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By the Committees on Judiciary; Children, Families, and Elder Affairs; and Senator Storms

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department to provide HIV testing at no cost to such

officers and agents; amending s. 394.67, F.S.; removing an

obsolete reference to a corporation's contract with the

Department of Children and Family Services and adding a

reference to a corporation's licensure by the Agency for

residential treatment center for children and adolescents;

populations who are eligible for services funded by the

Department of Children and Family Services; authorizing

authorizing the department to establish facilities that

provide services as an integrated adult mental health

the department to adopt rules; creating s. 394.4996, F.S.;

Health Care Administration to the definition of

amending s. 394.674, F.S.; establishing priority

A bill to be entitled

An act relating to mental health and substance abuse;
amending s. 394.4572, F.S.; requiring level II screening
for all personnel who work with persons with mental
illness; amending s. 394.462, F.S.; providing for HIV
testing of persons being transported for mental health
services upon the request of law enforcement officers or
other designated agents who come into contact with the
person's body fluids; requiring the county health

crisis stabilization unit and addictions receiving facility; requiring licensure; providing eligibility criteria for treatment services; authorizing the department to adopt rules; amending s. 553.80, F.S.; requiring that local construction regulations for secure mental health treatment facilities be enforced by the department; amending s. 916.111, F.S.; requiring that a

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forensic evaluator training course be provided annually in order for mental health experts to be placed on the forensic evaluator registry; providing that mental health professionals that have taken the course within the last 5 years remain on the registry; requiring mental health professionals on the registry to maintain training course documentation and provide the department with current information; amending s. 916.115, F.S.; allowing certain persons who are supervised by a person who has taken the forensic evaluator training course to assist in the forensic evaluation process; amending s. 916.13, F.S.; requiring defendants in the custody of the Department of Corrections who are adjudicated incompetent to remain in the custody of the Department of Corrections and receive treatment from the department; requiring the Department of Children and Family Services to determine whether the inmate has regained competency; providing timelines for competency hearings; amending s. 916.15, F.S.; providing a timeline for holding a commitment hearing for defendants who no longer meet the criteria for continued commitment by reason of insanity; providing an exception for defendants in the custody of the Department of Corrections; requiring defendants in the custody of the Department of Corrections who are charged with a new felony and found not guilty by reason of insanity to remain in the department's custody for the remainder of their sentence; requiring the Department of Children and Family Services to evaluate the inmate and file a report with the court requesting a hearing for determining

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continued commitment placement; amending s. 985.19, F.S.; requiring that experts appointed in juvenile incompetentto-proceed cases be a psychiatrist, licensed psychologist, or physician and have completed the forensic evaluator training within 5 years prior to conducting evaluations for the court; providing that, beginning July 1, 2009, experts who have completed or retaken the course within the last 5 years remain on the registry; requiring experts on the registry to maintain training course documentation and provide the Department of Children and Family Services with current information; requiring the Department of Children and Family Services and the Agency for Health Care Administration to prepare a mental health plan to be submitted to the Legislature and the Governor; requiring a study by the Office of Program Policy Analysis and Governmental Accountability on mental health issues; providing an effective date.

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

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Section 1. Subsection (1) of section 394.4572, Florida Statutes, is amended to read:

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394.4572 Screening of mental health personnel.--

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(1) (a) The department and the Agency for Health Care Administration shall require employment screening for mental health personnel using the standards for level 2 screening set forth in chapter 435. "Mental health personnel" includes all program directors, professional clinicians, staff members, and volunteers working in public or private mental health programs

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and facilities who have direct contact with unmarried patients under the age of 18 years. For purposes of this chapter, employment screening of mental health personnel shall also include, but is not limited to, employment screening as provided under chapter 435.

- (b) Students in the health care professions who are interning in a mental health facility licensed under chapter 395, where the primary purpose of the facility is not the treatment of minors, are exempt from the fingerprinting and screening requirements, provided they are under direct supervision in the actual physical presence of a licensed health care professional.
- (c) Mental health personnel working in a facility licensed under chapter 395 who have less than 15 hours per week of direct contact with patients or who are health care professionals licensed by the Agency for Health Care Administration or a board thereunder are exempt from the fingerprinting and screening requirements, except for persons working in mental health facilities where the primary purpose of the facility is the treatment of minors.
- $\underline{\text{(c)}}$ A volunteer who assists on an intermittent basis for less than 40 hours per month is exempt from the fingerprinting and screening requirements, provided the volunteer is under direct and constant supervision by persons who meet the screening requirements of paragraph (a).
- Section 2. Subsection (4) is added to section 394.462, Florida Statutes, to read:
 - 394.462 Transportation.--
 - (4) HIV EXPOSURE.--
 - (a) In any case in which a law enforcement officer;

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employee of an emergency medical transport service, private transport company contracting with the county, or mobile crisis response service; or other designated agent of the county, department, or the court comes into contact with or is exposed to the body fluids of a person being taken into custody for the purpose of delivering him or her to a receiving or treatment facility, hospital, community mental health center, or other facility authorized to provide mental health evaluations or services pursuant to this chapter, the law enforcement officer, employee, or agent may seek a court order directing that the person who is the source of the significant exposure undergo HIV testing. A sworn statement by the law enforcement officer, employee, or agent that a significant exposure has occurred constitutes probable cause for the issuance of the order by the court. The order shall direct the person to undergo HIV testing within 48 hours after the issuance of the court order.

- $\underline{\text{1.}}$ The testing shall be performed in accordance with s. 381.004.
- 2. The results of the test shall be disclosed to the law enforcement officer, employee, or agent no later than 2 weeks after the court receives the results.
- 3. The results of the test are not admissible in any subsequent court proceeding involving the person being transported.
- (b) A law enforcement officer; employee of an emergency medical transport service, private transport company contracting with the county, or mobile crisis response service; or other designated agent of the county, department, or the court who comes into contact with or is exposed to the body fluids of a

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person being transported pursuant to this section and who requests HIV testing may obtain such test from his or her respective county health department at no cost.

Section 3. Subsection (21) of section 394.67, Florida Statutes, is amended to read:

- 394.67 Definitions.--As used in this part, the term:
- (21) "Residential treatment center for children and adolescents" means a 24-hour residential program, including a therapeutic group home, which provides mental health services to emotionally disturbed children or adolescents as defined in s. 394.492(5) or (6) and which is a private for-profit or not-for-profit corporation licensed by the Agency for Health Care Administration under contract with the department which offers a variety of treatment modalities in a more restrictive setting.
- Section 4. Section 394.674, Florida Statutes, is amended to read:
- 394.674 Clinical Eligibility for publicly funded substance abuse and mental health services; fee collection requirements.--
- (1) To be eligible to receive substance abuse and mental health services funded by the department, a person must be a member of <u>at least</u> one of the department's <u>priority populations</u> target groups approved by the Legislature, <u>pursuant to s.</u>

 216.0166. The priority populations include:
 - (a) For adult mental health services:
- 1. Adults who have severe and persistent mental illness, as designated by the department using criteria which include severity of diagnosis, duration of the mental illness, ability to independently perform activities of daily living, and receipt of

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disability income for a psychiatric condition. Within this group priority populations include:

- a. Older adults in crisis.
- b. Older adults who are at risk of being placed in a more restrictive environment because of their mental illness.
- c. Individuals deemed incompetent to proceed or not guilty by reason of insanity under chapter 916.
 - d. Other individuals with criminal justice involvement.
- <u>e. Individuals who have co-occurring mental illness and</u> substance use disorders.
- 2. Adults experiencing an acute mental or emotional crisis as defined in s. 394.67(17).
 - (b) For children's mental health services:
 - 1. Children who have a serious emotional disturbance.
 - 2. Children who have an emotional disturbance.
 - 3. Children who are at risk of emotional disturbance.
 - (c) For substance abuse services:
- 1. Adults who have substance use disorders and have a history of intravenous drug use.
- 2. Persons dually diagnosed as having co-occurring substance abuse and mental health disorders.
- 3. Parents putting children at risk due to a substance abuse disorder.
- 4. Persons who have a substance abuse disorder and have been ordered by the court to receive treatment.
 - 5. Children at risk for initiating drug use.
 - 6. Children under state supervision.

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7. Children who have a substance abuse disorder but who are not under the supervision of a court or in the custody of a state agency.

- 8. Persons identified as a priority population as a condition of the receipt of the Substance Abuse Block Grant.
- (2) Crisis services, as defined in s. 394.67, must, within the limitations of available state and local matching resources, be available to each person who is eligible for services under subsection (1), regardless of the person's ability to pay for such services. A person who is experiencing a mental health crisis and who does not meet the criteria for involuntary examination under s. 394.463(1), or a person who is experiencing a substance abuse crisis and who does not meet the involuntary admission criteria in s. 397.675, must contribute to the cost of his or her care and treatment pursuant to the sliding fee scale developed under subsection (4), unless charging a fee is contraindicated because of the crisis situation.
- (3) Mental health services, substance abuse services, and crisis services, as defined in s. 394.67, must, within the limitations of available state and local matching resources, be available to each person who is eligible for services under subsection (1). Such person must contribute to the cost of his or her care and treatment pursuant to the sliding fee scale developed under subsection (4).
- (4) The department shall adopt rules <u>relating</u> to <u>client</u> <u>implement the clinical</u> eligibility, <u>client enrollment</u>, and fee collection requirements for publicly funded substance abuse and mental health services. The rules must require that each provider under contract with the department which enrolls eligible persons

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into treatment to develop a sliding fee scale for persons who have a net family income at or above 150 percent of the Federal Poverty Income Guidelines, unless otherwise required by state or federal law. The sliding fee scale must use the uniform schedule of discounts by which a provider under contract with the department discounts its established client charges for services supported with state, federal, or local funds, using, at a minimum, factors such as family income, financial assets, and family size as declared by the person or the person's quardian. The rules must include uniform criteria to be used by all service providers in developing the schedule of discounts for the sliding fee scale. The rules must address the most expensive types of treatment, such as residential and inpatient treatment, in order to make it possible for a client to responsibly contribute to his or her mental health or substance abuse care without jeopardizing the family's financial stability. A person who is not eligible for Medicaid and whose net family income is less than 150 percent of the Federal Poverty Income Guidelines must pay a portion of his or her treatment costs which is comparable to the copayment amount required by the Medicaid program for Medicaid clients pursuant to s. 409.9081. The rules must require that persons who receive financial assistance from the Federal Government because of a disability and are in long-term residential treatment settings contribute to their board and care costs and treatment costs and must be consistent with the provisions in s. 409.212.

(5) A person who meets the eligibility criteria in subsection (1) shall be served in accordance with the appropriate district substance abuse and mental health services plan specified in s. 394.75 and within available resources.

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(6) The department may adopt rules to administer this section.

Section 5. Section 394.4996, Florida Statutes, is created to read:

394.4996 Integrated adult mental health crisis stabilization and addictions receiving facilities.--

- Administration, in consultation with the Department of Children and Family Services, may license facilities that integrate services provided in an adult mental health crisis stabilization unit with services provided in an adult addictions receiving facility. Such a facility shall be licensed by the agency as an adult crisis stabilization unit under part IV and shall meet all licensure requirements for crisis stabilization units providing integrated services.
- (2) An integrated mental health crisis stabilization unit and addictions receiving facility may provide services under this section to adults, 18 years of age or older, who fall into one or more of the following categories:
- (a) An adult meeting the requirements for voluntary admission for mental health treatment under s. 394.4625.
- (b) An adult meeting the criteria for involuntary examination for mental illness under s. 394.463.
- (c) An adult qualifying for voluntary admission for substance abuse treatment under s. 397.601.
- (d) An adult meeting the criteria for involuntary admission for substance abuse impairment under s. 397.675.
- (3) The department, in consultation with the agency, shall adopt by rule standards that address eligibility criteria;

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clinical procedures; staffing requirements; operational, administrative, and financing requirements; and the investigation of complaints. Standards that are implemented specific to substance abuse treatment services shall meet or exceed existing standards for addiction receiving facilities.

Section 6. Subsection (1) of section 553.80, Florida Statutes, is amended to read:

553.80 Enforcement.--

- (1) Except as provided in paragraphs (a)-(g) (a)-(f), each local government and each legally constituted enforcement district with statutory authority shall regulate building construction and, where authorized in the state agency's enabling legislation, each state agency shall enforce the Florida Building Code required by this part on all public or private buildings, structures, and facilities, unless such responsibility has been delegated to another unit of government pursuant to s. 553.79(9).
- (a) Construction regulations relating to correctional facilities under the jurisdiction of the Department of Corrections and the Department of Juvenile Justice are to be enforced exclusively by those departments.
- (b) Construction regulations relating to elevator equipment under the jurisdiction of the Bureau of Elevators of the Department of Business and Professional Regulation shall be enforced exclusively by that department.
- (c) Construction regulations relating to secure mental health treatment facilities under the jurisdiction of the Department of Children and Family Services shall be enforced exclusively by that department.

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(d) (e) In addition to the requirements of s. 553.79 and this section, facilities subject to the provisions of chapter 395 and part II of chapter 400 shall have facility plans reviewed and construction surveyed by the state agency authorized to do so under the requirements of chapter 395 and part II of chapter 400 and the certification requirements of the Federal Government.

- (e) (d) Building plans approved under s. 553.77(3) and state-approved manufactured buildings, including buildings manufactured and assembled offsite and not intended for habitation, such as lawn storage buildings and storage sheds, are exempt from local code enforcing agency plan reviews except for provisions of the code relating to erection, assembly, or construction at the site. Erection, assembly, and construction at the site are subject to local permitting and inspections. Lawn storage buildings and storage sheds bearing the insignia of approval of the department are not subject to s. 553.842. Such buildings that do not exceed 400 square feet may be delivered and installed without need of a contractor's or specialty license.
- $\underline{\text{(f)}}$ Construction regulations governing public schools, state universities, and community colleges shall be enforced as provided in subsection (6).
- (g) (f) The Florida Building Code as it pertains to toll collection facilities under the jurisdiction of the turnpike enterprise of the Department of Transportation shall be enforced exclusively by the turnpike enterprise.

The governing bodies of local governments may provide a schedule of fees, as authorized by s. 125.56(2) or s. 166.222 and this section, for the enforcement of the provisions of this part. Such

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fees shall be used solely for carrying out the local government's responsibilities in enforcing the Florida Building Code. The authority of state enforcing agencies to set fees for enforcement shall be derived from authority existing on July 1, 1998.

However, nothing contained in this subsection does not shall operate to limit such agencies from adjusting their fee schedule in conformance with existing authority.

Section 7. Section 916.111, Florida Statutes, is amended to read:

- 916.111 Training of mental health experts.--The evaluation of defendants for competency to proceed or for sanity at the time of the commission of the offense shall be conducted in such a way as to ensure uniform application of the criteria enumerated in Rules 3.210 and 3.216, Florida Rules of Criminal Procedure.
- (1) A forensic evaluator training course approved by the department must be provided at least annually to ensure that mental health professionals have the opportunity to be placed on the department's forensic evaluator registry.
- (a) Beginning July 1, 2009, experts shall remain on the registry if they have completed or retaken the required training within the previous 5 years. Those who have not completed the required training within the previous 5 years shall be removed from the registry and may not conduct evaluations for the courts.
- (b) A mental health professional who has completed the training course within the previous 5 years is responsible for maintaining documentation of completion of the required training and providing the department with current contact information.
- (2) The department shall develop, and may contract with accredited institutions:

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(a)(1) To provide:

- $\frac{1.(a)}{(a)}$ A plan for training mental health professionals to perform forensic evaluations and to standardize the criteria and procedures to be used in these evaluations;
- $\underline{2.}$ (b) Clinical protocols and procedures based upon the criteria of Rules 3.210 and 3.216, Florida Rules of Criminal Procedure; and
- 3.(c) Training for mental health professionals in the application of these protocols and procedures in performing forensic evaluations and providing reports to the courts; and
- (b) (2) To compile and maintain the necessary information for evaluating the success of this program, including the number of persons trained, the cost of operating the program, and the effect on the quality of forensic evaluations as measured by appropriateness of admissions to state forensic facilities and to community-based care programs.
- Section 8. Subsection (1) of section 916.115, Florida Statutes, is amended to read:
 - 916.115 Appointment of experts.--
- (1) The court shall appoint no more than three experts to determine the mental condition of a defendant in a criminal case, including competency to proceed, insanity, involuntary placement, and treatment. The experts may evaluate the defendant in jail or in another appropriate local facility or in a facility of the Department of Corrections.
- (a) To the extent possible, the Appointed experts <u>must</u> shall have completed forensic evaluator training <u>as provided in s. 916.111</u> approved by the department, and each shall be a psychiatrist, licensed psychologist, or physician.

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(b) Graduate students completing a practicum or internship, psychological specialists or counselors, and postdoctoral fellows at the state's mental health treatment facilities may assist in the evaluation process as long as their reports are overseen and signed by a supervising evaluator who has completed forensic evaluator training within the previous 5 years.

- (c) (b) The department shall maintain and annually provide the courts with a <u>forensic evaluator registry list</u> of available mental health professionals who have completed the approved training as experts.
- Section 9. Section 916.13, Florida Statutes, is amended to read:
- 916.13 Involuntary commitment of defendant adjudicated incompetent.--
- (1) Except for a defendant who is serving a sentence in the custody of the Department of Corrections, a Every defendant who is charged with a felony and who is adjudicated incompetent to proceed may be involuntarily committed for treatment upon a finding by the court of clear and convincing evidence that:
- (a) The defendant has a mental illness and because of the mental illness:
- 1. The defendant is manifestly incapable of surviving alone or with the help of willing and responsible family or friends, including available alternative services, and, without treatment, the defendant is likely to suffer from neglect or refuse to care for herself or himself and such neglect or refusal poses a real and present threat of substantial harm to the defendant's well-being; or

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2. There is a substantial likelihood that in the near future the defendant will inflict serious bodily harm on herself or himself or another person, as evidenced by recent behavior causing, attempting, or threatening such harm;

- (b) All available, less restrictive treatment alternatives, including treatment in community residential facilities or community inpatient or outpatient settings, which would offer an opportunity for improvement of the defendant's condition have been judged to be inappropriate; and
- (c) There is a substantial probability that the mental illness causing the defendant's incompetence will respond to treatment and the defendant will regain competency to proceed in the reasonably foreseeable future.
- (2) (a) A defendant who has been charged with a felony and who has been adjudicated incompetent to proceed due to mental illness, and who meets the criteria for involuntary commitment to the department under the provisions of this chapter, may be committed to the department, and the department shall retain and treat the defendant. Within No later than 6 months after the date of admission and at the end of any period of extended commitment, or at any time the administrator or designee shall have determined that the defendant has regained competency to proceed or no longer meets the criteria for continued commitment, the administrator or designee shall file a report with the court pursuant to the applicable Florida Rules of Criminal Procedure.
- (b) A defendant who is serving a sentence in the custody of the Department of Corrections, who is charged with a new felony or is entitled to a mandatory appeal pursuant to Rule 3.851, Florida Rules of Criminal Procedure, and who has been adjudicated

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incompetent to proceed due to mental illness shall be retained in the physical custody of the Department of Corrections and the department shall administer a lesson plan for competency restoration training provided by the Department of Children and Family Services. Within 6 months after the administration of the lesson plan and every 12 months thereafter, or at any time the Department of Children and Family Services determines that the defendant has regained competency to proceed, the Department of Children and Family Services shall file a report with the court pursuant to the applicable Florida Rules of Criminal Procedure.

- (c) Within 15 days after the court receives notification that a defendant is competent to proceed or no longer meets the criteria for continued commitment, the defendant shall be transported back to jail pursuant to s. 916.107(10) for the purpose of holding a competency hearing.
- (d) A competency hearing shall be held within 30 days after a court receives notification that the defendant is competent to proceed.
- Section 10. Section 916.15, Florida Statutes, is amended to read:
- 916.15 Involuntary commitment of defendant adjudicated not guilty by reason of insanity.--
- (1) The determination of whether a defendant is not guilty by reason of insanity shall be determined in accordance with Rule 3.217, Florida Rules of Criminal Procedure.
- (2) Except for a defendant who is serving a sentence in the custody of the Department of Corrections, a defendant who is acquitted of criminal charges because of a finding of not guilty by reason of insanity may be involuntarily committed pursuant to

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such finding if the defendant has a mental illness and, because of the illness, is manifestly dangerous to himself or herself or others.

- custody of the Department of Corrections, a Every defendant acquitted of criminal charges by reason of insanity and found to meet the criteria for involuntary commitment may be committed and treated in accordance with the provisions of this section and the applicable Florida Rules of Criminal Procedure. The department shall admit a defendant so adjudicated to an appropriate facility or program for treatment and shall retain and treat such defendant.
- (a) Within No later than 6 months after the date of admission, prior to the end of any period of extended commitment, or at any time the administrator or designee has shall have determined that the defendant no longer meets the criteria for continued commitment placement, the administrator or designee shall file a report with the court pursuant to the applicable Florida Rules of Criminal Procedure.
- (b) Within 15 days after the court receives notification that the defendant no longer meets the criteria for continued commitment placement, the defendant shall, pursuant to s.

 916.107(10), be transported back to jail for the purpose of holding a commitment hearing.
- (c) A commitment hearing shall be held within 30 days after the court receives notification that the defendant no longer meets the criteria for continued commitment placement.
- (4) A defendant who is serving a sentence in the custody of the Department of Corrections, who has been charged with a new

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felony, and who has been adjudicated not guilty by reason of insanity shall be retained in the physical custody of the Department of Corrections for the remainder of his or her sentence. Within 30 days before the defendant's anticipated release date, the Department of Children and Family Services shall evaluate the defendant and file a report with the court requesting that the defendant be returned to the court's jurisdiction to determine if the defendant continues to meet the criteria for continued commitment placement.

(5)(4) In all proceedings under this section, both the defendant and the state shall have the right to a hearing before the committing court. Evidence at such hearing may be presented by the hospital administrator or the administrator's designee as well as by the state and the defendant. The defendant shall have the right to counsel at any such hearing. If In the event that a defendant is determined to be indigent pursuant to s. 27.52, the public defender shall represent the defendant. The parties shall have access to the defendant's records at the treating facilities and may interview or depose personnel who have had contact with the defendant at the treating facilities.

Section 11. Paragraphs (b) and (d) of subsection (1) of section 985.19, Florida Statutes, are amended to read:

985.19 Incompetency in juvenile delinquency cases.--

(1) If, at any time prior to or during a delinquency case, the court has reason to believe that the child named in the petition may be incompetent to proceed with the hearing, the court on its own motion may, or on the motion of the child's attorney or state attorney must, stay all proceedings and order an evaluation of the child's mental condition.

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(b) All determinations of competency shall be made at a hearing, with findings of fact based on an evaluation of the child's mental condition made by not less than two nor more than three experts appointed by the court. The basis for the determination of incompetency must be specifically stated in the evaluation and shall be conducted in compliance with uniform procedures relating to competency to proceed and evaluation criteria. In addition, a recommendation as to whether residential or nonresidential treatment or training is required must be included in the evaluation. Experts appointed by the court to determine the mental condition of a child shall be allowed reasonable fees for services rendered. State employees may be paid expenses pursuant to s. 112.061. The fees shall be taxed as costs in the case.

- (d) Appointed experts shall have completed forensic evaluator training approved by the Department of Children and Family Services within 5 years before conducting evaluations for the court, and each shall be a psychiatrist, licensed psychologist, or physician.
- 1.(d) For incompetency evaluations related to mental illness, the Department of Children and Family Services shall maintain and annually provide the courts with a list of available mental health professionals who have completed a training program approved by the Department of Children and Family Services to perform the evaluations. Beginning July 1, 2009, experts shall remain on the list as long as they have completed or retaken the forensic evaluator training within the previous 5 years. Those who have not completed the required training within the previous 5 years shall be removed from the list and may not conduct

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evaluations for the courts.

2. Experts are responsible for maintaining documentation of completion of the required training and providing the department with current contact information during the 5-year effective period of the required training.

Section 12. The Department of Children and Family Services and the Agency for Health Care Administration, in consultation with the Florida Substance Abuse and Mental Health Corporation and the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center, shall prepare a plan relating to the provision and management of mental health services for consideration by the Legislature.

- (1) The plan shall, at a minimum, include the following:
- (a) A review and evaluation of the structure of governance of mental health services and recommendations that will improve the coordination of services at the local and state level, maximize the use of resources, and inform and link target populations with available services.
- (b) A review and evaluation of, and recommendations concerning, the development of methodologies to accurately estimate target populations for mental health services, the service needs of each target population, and the availability of services.
- (c) Proposed guidelines for the development and implementation of community-based mental health programs and services that reduce the likelihood of future involvement with the criminal justice system.
- (d) Proposed guidelines for the development and implementation of programs and services that facilitate the

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transition and successful reentry into the community by providing a continuum of mental health services to persons released from criminal justice or forensic facilities.

- (e) Recommended performance measures and reporting requirements for state and local programs and services specified in paragraphs (c) and (d).
- (f) Proposed guidelines and strategies for providing a continuum of care to persons receiving competency restoration services.
- (2) The plan shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2010.
- Section 13. The Office of Program Policy Analysis and Government Accountability shall conduct a study and make recommendations relating to mental health services by January 2009. The study shall include a review of the following:
- (1) Mental health courts in this state compared with similar courts in other states.
- (2) Mental health funding in this state compared with mental health funding in other states.
- (3) A review of cost-containment strategies for mental health services in other states.
- (4) Mental health diversion programs in this state compared with similar programs in other states.
 - Section 14. This act shall take effect July 1, 2008.