 335 involuntary outpatient placement are met. However, in a county  
 336 having a population of less than 50,000, if the administrator  
 337 certifies that no psychiatrist or clinical psychologist is  
 338 available to provide the second opinion, such second opinion may  
 339 be provided by a licensed physician with postgraduate training  
 340 and experience in diagnosis and treatment of mental and nervous  
 341 disorders or by a nurse providing psychiatric services  
 342 consistent with chapter 464. Such recommendation must be entered  
 343 on an involuntary outpatient placement certificate.

344 (3) PETITION FOR INVOLUNTARY OUTPATIENT PLACEMENT.--

345 (a) A petition for involuntary outpatient placement may be  
 346 filed by:

347 1. The administrator of the facility pursuant to paragraph

348 (2)(a);

349 2. One of the examining professionals for persons examined  
 350 on a voluntary outpatient basis pursuant to paragraph (2)(b).

351 Upon filing the petition, the examining professional shall  
 352 provide a copy of the petition to the administrator of the  
 353 receiving facility or designated department representative that  
 354 will identify the service provider for the involuntary  
 355 outpatient placement unless the person is otherwise  
 356 participating in outpatient psychiatric treatment and is not in

357 | need of public financing for that treatment, in which case the  
 358 | person, if eligible, may be involuntarily committed to the  
 359 | existing psychiatric treatment relationship; or

360 |       3. The administrator of a treatment facility pursuant to  
 361 | paragraph (2)(c). Upon filing the petition, the administrator  
 362 | shall provide a copy of the petition to the administrator of the  
 363 | receiving facility or designated department representative that  
 364 | will identify the service provider for the involuntary  
 365 | outpatient placement unless the person is otherwise  
 366 | participating in outpatient psychiatric treatment and is not in  
 367 | need of public financing for that treatment, in which case the  
 368 | person, if eligible, may be involuntarily committed to the  
 369 | existing psychiatric treatment relationship.

370 |       (b) Each required criterion for involuntary outpatient  
 371 | placement must be alleged and substantiated in the petition for  
 372 | involuntary outpatient placement. A copy of the certificate  
 373 | recommending involuntary outpatient placement completed by a  
 374 | qualified professional specified in subsection (2) shall be  
 375 | attached to the petition. A copy of the treatment plan specified  
 376 | in subparagraph (6)(b)2. must be attached to the petition. At  
 377 | the time the petition is filed, the service provider shall  
 378 | certify that the services in the proposed treatment plan are  
 379 | available. If the necessary services are not available in the  
 380 | patient's local community to respond to the person's individual  
 381 | needs, the petition may not be filed.

382 |       (c) The petition for involuntary outpatient placement must  
 383 | be filed in the county in which the patient is located. When the  
 384 | petition has been filed, the clerk of the court shall provide

385 copies of the petition and the proposed treatment plan to the  
 386 department, the patient, the patient's guardian or  
 387 representative, and the state attorney and public defender of  
 388 the judicial circuit in which the patient is located. A fee may  
 389 not be charged for the filing of a petition under this  
 390 subsection.

391 (4) APPOINTMENT OF COUNSEL.--Within 1 court working day  
 392 after the filing of a petition for involuntary outpatient  
 393 placement, the court shall appoint the public defender to  
 394 represent the person who is the subject of the petition, unless  
 395 the person is otherwise represented by counsel. The clerk of the  
 396 court shall immediately notify the public defender of such  
 397 appointment. The public defender shall represent the person  
 398 until the petition is dismissed, the court order expires, or the  
 399 patient is discharged from involuntary outpatient placement. An  
 400 attorney who represents the patient shall have access to the  
 401 patient, witnesses, and records relevant to the presentation of  
 402 the patient's case and shall represent the interests of the  
 403 patient, regardless of the source of payment to the attorney.

404 (5) CONTINUANCE OF HEARING.--The patient is entitled, with  
 405 the concurrence of the patient's counsel, to at least one  
 406 continuance of the hearing. The continuance shall be for a  
 407 period of up to 4 weeks.

408 (6) HEARING ON INVOLUNTARY OUTPATIENT PLACEMENT.--

409 (a)1. The court shall hold the hearing on involuntary  
 410 outpatient placement within 5 days after the petition is filed,  
 411 unless a continuance is granted. The hearing shall be held in  
 412 the county in which the patient is located, shall be as

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413 convenient to the patient as is consistent with orderly  
414 procedure, and shall be conducted in physical settings not  
415 likely to be injurious to the patient's condition. If the court  
416 finds that the patient's attendance at the hearing is not  
417 consistent with the best interests of the patient and the  
418 patient's counsel does not object, the court may waive the  
419 presence of the patient from all or any portion of the hearing.  
420 The state attorney for the circuit in which the patient is  
421 located shall represent the state, rather than the petitioner,  
422 as the real party in interest in the proceeding.

423 2. The court may appoint a master to preside at the  
424 hearing. One of the professionals who executed the involuntary  
425 outpatient placement certificate shall be a witness. The patient  
426 and the patient's guardian or representative shall be informed  
427 by the court of the right to an independent expert examination.  
428 If the patient cannot afford such an examination, the court  
429 shall provide for one. The independent expert's report shall be  
430 confidential and not discoverable, unless the expert is to be  
431 called as a witness for the patient at the hearing. The court  
432 shall allow testimony from individuals, including family  
433 members, deemed by the court to be relevant under state law,  
434 regarding the person's prior history and how that prior history  
435 relates to the person's current condition. The testimony in the  
436 hearing must be given under oath and the proceedings must be  
437 recorded. The patient may refuse to testify at the hearing.

438 (b)1. If the court concludes that the patient meets the  
439 criteria for involuntary outpatient placement pursuant to  
440 subsection (1), the court shall issue an order for involuntary



441 outpatient placement. The court order shall be for a period of  
 442 up to 6 months. The service provider shall discharge a patient  
 443 from involuntary outpatient treatment any time the patient no  
 444 longer meets the criteria for involuntary placement.

445 2. The administrator of a receiving facility or a  
 446 designated department representative shall identify the service  
 447 provider that will have primary responsibility for service  
 448 provision under the order. The service provider shall prepare a  
 449 written proposed treatment plan and submit the plan to the court  
 450 before the hearing for the court's consideration for inclusion  
 451 in the involuntary outpatient placement order. The service  
 452 provider shall also provide a copy of the proposed treatment  
 453 plan to the petitioner. The treatment plan must specify the  
 454 nature and extent of the patient's mental illness. The treatment  
 455 plan may include provisions for case management, intensive case  
 456 management, or assertive community treatment. The treatment plan  
 457 may also require that the patient make use of a service provider  
 458 to supply any of the following categories of services to the  
 459 individual: medication, periodic urinalysis to determine  
 460 compliance with treatment, individual or group therapy, day or  
 461 partial-day programming activities, educational and vocational  
 462 training or activities, alcohol or substance abuse treatment and  
 463 counseling and periodic tests for the presence of alcohol or  
 464 illegal drugs for persons with a history of alcohol or substance  
 465 abuse, supervision of living arrangements, and any other  
 466 services prescribed to treat the person's mental illness and to  
 467 assist the person in living and functioning in the community or  
 468 to attempt to prevent a relapse or deterioration. Service

469 providers may select and provide supervision to other  
470 individuals, not enumerated in this subparagraph, to implement  
471 specific aspects of the treatment plan, such as medication  
472 monitoring. The services in the treatment plan shall be deemed  
473 to be clinically appropriate by a physician, clinical  
474 psychologist, nurse providing psychiatric services consistent  
475 with chapter 464, or clinical social worker who consults with,  
476 or is employed or contracted by, the service provider. The  
477 service provider must certify to the court in the proposed  
478 treatment plan whether sufficient services for improvement and  
479 stabilization are currently available and whether the service  
480 provider agrees to provide those services. If the service  
481 provider certifies that the services in the proposed treatment  
482 plan are not available, the petitioner shall withdraw the  
483 petition. The court may not order the department or the service  
484 provider to provide services if the program or service is not  
485 available in the patient's local community, there is no space  
486 available in the program or service for the patient, or funding  
487 is not available for the program or service. A copy of the order  
488 must be sent to the Agency for Health Care Administration by the  
489 service provider within 1 working day after the order is  
490 received from the court. After the placement order is issued,  
491 the service provider and the patient may modify provisions of  
492 the treatment plan. For any material modification of the  
493 treatment plan to which the patient or the patient's guardian  
494 advocate, if appointed, does agree, the service provider shall  
495 send notice of the modification to the court. Any material  
496 modification of the treatment plan that is contested by the

497 patient or the patient's guardian advocate, if appointed, must  
498 be in writing and prepared by the service provider or  
499 administrator for approval by the court.

500 3. If, in the clinical judgment of a physician, the  
501 patient has failed or refused to comply with the treatment  
502 ordered by the court and, in the clinical judgment of the  
503 physician, efforts were made to solicit compliance and the  
504 patient may meet the criteria for involuntary examination, a  
505 person may be brought to a receiving facility pursuant to s.  
506 394.463. If, after examination, the patient does not meet the  
507 criteria for involuntary inpatient placement pursuant to s.  
508 394.467, the patient must be discharged from the receiving  
509 facility. The service provider must determine whether  
510 modifications should be made to the existing treatment plan and  
511 must attempt to continue to engage the patient in treatment. For  
512 any material modification of the treatment plan to which the  
513 patient or the patient's guardian advocate, if appointed, does  
514 agree, the service provider shall send notice of the  
515 modification to the court. Any material modification of the  
516 treatment plan that is contested by the patient or the patient's  
517 guardian advocate, if appointed, must be approved by the court.

518 (c) If, at any time before the conclusion of the initial  
519 hearing on involuntary outpatient placement, it appears to the  
520 court that the person does not meet the criteria for involuntary  
521 outpatient placement under this section but instead meets the  
522 criteria for involuntary inpatient placement, the court may  
523 order the person admitted for involuntary examination pursuant  
524 to s. 394.463. If the person instead meets the criteria for

525 involuntary assessment, protective custody, or involuntary  
 526 admission pursuant to s. 397.675, the court may order the person  
 527 to be admitted for involuntary assessment for a period of 5 days  
 528 pursuant to s. 397.6811. Thereafter, all proceedings shall be  
 529 governed by chapter 397.

530 (d) At the hearing on involuntary outpatient placement,  
 531 the court shall consider testimony and evidence regarding the  
 532 patient's competence to consent to treatment. If the court finds  
 533 that the patient is incompetent to consent to treatment, the  
 534 court shall appoint a guardian advocate as provided in s.  
 535 394.4598. The guardian advocate shall be appointed or discharged  
 536 in accordance with s. 394.4598.

537 (e) The administrator of the receiving facility or the  
 538 designated department representative shall provide a copy of the  
 539 court order and adequate documentation of a patient's mental  
 540 illness to the service provider for involuntary outpatient  
 541 placement. Such documentation must include any advance  
 542 directives made by the patient, a psychiatric evaluation of the  
 543 patient, and any evaluations of the patient performed by a  
 544 clinical psychologist or a clinical social worker.

545 (7) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT  
 546 PLACEMENT.--

547 (a) If the person continues to meet the criteria for  
 548 involuntary outpatient placement, the service provider shall,  
 549 before expiration of the period during which the treatment is  
 550 ordered for the person, file in the circuit court a continued  
 551 involuntary outpatient placement certificate which shall be  
 552 accompanied by a statement from the person's physician or

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553 clinical psychologist justifying the request, a brief  
554 description of the patient's treatment during the time he or she  
555 was involuntarily placed, and an individualized plan of  
556 continued treatment.

557 (b) Within 1 court working day after the filing of a  
558 petition for continued involuntary outpatient placement, the  
559 court shall appoint the public defender to represent the person  
560 who is the subject of the petition, unless the person is  
561 otherwise represented by counsel. The clerk of the court shall  
562 immediately notify the public defender of such appointment. The  
563 public defender shall represent the person until the petition is  
564 dismissed, the court order expires, or the patient is discharged  
565 from involuntary outpatient placement. Any attorney representing  
566 the patient shall have access to the patient, witnesses, and  
567 records relevant to the presentation of the patient's case and  
568 shall represent the interests of the patient, regardless of the  
569 source of payment to the attorney.

570 (c) Hearings on petitions for continued involuntary  
571 outpatient placement shall be before the circuit court. The  
572 court may appoint a master to preside at the hearing. The  
573 procedures for obtaining an order pursuant to this paragraph  
574 shall be in accordance with the provisions of subsection (6),  
575 except that the time period included in paragraph (1)(e) is not  
576 applicable in determining the appropriateness of additional  
577 periods of involuntary outpatient placement.

578 (d) Notice of the hearing shall be provided as set forth  
579 in s. 394.4599. The patient and the patient's attorney may agree

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580 to a period of continued outpatient placement without a court  
581 hearing.

582 (e) The same procedure shall be repeated prior to the  
583 expiration of each additional period the patient is placed in  
584 treatment.

585 (f) If the patient has been previously found incompetent  
586 to consent to treatment, the court shall consider testimony and  
587 evidence regarding the patient's competence. Section 394.4598  
588 governs the discharge of the guardian advocate if the patient's  
589 competency to consent to treatment is restored.

590 Section 6. Section 394.467, Florida Statutes, is amended  
591 to read:

592 394.467 Involuntary inpatient placement.--

593 (1) CRITERIA.--A person may be ~~involuntarily~~ placed in  
594 involuntary inpatient placement for treatment upon a finding of  
595 the court by clear and convincing evidence that:

596 (a) He or she is mentally ill and because of his or her  
597 mental illness:

598 1.a. He or she has refused voluntary placement for  
599 treatment after sufficient and conscientious explanation and  
600 disclosure of the purpose of placement for treatment; or

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

603 2.a. He or she is manifestly incapable of surviving alone  
604 or with the help of willing and responsible family or friends,  
605 including available alternative services, and, without  
606 treatment, is likely to suffer from neglect or refuse to care  
607 for himself or herself, and such neglect or refusal poses a real

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608 and present threat of substantial harm to his or her well-being;  
609 or

610 b. There is substantial likelihood that in the near future  
611 he or she will inflict serious bodily harm on himself or herself  
612 or another person, as evidenced by recent behavior causing,  
613 attempting, or threatening such harm; and

614 (b) All available less restrictive treatment alternatives  
615 which would offer an opportunity for improvement of his or her  
616 condition have been judged to be inappropriate.

617 (2) ADMISSION TO A TREATMENT FACILITY.--A patient may be  
618 retained by a receiving facility or involuntarily placed in a  
619 treatment facility upon the recommendation of the administrator  
620 of a receiving facility where the patient has been examined and  
621 after adherence to the notice and hearing procedures provided in  
622 s. 394.4599. The recommendation must be supported by the opinion  
623 of a psychiatrist and the second opinion of a clinical  
624 psychologist or another psychiatrist, both of whom have  
625 personally examined the patient within the preceding 72 hours,  
626 that the criteria for involuntary inpatient placement are met.  
627 However, in counties of less than 50,000 population, if the  
628 administrator certifies that no psychiatrist or clinical  
629 psychologist is available to provide the second opinion, such  
630 second opinion may be provided by a licensed physician with  
631 postgraduate training and experience in diagnosis and treatment  
632 of mental and nervous disorders or by a ~~psychiatric~~ nurse  
633 providing psychiatric services consistent with chapter 464. Such  
634 recommendation shall be entered on an involuntary inpatient  
635 placement certificate, which certificate shall authorize the

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636 receiving facility to retain the patient pending transfer to a  
637 treatment facility or completion of a hearing.

638 (3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT.--The  
639 administrator of the facility shall file a petition for  
640 involuntary inpatient placement in the court in the county where  
641 the patient is located. Upon filing, the clerk of the court  
642 shall provide copies to the department, the patient, the  
643 patient's guardian or representative, and the state attorney and  
644 public defender of the judicial circuit in which the patient is  
645 located. No fee shall be charged for the filing of a petition  
646 under this subsection.

647 (4) APPOINTMENT OF COUNSEL.--Within 1 court working day  
648 after the filing of a petition for involuntary inpatient  
649 placement, the court shall appoint the public defender to  
650 represent the person who is the subject of the petition, unless  
651 the person is otherwise represented by counsel. The clerk of the  
652 court shall immediately notify the public defender of such  
653 appointment. Any attorney representing the patient shall have  
654 access to the patient, witnesses, and records relevant to the  
655 presentation of the patient's case and shall represent the  
656 interests of the patient, regardless of the source of payment to  
657 the attorney.

658 (5) CONTINUANCE OF HEARING.--The patient is entitled, with  
659 the concurrence of the patient's counsel, to at least one  
660 continuance of the hearing. The continuance shall be for a  
661 period of up to 4 weeks.

662 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.--



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663 (a)1. The court shall hold the hearing on involuntary  
664 inpatient placement within 5 days, unless a continuance is  
665 granted. The hearing shall be held in the county where the  
666 patient is located and shall be as convenient to the patient as  
667 may be consistent with orderly procedure and shall be conducted  
668 in physical settings not likely to be injurious to the patient's  
669 condition. If the court finds that the patient's attendance at  
670 the hearing is not consistent with the best interests of the  
671 patient, and the patient's counsel does not object, the court  
672 may waive the presence of the patient from all or any portion of  
673 the hearing. The state attorney for the circuit in which the  
674 patient is located shall represent the state, rather than the  
675 petitioning facility administrator, as the real party in  
676 interest in the proceeding.

677 2. The court may appoint a master to preside at the  
678 hearing. One of the professionals who executed the involuntary  
679 inpatient placement certificate shall be a witness. The patient  
680 and the patient's guardian or representative shall be informed  
681 by the court of the right to an independent expert examination.  
682 If the patient cannot afford such an examination, the court  
683 shall provide for one. The independent expert's report shall be  
684 confidential and not discoverable, unless the expert is to be  
685 called as a witness for the patient at the hearing. The  
686 testimony in the hearing must be given under oath, and the  
687 proceedings must be recorded. The patient may refuse to testify  
688 at the hearing.

689 (b) If the court concludes that the patient meets the  
690 criteria for involuntary inpatient placement, it shall order

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691 that the patient be transferred to a treatment facility or, if  
692 the patient is at a treatment facility, that the patient be  
693 retained there or be treated at any other appropriate receiving  
694 or treatment facility, or that the patient receive services from  
695 a receiving or treatment facility, on an involuntary basis, for  
696 a period of up to 6 months. The order shall specify the nature  
697 and extent of the patient's mental illness. The facility shall  
698 discharge a patient any time the patient no longer meets the  
699 criteria for involuntary inpatient placement, unless the patient  
700 has transferred to voluntary status.

701 (c) If at any time prior to the conclusion of the hearing  
702 on involuntary inpatient placement it appears to the court that  
703 the person does not meet the criteria for involuntary inpatient  
704 placement under this section ~~chapter~~, but instead meets the  
705 criteria for involuntary outpatient placement, the court may  
706 order the person evaluated for involuntary outpatient placement  
707 pursuant to s. 394.4655. The petition and hearing procedures set  
708 forth in s. 394.4655 shall apply. If the person instead meets  
709 the criteria for involuntary assessment, protective custody, or  
710 involuntary admission pursuant to s. 397.675, then the court may  
711 order the person to be admitted for involuntary assessment for a  
712 period of 5 days pursuant to s. 397.6811. Thereafter, all  
713 proceedings shall be governed by chapter 397.

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

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719 (e) The administrator of the receiving facility shall  
720 provide a copy of the court order and adequate documentation of  
721 a patient's mental illness to the administrator of a treatment  
722 facility whenever a patient is ordered for involuntary inpatient  
723 placement, whether by civil or criminal court. Such  
724 documentation shall include any advance directives made by the  
725 patient, a psychiatric evaluation of the patient, and any  
726 evaluations of the patient performed by a clinical psychologist  
727 or a clinical social worker. The administrator of a treatment  
728 facility may refuse admission to any patient directed to its  
729 facilities on an involuntary basis, whether by civil or criminal  
730 court order, who is not accompanied at the same time by adequate  
731 orders and documentation.

732 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT  
733 PLACEMENT.--

734 (a) Hearings on petitions for continued involuntary  
735 inpatient placement shall be administrative hearings and shall  
736 be conducted in accordance with the provisions of s. 120.57(1),  
737 except that any order entered by the hearing officer shall be  
738 final and subject to judicial review in accordance with s.  
739 120.68. Orders concerning patients committed after successfully  
740 pleading not guilty by reason of insanity shall be governed by  
741 the provisions of s. 916.15.

742 (b) If the patient continues to meet the criteria for  
743 involuntary inpatient placement, the administrator shall, prior  
744 to the expiration of the period during which the treatment  
745 facility is authorized to retain the patient, file a petition  
746 requesting authorization for continued involuntary inpatient

747 placement. The request shall be accompanied by a statement from  
 748 the patient's physician or clinical psychologist justifying the  
 749 request, a brief description of the patient's treatment during  
 750 the time he or she was involuntarily placed, and an  
 751 individualized plan of continued treatment. Notice of the  
 752 hearing shall be provided as set forth in s. 394.4599. If at the  
 753 hearing the hearing officer finds that attendance at the hearing  
 754 is not consistent with the best interests of the patient, the  
 755 hearing officer may waive the presence of the patient from all  
 756 or any portion of the hearing, unless the patient, through  
 757 counsel, objects to the waiver of presence. The testimony in the  
 758 hearing must be under oath, and the proceedings must be  
 759 recorded.

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

764 (d) If at a hearing it is shown that the patient continues  
 765 to meet the criteria for involuntary inpatient placement, the  
 766 administrative law judge shall sign the order for continued  
 767 involuntary inpatient placement for a period not to exceed 6  
 768 months. The same procedure shall be repeated prior to the  
 769 expiration of each additional period the patient is retained.

770 (e) If continued involuntary inpatient placement is  
 771 necessary for a patient admitted while serving a criminal  
 772 sentence, but whose sentence is about to expire, or for a  
 773 patient involuntarily placed while a minor but who is about to  
 774 reach the age of 18, the administrator shall petition the

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775 administrative law judge for an order authorizing continued  
776 involuntary inpatient placement.

777 (f) If the patient has been previously found incompetent  
778 to consent to treatment, the hearing officer shall consider  
779 testimony and evidence regarding the patient's competence. If  
780 the hearing officer finds evidence that the patient is now  
781 competent to consent to treatment, the hearing officer may issue  
782 a recommended order to the court that found the patient  
783 incompetent to consent to treatment that the patient's  
784 competence be restored and that any guardian advocate previously  
785 appointed be discharged.

786 (8) RETURN OF PATIENTS.--When a patient at a treatment  
787 facility leaves the facility without authorization, the  
788 administrator may authorize a search for the patient and the  
789 return of the patient to the facility. The administrator may  
790 request the assistance of a law enforcement agency in the search  
791 for and return of the patient.

792 Section 7. Paragraphs (a) and (c) of subsection (3) of  
793 section 394.495, Florida Statutes, are amended to read:

794 394.495 Child and adolescent mental health system of care;  
795 programs and services.--

796 (3) Assessments must be performed by:

797 (a) A professional as defined in s. 394.455(2), (4),  
798 (23)~~(21)~~, (25)~~(23)~~, or (26)~~(24)~~;

799 (c) A person who is under the direct supervision of a  
800 professional as defined in s. 394.455(2), (4), (23)~~(21)~~,  
801 (25)~~(23)~~, or (26)~~(24)~~ or a professional licensed under chapter  
802 491.

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

Section 8. Subsection (6) of section 394.496, Florida Statutes, is amended to read:

394.496 Service planning.--

(6) A professional as defined in s. 394.455(2), (4), ~~(23)(21)~~, ~~(25)(23)~~, or ~~(26)(24)~~ or a professional licensed under chapter 491 must be included among those persons developing the services plan.

Section 9. Paragraphs (a) and (c) of subsection (4) of section 394.498, Florida Statutes, are amended to read:

394.498 Child and Adolescent Interagency System of Care Demonstration Models.--

(4) ESSENTIAL ELEMENTS.--

(a) In order to be approved as a Child and Adolescent Interagency System of Care Demonstration Model, the applicant must demonstrate its capacity to perform the following functions:

1. Form a consortium of purchasers, which includes at least three of the following agencies:

a. The Mental Health Program and Family Safety and Preservation Program of the Department of Children and Family Services.

b. The Medicaid program of the Agency for Health Care Administration.

c. The local school district.

831           d. The Department of Juvenile Justice.

832

833 Each agency that participates in the consortium shall enter into  
834 a written interagency agreement that defines each agency's  
835 responsibilities.

836           2. Establish an oversight body that is responsible for  
837 directing the demonstration model. The oversight body must  
838 include representatives from the state agencies that comprise  
839 the consortium of purchasers under subparagraph 1., as well as  
840 local governmental entities, a juvenile court judge, parents,  
841 and other community entities. The responsibilities of the  
842 oversight body must be specified in writing.

843           3. Select a target population of children and adolescents,  
844 regardless of whether the child or adolescent is eligible or  
845 ineligible for Medicaid, based on the following parameters:

846           a. The child or adolescent has a serious emotional  
847 disturbance or mental illness, as defined in s. 394.492(6),  
848 based on an assessment conducted by a licensed practitioner  
849 defined in s. 394.455(2), (4), (23)~~(21)~~, (25)~~(23)~~, or (26)~~(24)~~  
850 or by a professional licensed under chapter 491;

851           b. The total service costs per child or adolescent have  
852 exceeded \$3,000 per month;

853           c. The child or adolescent has had multiple out-of-home  
854 placements;

855           d. The existing array of services does not effectively  
856 meet the needs of the child or adolescent;

857 e. The case of the child or adolescent has been staffed by  
858 a district collaborative planning team and satisfactory results  
859 have not been achieved through existing case services plans; and

860 f. The parent or legal guardian of the child or adolescent  
861 consents to participating in the demonstration model.

862 4. Select a geographic site for the demonstration model. A  
863 demonstration model may be comprised of one or more counties and  
864 may include multiple service districts of the Department of  
865 Children and Family Services.

866 5. Develop a mechanism for selecting the pool of children  
867 and adolescents who meet the criteria specified in this section  
868 for participating in the demonstration model.

869 6. Establish a pooled funding plan that allocates  
870 proportionate costs to the purchasers. The plan must address all  
871 of the service needs of the child or adolescent, and funds may  
872 not be identified in the plan by legislative appropriation  
873 category or any other state or federal funding category.

874 a. The funding plan shall be developed based on an  
875 analysis of expenditures made by each participating state agency  
876 during the previous 2 fiscal years in which services were  
877 provided for the target population or for individuals who have  
878 characteristics that are similar to the target population.

879 b. Based on the results of this cost analysis, funds shall  
880 be collected from each of the participating state agencies and  
881 deposited into a central financial account.

882 c. A financial body shall be designated to manage the pool  
883 of funds and shall have the capability to pay for individual  
884 services specified in a services plan.



885           7. Identify a care management entity that reports to the  
886 oversight body. For purposes of the demonstration models, the  
887 term "care management entity" means the entity that assumes  
888 responsibility for the organization, planning, purchasing, and  
889 management of mental health treatment services to the target  
890 population in the demonstration model. The care management  
891 entity may not provide direct services to the target population.  
892 The care management entity shall:

893           a. Manage the funds of the demonstration model within  
894 budget allocations. The administrative costs associated with the  
895 operation of the demonstration model must be itemized in the  
896 entity's operating budget.

897           b. Purchase individual services in a timely manner.

898           c. Review the completed client assessment information and  
899 complete additional assessments that are needed, including an  
900 assessment of the strengths of the child or adolescent and his  
901 or her family.

902           d. Organize a child-family team to develop a single,  
903 unified services plan for the child or adolescent, in accordance  
904 with ss. 394.490-394.497. The team shall include the parents and  
905 other family members of the child or adolescent, friends and  
906 community-based supporters of the child or adolescent, and  
907 appropriate service providers who are familiar with the problems  
908 and needs of the child or adolescent and his or her family. The  
909 plan must include a statement concerning the strengths of the  
910 child or adolescent and his or her family, and must identify the  
911 natural supports in the family and the community that might be  
912 used in addressing the service needs of the child or adolescent.

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913 A copy of the completed service plan shall be provided to the  
914 parents of the child or adolescent.

915 e. Identify a network of providers that meet the  
916 requirements of paragraph (b).

917 f. Identify informal, unpaid supporters, such as persons  
918 from the child's or adolescent's neighborhood, civic  
919 organizations, clubs, and churches.

920 g. Identify additional service providers who can work  
921 effectively with the child or adolescent and his or her family,  
922 including, but not limited to, a home health aide, mentor,  
923 respite care worker, and in-home behavioral health care worker.

924 h. Implement a case management system that concentrates on  
925 the strengths of the child or adolescent and his or her family  
926 and uses these strengths in case planning and implementation  
927 activities. The case manager is primarily responsible for  
928 developing the services plan and shall report to the care  
929 management entity. The case manager shall monitor and oversee  
930 the services provided by the network of providers. The parents  
931 must be informed about contacting the care management entity or  
932 comparable entity to address concerns of the parents.

933

934 Each person or organization that performs any of the care  
935 management responsibilities specified in this subparagraph is  
936 responsible only to the care management entity. However, such  
937 care management responsibilities do not preclude the person or  
938 organization from performing other responsibilities for another  
939 agency or provider.

940           8. Develop a mechanism for measuring compliance with the  
 941 goals of the demonstration models specified in subsection (2),  
 942 which mechanism includes qualitative and quantitative  
 943 performance outcomes, report on compliance rates, and conduct  
 944 quality improvement functions. At a minimum, the mechanism for  
 945 measuring compliance must include the outcomes and measures  
 946 established in the General Appropriations Act and the outcomes  
 947 and measures that are unique to the demonstration models.

948           9. Develop mechanisms to ensure that family  
 949 representatives have a substantial role in planning the  
 950 demonstration model and in designing the instrument for  
 951 measuring the effectiveness of services provided.

952           10. Develop and monitor grievance procedures.

953           11. Develop policies to ensure that a child or adolescent  
 954 is not rejected or ejected from the demonstration model because  
 955 of a clinical condition or a specific service need.

956           12. Develop policies to require that a participating state  
 957 agency remains a part of the demonstration model for its entire  
 958 duration.

959           13. Obtain training for the staff involved in all aspects  
 960 of the project.

961           (c) In order for children, adolescents, and families of  
 962 children and adolescents to receive timely and effective  
 963 services, the basic provider network identified in each  
 964 demonstration model must be well designed and managed. The  
 965 provider network should be able to meet the needs of a  
 966 significant proportion of the target population. The applicant  
 967 must demonstrate the capability to manage the network of

968 providers for the purchasers that participate in the  
 969 demonstration model. The applicant must demonstrate its ability  
 970 to perform the following network management functions:

971 1. Identify providers within the designated area of the  
 972 demonstration model which are currently funded by the state  
 973 agencies included in the model, and identify additional  
 974 providers that are needed to provide additional services for the  
 975 target population. The network of providers may include:

976 a. Licensed mental health professionals as defined in s.  
 977 394.455(2), (4), (23)~~(21)~~, (25)~~(23)~~, or (26)~~(24)~~;

978 b. Professionals licensed under chapter 491;

979 c. Teachers certified under s. 1012.56;

980 d. Facilities licensed under chapter 395, as a hospital;  
 981 s. 394.875, as a crisis stabilization unit or short-term  
 982 residential facility; or s. 409.175, as a residential child-  
 983 caring agency; and

984 e. Other community agencies.

985 2. Define access points and service linkages of providers  
 986 in the network.

987 3. Define the ways in which providers and participating  
 988 state agencies are expected to collaborate in providing  
 989 services.

990 4. Define methods to measure the collective performance  
 991 outcomes of services provided by providers and state agencies,  
 992 measure the performance of individual agencies, and implement a  
 993 quality improvement process across the provider network.

994 5. Develop brochures for family members which are written  
 995 in understandable terminology, to help families identify

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996 appropriate service providers, choose the provider, and access  
997 care directly whenever possible.

998 6. Ensure that families are given a substantial role in  
999 planning and monitoring the provider network.

1000 7. Train all providers with respect to the principles of  
1001 care outlined in this section, including effective techniques of  
1002 cooperation, the wraparound process and strengths-based  
1003 assessment, the development of service plans, and techniques of  
1004 case management.

1005 Section 10. Paragraph (d) of subsection (1) of section  
1006 419.001, Florida Statutes, is amended to read:

1007 419.001 Site selection of community residential homes.--

1008 (1) For the purposes of this section, the following  
1009 definitions shall apply:

1010 (d) "Resident" means any of the following: a frail elder  
1011 as defined in s. 400.618; a physically disabled or handicapped  
1012 person as defined in s. 760.22(7)(a); a developmentally disabled  
1013 person as defined in s. 393.063(12); a nondangerous mentally ill  
1014 person as defined in s. 394.455~~(20)~~~~(18)~~; or a child as defined  
1015 in s. 39.01(14), s. 984.03(9) or (12), or s. 985.03(8).

1016 Section 11. Subsection (7) of section 744.704, Florida  
1017 Statutes, is amended to read:

1018 744.704 Powers and duties.--

1019 (7) A public guardian shall not commit a ward to a mental  
1020 health treatment facility, as defined in s. 394.455~~(33)~~~~(30)~~,  
1021 without an involuntary placement proceeding as provided by law.

1022 Section 12. The Department of Children and Family Services  
1023 may adopt any rules necessary to implement the provisions of ss.

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1024 394.455, 394.4598, 394.4615, 394.463, and 394.467, Florida  
1025 Statutes, as amended or created by this act. These rules shall  
1026 be for the purpose of protecting the health, safety, and well-  
1027 being of persons examined, treated, or placed under this act.

1028 Section 13. If any provision of this act or its  
1029 application to any person or circumstance is held invalid, the  
1030 invalidity does not affect other provisions or applications of  
1031 the act which can be given effect without the invalid provision  
1032 or application, and to this end the provisions of this act are  
1033 severable.

1034 Section 14. This act shall take effect January 1, 2005.