

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative Harrell offered the following:

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

4 Remove everything after the enacting clause and insert:

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

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

11 (10) Case management. Case management includes:

12 (e) Service referral, coordination, monitoring, and
13 tracking for treatment-based mental health court programs under
14 s. 394.47892.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

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

20 Section 2. Subsection (6) of section 39.001, Florida
21 Statutes, is amended to read:

22 39.001 Purposes and intent; personnel standards and
23 screening.—

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

25 (a) The Legislature recognizes that early referral and
26 comprehensive treatment can help combat mental illnesses and
27 substance abuse disorders in families and that treatment is
28 cost-effective.

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

32 1. To ensure the safety of children.

33 2. To prevent and remediate the consequences of mental
34 illnesses and substance abuse disorders on families involved in
35 protective supervision or foster care and reduce the occurrences
36 of mental illnesses and substance abuse disorders, including
37 alcohol abuse or related disorders, for families who are at risk
38 of being involved in protective supervision or foster care.

39 3. To expedite permanency for children and reunify
40 healthy, intact families, when appropriate.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

41 4. To support families in recovery.

42 (c) The Legislature finds that children in the care of the
43 state's dependency system need appropriate health care services,
44 that the impact of mental illnesses and substance abuse
45 disorders on health indicates the need for health care services
46 to include treatment for mental health and substance abuse
47 disorders for ~~services to~~ children and parents where
48 appropriate, and that it is in the state's best interest that
49 such children be provided the services they need to enable them
50 to become and remain independent of state care. In order to
51 provide these services, the state's dependency system must have
52 the ability to identify and provide appropriate intervention and
53 treatment for children with personal or family-related mental
54 illness and substance abuse problems.

55 (d) It is the intent of the Legislature to encourage the
56 use of the treatment-based mental health court program model
57 established under s. 394.47892 and the drug court program model
58 established under ~~by~~ s. 397.334 and authorize courts to assess
59 children and persons who have custody or are requesting custody
60 of children where good cause is shown to identify and address
61 mental illnesses and substance abuse disorders ~~problems~~ as the
62 court deems appropriate at every stage of the dependency
63 process. Participation in treatment, including a treatment-based
64 mental health court program or a treatment-based drug court
65 program, may be required by the court following adjudication.
66 Participation in assessment and treatment before ~~prior to~~

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

67 adjudication is ~~shall be~~ voluntary, except as provided in s.
68 39.407(16).

69 (e) It is therefore the purpose of the Legislature to
70 provide authority for the state to contract with mental health
71 service providers and community substance abuse treatment
72 providers for the development and operation of specialized
73 support and overlay services for the dependency system, which
74 will be fully implemented and used as resources permit.

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

81 Section 3. Subsection (10) of section 39.507, Florida
82 Statutes, is amended to read:

83 39.507 Adjudicatory hearings; orders of adjudication.—

84 (10) After an adjudication of dependency, or a finding of
85 dependency where adjudication is withheld, the court may order a
86 person who has custody or is requesting custody of the child to
87 submit to a mental health or substance abuse disorder assessment
88 or evaluation. The assessment or evaluation must be administered
89 by a qualified professional, as defined in s. 397.311. The court
90 may also require such person to participate in and comply with
91 treatment and services identified as necessary, including, when
92 appropriate and available, participation in and compliance with

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

93 a treatment-based mental health court program established under
94 s. 394.47892 or a treatment-based drug court program established
95 under s. 397.334. In addition to supervision by the department,
96 the court, including the treatment-based mental health court
97 program or treatment-based drug court program, may oversee the
98 progress and compliance with treatment by a person who has
99 custody or is requesting custody of the child. The court may
100 impose appropriate available sanctions for noncompliance upon a
101 person who has custody or is requesting custody of the child or
102 make a finding of noncompliance for consideration in determining
103 whether an alternative placement of the child is in the child's
104 best interests. Any order entered under this subsection may be
105 made only upon good cause shown. This subsection does not
106 authorize placement of a child with a person seeking custody,
107 other than the parent or legal custodian, who requires mental
108 health or substance abuse disorder treatment.

109 Section 4. Paragraph (b) of subsection (1) of section
110 39.521, Florida Statutes, is amended to read:

111 39.521 Disposition hearings; powers of disposition.—

112 (1) A disposition hearing shall be conducted by the court,
113 if the court finds that the facts alleged in the petition for
114 dependency were proven in the adjudicatory hearing, or if the
115 parents or legal custodians have consented to the finding of
116 dependency or admitted the allegations in the petition, have
117 failed to appear for the arraignment hearing after proper

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

118 notice, or have not been located despite a diligent search
119 having been conducted.

120 (b) When any child is adjudicated by a court to be
121 dependent, the court having jurisdiction of the child has the
122 power by order to:

123 1. Require the parent and, when appropriate, the legal
124 custodian and the child to participate in treatment and services
125 identified as necessary. The court may require the person who
126 has custody or who is requesting custody of the child to submit
127 to a mental health or substance abuse disorder assessment or
128 evaluation. The assessment or evaluation must be administered by
129 a qualified professional, as defined in s. 397.311. The court
130 may also require such person to participate in and comply with
131 treatment and services identified as necessary, including, when
132 appropriate and available, participation in and compliance with
133 a treatment-based mental health court program established under
134 s. 394.47892 or a treatment-based drug court program established
135 under s. 397.334. In addition to supervision by the department,
136 the court, including the treatment-based mental health court
137 program or the treatment-based drug court program, may oversee
138 the progress and compliance with treatment by a person who has
139 custody or is requesting custody of the child. The court may
140 impose appropriate available sanctions for noncompliance upon a
141 person who has custody or is requesting custody of the child or
142 make a finding of noncompliance for consideration in determining
143 whether an alternative placement of the child is in the child's

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

144 best interests. Any order entered under this subparagraph may be
145 made only upon good cause shown. This subparagraph does not
146 authorize placement of a child with a person seeking custody of
147 the child, other than the child's parent or legal custodian, who
148 requires mental health or substance abuse disorder treatment.

149 2. Require, if the court deems necessary, the parties to
150 participate in dependency mediation.

151 3. Require placement of the child either under the
152 protective supervision of an authorized agent of the department
153 in the home of one or both of the child's parents or in the home
154 of a relative of the child or another adult approved by the
155 court, or in the custody of the department. Protective
156 supervision continues until the court terminates it or until the
157 child reaches the age of 18, whichever date is first. Protective
158 supervision shall be terminated by the court whenever the court
159 determines that permanency has been achieved for the child,
160 whether with a parent, another relative, or a legal custodian,
161 and that protective supervision is no longer needed. The
162 termination of supervision may be with or without retaining
163 jurisdiction, at the court's discretion, and shall in either
164 case be considered a permanency option for the child. The order
165 terminating supervision by the department shall set forth the
166 powers of the custodian of the child and shall include the
167 powers ordinarily granted to a guardian of the person of a minor
168 unless otherwise specified. Upon the court's termination of
169 supervision by the department, no further judicial reviews are

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

170 required, so long as permanency has been established for the
171 child.

172 Section 5. Section 394.4597, Florida Statutes, is amended
173 to read:

174 394.4597 Persons to be notified; appointment of a
175 patient's representative.—

176 (1) VOLUNTARY PATIENTS.— At the time a patient is
177 voluntarily admitted to a receiving or treatment facility, the
178 patient shall be asked to identify a person to be notified in
179 case of an emergency, and the identity and contact information
180 of that a person to be notified in case of an emergency shall be
181 entered in the patient's clinical record.

182 (2) INVOLUNTARY PATIENTS.—

183 (a) At the time a patient is admitted to a facility for
184 involuntary examination or placement, or when a petition for
185 involuntary placement is filed, the names, addresses, and
186 telephone numbers of the patient's guardian or guardian
187 advocate, or representative if the patient has no guardian, and
188 the patient's attorney shall be entered in the patient's
189 clinical record.

190 (b) If the patient has no guardian, the patient shall be
191 asked to designate a representative. If the patient is unable or
192 unwilling to designate a representative, the facility shall
193 select a representative.

194 (c) The patient shall be consulted with regard to the
195 selection of a representative by the receiving or treatment

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

196 facility and shall have authority to request that any such
197 representative be replaced.

198 (d) ~~If~~ When the receiving or treatment facility selects a
199 representative, first preference shall be given to a health care
200 surrogate, if one has been previously selected by the patient.
201 If the patient has not previously selected a health care
202 surrogate, the selection, except for good cause documented in
203 the patient's clinical record, shall be made from the following
204 list in the order of listing:

- 205 1. The patient's spouse.
- 206 2. An adult child of the patient.
- 207 3. A parent of the patient.
- 208 4. The adult next of kin of the patient.
- 209 5. An adult friend of the patient.
- 210 6. The appropriate Florida local advocacy council as
211 provided in s. 402.166.

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

- 214 1. A professional providing clinical services to the
215 patient under this part;
- 216 2. The licensed professional who initiated the involuntary
217 examination of the patient, if the examination was initiated by
218 professional certificate;
- 219 3. An employee, administrator, or board member of the
220 facility providing the examination of the patient;
- 221 4. An employee, administrator, or board member of a

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

222 treatment facility providing treatment of the patient;

223 5. A person providing any substantial professional
224 services to the patient, including clinical and nonclinical
225 services;

226 6. A creditor of the patient;

227 7. A person subject to an injunction for protection
228 against domestic violence under s. 741.30, whether the order of
229 injunction is temporary or final, and for which the patient was
230 the petitioner; and

231 8. A person subject to an injunction for protection
232 against repeat violence, sexual violence, or dating violence
233 under s. 784.046, whether the order of injunction is temporary
234 or final, and for which the patient was the petitioner.

235 ~~(e) A licensed professional providing services to the~~
236 ~~patient under this part, an employee of a facility providing~~
237 ~~direct services to the patient under this part, a department~~
238 ~~employee, a person providing other substantial services to the~~
239 ~~patient in a professional or business capacity, or a creditor of~~
240 ~~the patient shall not be appointed as the patient's~~
241 ~~representative.~~

242 (f) The representative selected by the patient or
243 designated by the facility has the right to:

244 1. Receive notice of the patient's admission;

245 2. Receive notice of proceedings affecting the patient;

246 3. Have immediate access to the patient unless such access
247 is documented to be detrimental to the patient;

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

248 4. Receive notice of any restriction of the patient's
249 right to communicate or receive visitors;

250 5. Receive a copy of the inventory of personal effects
251 upon the patient's admission and to request an amendment to the
252 inventory at any time;

253 6. Receive disposition of the patient's clothing and
254 personal effects if not returned to the patient, or to approve
255 an alternate plan;

256 7. Petition on behalf of the patient for a writ of habeas
257 corpus to question the cause and legality of the patient's
258 detention or to allege that the patient is being unjustly denied
259 a right or privilege granted under this part, or that a
260 procedure authorized under this part is being abused;

261 8. Apply for a change of venue for the patient's
262 involuntary placement hearing for the convenience of the parties
263 or witnesses or because of the patient's condition;

264 9. Receive written notice of any restriction of the
265 patient's right to inspect his or her clinical record;

266 10. Receive notice of the release of the patient from a
267 receiving facility where an involuntary examination was
268 performed;

269 11. Receive a copy of any petition for the patient's
270 involuntary placement filed with the court; and

271 12. Be informed by the court of the patient's right to an
272 independent expert evaluation pursuant to involuntary placement
273 procedures.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

274 Section 6. Subsection (1) of section 394.4598, Florida
275 Statutes, is amended, subsections (2) through (7) are renumbered
276 as subsections (3) through (8), respectively, and a new
277 subsection (2) is added to that section, to read:

278 394.4598 Guardian advocate.—

279 (1) The administrator, a family member of the patient, or
280 an interested party may petition the court for the appointment
281 of a guardian advocate based upon the opinion of a psychiatrist
282 that the patient is incompetent to consent to treatment. If the
283 court finds that a patient is incompetent to consent to
284 treatment and has not been adjudicated incapacitated and a
285 guardian with the authority to consent to mental health
286 treatment has not been appointed, it shall appoint a guardian
287 advocate. The patient has the right to have an attorney
288 represent him or her at the hearing. If the person is indigent,
289 the court shall appoint the office of the public defender to
290 represent him or her at the hearing. The patient has the right
291 to testify, cross-examine witnesses, and present witnesses. The
292 proceeding shall be recorded either electronically or
293 stenographically, and testimony shall be provided under oath.
294 One of the professionals authorized to give an opinion in
295 support of a petition for involuntary placement, as described in
296 s. 394.4655 or s. 394.467, must testify. A guardian advocate
297 must meet the qualifications of a guardian pursuant to ~~contained~~
298 ~~in~~ part IV of chapter 744, ~~except that a professional referred~~
299 ~~to in this part, an employee of the facility providing direct~~

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

300 ~~services to the patient under this part, a departmental~~
301 ~~employee, a facility administrator, or member of the Florida~~
302 ~~local advocacy council shall not be appointed.~~ A person may not
303 be appointed as a guardian advocate unless he or she agrees ~~who~~
304 ~~is appointed as a guardian advocate must agree to the~~
305 appointment.

306 (2) The following persons are prohibited from being
307 appointed as a patient's guardian advocate:

308 (a) A professional providing clinical services to the
309 patient under this part;

310 (b) The licensed professional who initiated the
311 involuntary examination of the patient, if the examination was
312 initiated by professional certificate;

313 (c) An employee, administrator, or board member of the
314 facility providing the examination of the patient;

315 (d) An employee, administrator, or board member of a
316 treatment facility providing treatment of the patient;

317 (e) A person providing any substantial professional
318 services to the patient, including clinical and nonclinical
319 services;

320 (f) A creditor of the patient;

321 (g) A person subject to an injunction for protection
322 against domestic violence under s. 741.30, whether the order of
323 injunction is temporary or final, and for which the patient was
324 the petitioner; and

325 (h) A person subject to an injunction for protection

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

326 against repeat violence, sexual violence, or dating violence
327 under s. 784.046, whether the order of injunction is temporary
328 or final, and for which the patient was the petitioner.

329 Section 7. Subsection (6) of section 394.467, Florida
330 Statutes, is amended to read:

331 394.467 Involuntary inpatient placement.—

332 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

333 (a)1. The court shall hold the hearing on involuntary
334 inpatient placement within 5 days, unless a continuance is
335 granted. The hearing shall be held in the county where the
336 patient is located and shall be as convenient to the patient as
337 may be consistent with orderly procedure and shall be conducted
338 in physical settings not likely to be injurious to the patient's
339 condition. If the court finds that the patient's attendance at
340 the hearing is not consistent with the best interests of the
341 patient, and the patient's counsel does not object, the court
342 may waive the presence of the patient from all or any portion of
343 the hearing. The state attorney for the circuit in which the
344 patient is located shall represent the state, rather than the
345 petitioning facility administrator, as the real party in
346 interest in the proceeding.

347 2. The court may appoint a general or special magistrate
348 to preside at the hearing. One of the professionals who executed
349 the involuntary inpatient placement certificate shall be a
350 witness. The patient and the patient's guardian or
351 representative shall be informed by the court of the right to an

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

352 independent expert examination. If the patient cannot afford
353 such an examination, the court shall provide for one. The
354 independent expert's report shall be confidential and not
355 discoverable, unless the expert is to be called as a witness for
356 the patient at the hearing. The testimony in the hearing must be
357 given under oath, and the proceedings must be recorded. The
358 patient may refuse to testify at the hearing.

359 (b) If the court concludes that the patient meets the
360 criteria for involuntary inpatient placement, it shall order
361 that the patient be transferred to a treatment facility or, if
362 the patient is at a treatment facility, that the patient be
363 retained there or be treated at any other appropriate receiving
364 or treatment facility, or that the patient receive services from
365 a receiving or treatment facility, on an involuntary basis, for
366 a period of up to 6 months. The order shall specify the nature
367 and extent of the patient's mental illness. The court may not
368 order an individual with traumatic brain injury or dementia who
369 lacks a co-occurring mental illness to be involuntarily placed
370 in a state treatment facility. The facility shall discharge a
371 patient any time the patient no longer meets the criteria for
372 involuntary inpatient placement, unless the patient has
373 transferred to voluntary status.

374 (c) If at any time prior to the conclusion of the hearing
375 on involuntary inpatient placement it appears to the court that
376 the person does not meet the criteria for involuntary inpatient
377 placement under this section, but instead meets the criteria for

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

378 involuntary outpatient placement, the court may order the person
379 evaluated for involuntary outpatient placement pursuant to s.
380 394.4655. The petition and hearing procedures set forth in s.
381 394.4655 shall apply. If the person instead meets the criteria
382 for involuntary assessment, protective custody, or involuntary
383 admission pursuant to s. 397.675, then the court may order the
384 person to be admitted for involuntary assessment for a period of
385 5 days pursuant to s. 397.6811. Thereafter, all proceedings
386 shall be governed by chapter 397.

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

392 (e) The administrator of the receiving facility shall
393 provide a copy of the court order and adequate documentation of
394 a patient's mental illness to the administrator of a treatment
395 facility whenever a patient is ordered for involuntary inpatient
396 placement, whether by civil or criminal court. The documentation
397 shall include any advance directives made by the patient, a
398 psychiatric evaluation of the patient, and any evaluations of
399 the patient performed by a clinical psychologist, a marriage and
400 family therapist, a mental health counselor, or a clinical
401 social worker. The administrator of a treatment facility may
402 refuse admission to any patient directed to its facilities on an
403 involuntary basis, whether by civil or criminal court order, who

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

404 is not accompanied at the same time by adequate orders and
405 documentation.

406 Section 8. Section 394.47891, Florida Statutes, is amended
407 to read:

408 394.47891 Military veterans and servicemembers court
409 programs.—The chief judge of each judicial circuit may establish
410 a Military Veterans and Servicemembers Court Program under which
411 veterans, as defined in s. 1.01, including veterans who were
412 discharged or released under a general discharge, and
413 servicemembers, as defined in s. 250.01, who are charged or
414 convicted of a criminal offense and who suffer from a military-
415 related mental illness, traumatic brain injury, substance abuse
416 disorder, or psychological problem can be sentenced in
417 accordance with chapter 921 in a manner that appropriately
418 addresses the severity of the mental illness, traumatic brain
419 injury, substance abuse disorder, or psychological problem
420 through services tailored to the individual needs of the
421 participant. Entry into any Military Veterans and Servicemembers
422 Court Program must be based upon the sentencing court's
423 assessment of the defendant's criminal history, military
424 service, substance abuse treatment needs, mental health
425 treatment needs, amenability to the services of the program, the
426 recommendation of the state attorney and the victim, if any, and
427 the defendant's agreement to enter the program.

428 Section 9. Section 394.47892, Florida Statutes, is created
429 to read:

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

430 394.47892 Treatment-based mental health court programs.-

431 (1) Each county may fund a treatment-based mental health
432 court program under which defendants in the justice system
433 assessed with a mental illness shall be processed in such a
434 manner as to appropriately address the severity of the
435 identified mental illness through treatment services tailored to
436 the individual needs of the participant. The Legislature intends
437 to encourage the Department of Corrections, the Department of
438 Children and Families, the Department of Juvenile Justice, the
439 Department of Health, the Department of Law Enforcement, the
440 Department of Education, and other such agencies, local
441 governments, law enforcement agencies, interested public or
442 private entities, and individuals to support the creation and
443 establishment of problem-solving court programs. Participation
444 in treatment-based mental health court programs does not relieve
445 a public or private agency of its responsibility for a child or
446 an adult, but enables these agencies to better meet the child's
447 or adult's needs through shared responsibility and resources.

448 (2) Treatment-based mental health court programs may
449 include pretrial intervention programs as provided in ss.
450 948.08, 948.16, and 985.345, postadjudicatory treatment-based
451 mental health court programs as provided in ss. 948.01 and
452 948.06, and review of the status of compliance or noncompliance
453 of sentenced defendants through a treatment-based mental health
454 court program.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

455 (3) Entry into a pretrial treatment-based mental health
456 court program is voluntary.

457 (4) (a) Entry into a postadjudicatory treatment-based
458 mental health court program as a condition of probation or
459 community control pursuant to s. 948.01 or s. 948.06 must be
460 based upon the sentencing court's assessment of the defendant's
461 criminal history, mental health screening outcome, amenability
462 to the services of the program, and total sentence points; the
463 recommendation of the state attorney and the victim, if any; and
464 the defendant's agreement to enter the program.

465 (b) A defendant who is sentenced to a postadjudicatory
466 mental health court program and who, while a mental health court
467 participant, is the subject of a violation of probation or
468 community control under s. 948.06 shall have the violation of
469 probation or community control heard by the judge presiding over
470 the postadjudicatory mental health court program. After a
471 hearing on or admission of the violation, the judge shall
472 dispose of any such violation as he or she deems appropriate if
473 the resulting sentence or conditions are lawful.

474 (5) (a) Contingent upon an annual appropriation by the
475 Legislature, each judicial circuit shall establish, at a
476 minimum, one coordinator position for the treatment-based mental
477 health court program within the state courts system to
478 coordinate the responsibilities of the participating agencies
479 and service providers. Each coordinator shall provide direct
480 support to the treatment-based mental health court program by

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

481 providing coordination between the multidisciplinary team and
482 the judiciary, providing case management, monitoring compliance
483 of the participants in the treatment-based mental health court
484 program with court requirements, and providing program
485 evaluation and accountability.

486 (b) Each circuit shall report sufficient client-level and
487 programmatic data to the Office of the State Courts
488 Administrator annually for purposes of program evaluation.
489 Client-level data shall include primary offenses that resulted
490 in the mental health court referral or sentence, treatment
491 compliance, completion status and reasons for failure to
492 complete, offenses committed during treatment and the sanctions
493 imposed, frequency of court appearances, and units of service.
494 Programmatic data shall include referral and screening
495 procedures, eligibility criteria, type and duration of treatment
496 offered, and residential treatment resources.

497 (6) If a county chooses to fund a treatment-based mental
498 health court program, the county must secure funding from
499 sources other than the state for those costs not otherwise
500 assumed by the state pursuant to s. 29.004. However, this
501 subsection does not preclude counties from using funds for
502 treatment and other services provided through state executive
503 branch agencies. Counties may provide, by interlocal agreement,
504 for the collective funding of these programs.

505 (7) The chief judge of each judicial circuit may appoint
506 an advisory committee for the treatment-based mental health

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

507 court program. The committee shall be composed of the chief
508 judge, or his or her designee, who shall serve as chair; the
509 judge of the treatment-based mental health court program, if not
510 otherwise designated by the chief judge as his or her designee;
511 the state attorney, or his or her designee; the public defender,
512 or his or her designee; the treatment-based mental health court
513 program coordinators; community representatives; treatment
514 representatives; and any other persons that the chair deems
515 appropriate.

516 Section 10. Subsections (1), (4), (5), and (6) of section
517 394.492, Florida Statutes, are amended to read:

518 394.492 Definitions.—As used in ss. 394.490–394.497, the
519 term:

520 (1) "Adolescent" means a person who is at least 13 years
521 of age but under 21 ~~18~~ years of age.

522 (4) "Child or adolescent at risk of emotional disturbance"
523 means a person under 21 ~~18~~ years of age who has an increased
524 likelihood of becoming emotionally disturbed because of risk
525 factors that include, but are not limited to:

526 (a) Being homeless.

527 (b) Having a family history of mental illness.

528 (c) Being physically or sexually abused or neglected.

529 (d) Abusing alcohol or other substances.

530 (e) Being infected with human immunodeficiency virus
531 (HIV).

532 (f) Having a chronic and serious physical illness.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

- 533 (g) Having been exposed to domestic violence.
- 534 (h) Having multiple out-of-home placements.
- 535 (5) "Child or adolescent who has an emotional disturbance"
536 means a person under 21 ~~18~~ years of age who is diagnosed with a
537 mental, emotional, or behavioral disorder of sufficient duration
538 to meet one of the diagnostic categories specified in the most
539 recent edition of the Diagnostic and Statistical Manual of the
540 American Psychiatric Association, but who does not exhibit
541 behaviors that substantially interfere with or limit his or her
542 role or ability to function in the family, school, or community.
543 The emotional disturbance must not be considered to be a
544 temporary response to a stressful situation. The term does not
545 include a child or adolescent who meets the criteria for
546 involuntary placement under s. 394.467(1).
- 547 (6) "Child or adolescent who has a serious emotional
548 disturbance or mental illness" means a person under 21 ~~18~~ years
549 of age who:
- 550 (a) Is diagnosed as having a mental, emotional, or
551 behavioral disorder that meets one of the diagnostic categories
552 specified in the most recent edition of the Diagnostic and
553 Statistical Manual of Mental Disorders of the American
554 Psychiatric Association; and
- 555 (b) Exhibits behaviors that substantially interfere with
556 or limit his or her role or ability to function in the family,
557 school, or community, which behaviors are not considered to be a
558 temporary response to a stressful situation.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

559
560 The term includes a child or adolescent who meets the criteria
561 for involuntary placement under s. 394.467(1).

562 Section 11. Section 394.656, Florida Statutes, is amended
563 to read:

564 394.656 Criminal Justice, Mental Health, and Substance
565 Abuse Reinvestment Grant Program.—

566 (1) There is created within the Department of Children and
567 Families the Criminal Justice, Mental Health, and Substance
568 Abuse Reinvestment Grant Program. The purpose of the program is
569 to provide funding to counties with which they can plan,
570 implement, or expand initiatives that increase public safety,
571 avert increased spending on criminal justice, and improve the
572 accessibility and effectiveness of treatment services for adults
573 and juveniles who have a mental illness, substance abuse
574 disorder, or co-occurring mental health and substance abuse
575 disorders and who are in, or at risk of entering, the criminal
576 or juvenile justice systems.

577 (2) The department shall establish a Criminal Justice,
578 Mental Health, and Substance Abuse Statewide Grant Policy Review
579 Committee. The committee shall include:

580 (a) One representative of the Department of Children and
581 Families;

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

583 (c) One representative of the Department of Juvenile
584 Justice;

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

- 585 (d) One representative of the Department of Elderly
586 Affairs; ~~and~~
- 587 (e) One representative of the Office of the State Courts
588 Administrator;
- 589 (f) One representative of the Department of Veterans'
590 Affairs;
- 591 (g) One representative of the Florida Sheriffs
592 Association;
- 593 (h) One representative of the Florida Police Chiefs
594 Association;
- 595 (i) One representative of the Florida Association of
596 Counties;
- 597 (j) One representative of the Florida Alcohol and Drug
598 Abuse Association;
- 599 (k) One representative of the Florida Association of
600 Managing Entities;
- 601 (l) One representative of the Florida Council for
602 Community Mental Health; and
- 603 (m) One administrator of a state-licensed limited mental
604 health assisted living facility.
- 605 (3) The committee shall serve as the advisory body to
606 review policy and funding issues that help reduce the impact of
607 persons with mental illnesses and substance use disorders on
608 communities, criminal justice agencies, and the court system.
609 The committee shall advise the department in selecting
610 priorities for grants and investing awarded grant moneys.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

611 (4) The department shall create a grant review and
612 selection committee that has experience in substance use and
613 mental health disorders, community corrections, and law
614 enforcement. To the extent possible, the ~~members of the~~
615 committee shall have expertise in ~~grant writing,~~ grant
616 reviewing~~,~~ and grant application scoring.

617 (5)-(3)(a) A county, or not-for-profit community provider
618 or managing entity designated by the county planning council or
619 committee, as described in s. 394.657, may apply for a 1-year
620 planning grant or a 3-year implementation or expansion grant.
621 The purpose of the grants is to demonstrate that investment in
622 treatment efforts related to mental illness, substance abuse
623 disorders, or co-occurring mental health and substance abuse
624 disorders results in a reduced demand on the resources of the
625 judicial, corrections, juvenile detention, and health and social
626 services systems.

627 (b) To be eligible to receive a 1-year planning grant or a
628 3-year implementation or expansion grant:~~7~~

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

632 2. A not-for-profit community provider or managing entity
633 must be designated by the county planning council or committee
634 and have written authorization to submit an application. A not-
635 for-profit community provider or managing entity must have
636 written authorization for each application it submits.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

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

640 (d) The department may require an applicant to conduct
641 sequential intercept mapping for a project. For purposes of this
642 paragraph, the term "sequential intercept mapping" means a
643 process for reviewing a local community's mental health,
644 substance abuse, criminal justice, and related systems and
645 identifying points of interceptions where interventions may be
646 made to prevent an individual with a substance use disorder or
647 mental illness from deeper involvement in the criminal justice
648 system.

649 (6)-(4) The grant review and selection committee shall
650 select the grant recipients and notify the department of
651 Children and Families in writing of the recipients' names of the
652 applicants who have been selected by the committee to receive a
653 grant. Contingent upon the availability of funds and upon
654 notification by the review committee of those applicants
655 approved to receive planning, implementation, or expansion
656 grants, the department of Children and Families may transfer
657 funds appropriated for the grant program to a selected grant
658 recipient any county awarded a grant.

659 Section 12. Section 394.761, Florida Statutes, is created
660 to read:

661 394.761 Revenue maximization.—The agency and the
662 department shall develop a plan to obtain federal approval for

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

663 increasing the availability of federal Medicaid funding for
664 behavioral health care. Increased funding will be used to
665 advance the goal of improved integration of behavioral health
666 and primary care services for individuals eligible for Medicaid
667 through development and effective implementation of coordinated
668 care organizations as described in s. 394.9082. The agency and
669 the department shall submit the written plan to the President of
670 the Senate and the Speaker of the House of Representatives by
671 November 1, 2015. The plan shall identify the amount of general
672 revenue funding appropriated for mental health and substance
673 abuse services which is eligible to be used as state Medicaid
674 match. The plan must evaluate alternative uses of increased
675 Medicaid funding, including seeking Medicaid eligibility for the
676 severely and persistently mentally ill, increased reimbursement
677 rates for behavioral health services, adjustments to the
678 capitation rate for Medicaid enrollees with chronic mental
679 illness and substance use disorders, supplemental payments to
680 mental health and substance abuse providers through a designated
681 state health program or other mechanisms, and innovative
682 programs to provide incentives for improved outcomes for
683 behavioral health conditions. The plan shall identify the
684 advantages and disadvantages of each alternative and assess the
685 potential of each for achieving improved integration of
686 services. The plan shall identify the types of federal approvals
687 necessary to implement each alternative and project a timeline
688 for implementation.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

689 Section 13. Paragraph (a) of subsection (1) of section
690 394.875, Florida Statutes, is amended to read:

691 394.875 Crisis stabilization units, residential treatment
692 facilities, and residential treatment centers for children and
693 adolescents; authorized services; license required.—

694 (1)(a) The purpose of a crisis stabilization unit is to
695 stabilize and redirect a client to the most appropriate and
696 least restrictive community setting available, consistent with
697 the client's needs. Crisis stabilization units may screen,
698 assess, and admit for stabilization persons who present
699 themselves to the unit and persons who are brought to the unit
700 under s. 394.463. Clients may be provided 24-hour observation,
701 medication prescribed by a physician or psychiatrist, and other
702 appropriate services. Crisis stabilization units shall provide
703 services regardless of the client's ability to pay ~~and shall be~~
704 ~~limited in size to a maximum of 30 beds.~~

705 Section 14. Effective upon this act becoming a law,
706 section 394.9082, Florida Statutes, is amended to read:

707 394.9082 Behavioral health managing entities.—

708 (1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds
709 that untreated behavioral health disorders constitute major
710 health problems for residents of this state, are a major
711 economic burden to the citizens of this state, and substantially
712 increase demands on the state's juvenile and adult criminal
713 justice systems, the child welfare system, and health care
714 systems. The Legislature finds that behavioral health disorders

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

715 respond to appropriate treatment, rehabilitation, and supportive
716 intervention. The Legislature finds that the state's return on
717 its ~~it has made a substantial long-term~~ investment in the
718 funding of the community-based behavioral health prevention and
719 treatment service systems and facilities can be enhanced for
720 individuals also served by Medicaid through integration of these
721 services with primary care and for individuals not served by
722 Medicaid through coordination of these services with primary
723 care ~~in order to provide critical emergency, acute care,~~
724 ~~residential, outpatient, and rehabilitative and recovery-based~~
725 ~~services~~. The Legislature finds that local communities have also
726 made substantial investments in behavioral health services,
727 contracting with safety net providers who by mandate and mission
728 provide specialized services to vulnerable and hard-to-serve
729 populations and have strong ties to local public health and
730 public safety agencies. The Legislature finds that a regional
731 management structure that facilitates a comprehensive and
732 cohesive system of coordinated care for ~~places the~~
733 ~~responsibility for publicly financed~~ behavioral health treatment
734 and prevention services ~~within a single private, nonprofit~~
735 ~~entity at the local level~~ will improve ~~promote improved~~ access
736 to care, promote service continuity, and provide for more
737 efficient and effective delivery of substance abuse and mental
738 health services. The Legislature finds that streamlining
739 administrative processes will create cost efficiencies and

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

740 provide flexibility to better match available services to
741 consumers' identified needs.

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

743 (a) "Behavioral health services" means mental health
744 services and substance abuse prevention and treatment services
745 as defined in this chapter and chapter 397 which are provided
746 using state and federal funds.

747 (b) "Coordinated care organization" means a managing
748 entity that has earned designation by the department as having
749 achieved the standards required in subsection (5).

750 ~~"Decisionmaking model" means a comprehensive management~~
751 ~~information system needed to answer the following management~~
752 ~~questions at the federal, state, regional, circuit, and local~~
753 ~~provider levels: who receives what services from which providers~~
754 ~~with what outcomes and at what costs?~~

755 (c) "Geographic area" means one or more contiguous
756 counties, circuits a county, circuit, regional, or regions as
757 described in s. 409.966 ~~multiregional area in this state.~~

758 (d) "Managed behavioral health organization" means a
759 Medicaid managed care organization currently under contract with
760 the Medicaid managed medical assistance program in this state
761 pursuant to part IV of chapter 409, including a managed care
762 organization operating as a behavioral health specialty plan.

763 (e) ~~(d)~~ "Managing entity" means a corporation that is
764 selected by ~~organized in this state, is designated or filed as a~~
765 ~~nonprofit organization under s. 501(c)(3) of the Internal~~

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

766 ~~Revenue Code, and is under contract to the department to~~ execute
767 the administrative duties specified in subsection (5) to
768 facilitate the ~~manage the day-to-day operational~~ delivery of
769 behavioral health services through a coordinated ~~an organized~~
770 system of care.

771 (f) ~~(e)~~ "Provider networks" mean the direct service
772 agencies ~~that are~~ under contract with a managing entity to
773 provide behavioral health services. The provider network may
774 also include noncontracted providers as partners in the delivery
775 of coordinated care and that together constitute a comprehensive
776 array of emergency, acute care, residential, outpatient,
777 recovery support, and consumer support services.

778 ~~(3) SERVICE DELIVERY STRATEGIES. The department may work~~
779 ~~through managing entities to develop service delivery strategies~~
780 ~~that will improve the coordination, integration, and management~~
781 ~~of the delivery of behavioral health services to people who have~~
782 ~~mental or substance use disorders. It is the intent of the~~
783 ~~Legislature that a well-managed service delivery system will~~
784 ~~increase access for those in need of care, improve the~~
785 ~~coordination and continuity of care for vulnerable and high-risk~~
786 ~~populations, and redirect service dollars from restrictive care~~
787 ~~settings to community-based recovery services.~~

788 (3) ~~(4)~~ CONTRACT FOR SERVICES.—

789 (a) 1. The department shall ~~may~~ contract for the purchase
790 and management of behavioral health services with not-for-profit
791 community-based organizations with competence in managing

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

792 networks of providers serving persons with mental health and
793 substance use disorders to serve as managing entities. However,
794 if fewer than two responsive bids are received to a solicitation
795 for a managing entity contract, the department shall reissue the
796 solicitation and managed behavioral health organizations shall
797 also be eligible to bid. ~~The department may require a managing~~
798 ~~entity to contract for specialized services that are not~~
799 ~~currently part of the managing entity's network if the~~
800 ~~department determines that to do so is in the best interests of~~
801 ~~consumers of services. The secretary shall determine the~~
802 ~~schedule for phasing in contracts with managing entities. The~~
803 ~~managing entities shall, at a minimum, be accountable for the~~
804 ~~operational oversight of the delivery of behavioral health~~
805 ~~services funded by the department and for the collection and~~
806 ~~submission of the required data pertaining to these contracted~~
807 ~~services.~~

808 2. The department shall require all contractors serving as
809 managing entities to operate under the same data reporting,
810 administrative, and administrative rate requirements, regardless
811 of whether the managing entity is for profit or not for profit.

812 (b) A managing entity shall serve a geographic area
813 designated by the department. The geographic area must be of
814 sufficient size in population, funding, and services ~~and have~~
815 ~~enough public funds for behavioral health services to allow for~~
816 ~~flexibility and maximum efficiency.~~

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

817 ~~(b) The operating costs of the managing entity contract~~
818 ~~shall be funded through funds from the department and any~~
819 ~~savings and efficiencies achieved through the implementation of~~
820 ~~managing entities when realized by their participating provider~~
821 ~~network agencies. The department recognizes that managing~~
822 ~~entities will have infrastructure development costs during~~
823 ~~start-up so that any efficiencies to be realized by providers~~
824 ~~from consolidation of management functions, and the resulting~~
825 ~~savings, will not be achieved during the early years of~~
826 ~~operation. The department shall negotiate a reasonable and~~
827 ~~appropriate administrative cost rate with the managing entity.~~
828 ~~The Legislature intends that reduced local and state contract~~
829 ~~management and other administrative duties passed on to the~~
830 ~~managing entity allows funds previously allocated for these~~
831 ~~purposes to be proportionately reduced and the savings used to~~
832 ~~purchase the administrative functions of the managing entity.~~
833 ~~Policies and procedures of the department for monitoring~~
834 ~~contracts with managing entities shall include provisions for~~
835 ~~eliminating duplication of the department's and the managing~~
836 ~~entities' contract management and other administrative~~
837 ~~activities in order to achieve the goals of cost-effectiveness~~
838 ~~and regulatory relief. To the maximum extent possible, provider-~~
839 ~~monitoring activities shall be assigned to the managing entity.~~
840 ~~(c) Contracting and payment mechanisms for services must~~
841 ~~promote clinical and financial flexibility and responsiveness~~
842 ~~and must allow different categorical funds to be integrated at~~

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

843 ~~the point of service. The contracted service array must be~~
844 ~~determined by using public input, needs assessment, and~~
845 ~~evidence-based and promising best practice models. The~~
846 ~~department may employ care management methodologies, prepaid~~
847 ~~capitation, and case rate or other methods of payment which~~
848 ~~promote flexibility, efficiency, and accountability.~~

849 (c) Duties of the managing entity include:

850 1. Assessing community needs for behavioral health
851 services and determining the optimal array of services to meet
852 those needs within available resources, including, but not
853 limited to, those services provided in subsection (6);

854 2. Contracting with providers to provide services to
855 address community needs;

856 3. Monitoring provider performance through application of
857 nationally recognized standards;

858 4. Collecting and reporting data, including use of a
859 unique identifier developed by the department to facilitate
860 consumer care coordination, and using such data to continually
861 improve the system of care;

862 5. Facilitating effective provider relationships and
863 arrangements that support coordinated service delivery and
864 continuity of care, including relationships and arrangements
865 with those other systems with which individuals with behavioral
866 health needs interact;

867 6. Continually working independently and in collaboration
868 with stakeholders, including, but not limited to, local

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

869 government, to improve access to and effectiveness, quality, and
870 outcomes of safety-net behavioral health services and the
871 managing entity system of care, through means, including, but
872 not limited to, facilitating the dissemination and use of
873 evidence-informed practices;

874 7. Securing local matching funds; and

875 8. Administrative and fiscal management duties necessary
876 to comply with federal requirements for the Substance Abuse and
877 Mental Health Services grant.

878 (d) No later than July 1, 2016, the department shall
879 revise contracts with all current managing entities. The revised
880 contract shall be for a term of 5 years with an option to renew
881 for an additional 5 years. The revised contract will be
882 performance-based, which means the contract establishes a
883 limited number of measurable outcomes, sets timelines for
884 achievement of those outcomes that are characterized by specific
885 milestones, and establishes a schedule of penalties scaled to
886 the nature and significance of the performance failure. The
887 contract shall provide specific milestones that managing
888 entities must meet to ensure that they timely earn the
889 coordinated care organization designation pursuant to subsection
890 (5) and shall require managing entities to be evaluated at least
891 annually to determine their compliance with these milestones.
892 Such penalties may include a corrective action plan, liquidated
893 damages, or termination of the contract.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

894 (e) The revised contract must establish a clear and
895 consistent framework for managing limited resources to serve
896 priority populations identified in federal regulations and state
897 law.

898 (f) In developing the revised contract, the department
899 must consult with current managing entities and behavioral
900 health service providers.

901 (g) The revised contract must incorporate a plan prepared
902 by the managing entity that describes how the managing entity
903 and the provider network in the region will earn, no later than
904 July 1, 2019, the designation of coordinated care organization
905 pursuant to subsection (5). The department may terminate a
906 contract with a managing entity for causes specified in the
907 contract and shall terminate a contract for the managing
908 entity's failure to earn designation as a coordinated care
909 organization in accordance with the plan approved by the
910 department.

911 (h) The contract terms shall require that when the
912 contractor serving as the managing entity changes, the
913 department shall develop and implement a transition plan that
914 ensures continuity of care for patients receiving behavioral
915 health services.

916 (i) When necessary due to contract termination or the
917 expiration of the allowable contract term, the department shall
918 issue an invitation to negotiate in order to select an
919 organization to serve as a managing entity pursuant to paragraph

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

920 (a). The department shall consider the input and recommendations
921 of the provider network and community stakeholders when
922 selecting a new contractor. The invitation to negotiate shall
923 specify the criteria and the relative weight of the criteria
924 that will be used in selecting the new contractor. The
925 department must consider all of the following factors:

926 1. Experience serving persons with mental health and
927 substance use disorders.

928 2. Establishment of community partnerships with behavioral
929 health providers.

930 3. Demonstrated organizational capabilities for network
931 management functions.

932 4. Capability to coordinate behavioral health with primary
933 care services.

934 (4) (5) GOALS.—The department must develop and incorporate
935 into the revised contract with the managing entities,
936 measureable outcome standards that address the following goals
937 goal of the service delivery strategies is to provide a design
938 for an effective coordination, integration, and management
939 approach for delivering effective behavioral health services to
940 persons who are experiencing a mental health or substance abuse
941 crisis, who have a disabling mental illness or a substance use
942 or co-occurring disorder, and require extended services in order
943 to recover from their illness, or who need brief treatment or
944 longer-term supportive interventions to avoid a crisis or
945 disability. Other goals include:

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

946 (a) The provider network in the region delivers effective,
947 quality services that are evidence-informed, coordinated, and
948 integrated with programs such as vocational rehabilitation,
949 education, child welfare, juvenile justice, and criminal
950 justice, and coordinated with primary care services.

951 (b)(a) Behavioral health services supported with public
952 funds are accountable to the public and responsive to local
953 needs ~~Improving accountability for a local system of behavioral~~
954 ~~health care services to meet performance outcomes and standards~~
955 ~~through the use of reliable and timely data.~~

956 (c)(b) Interactions and relationships among members of the
957 provider network are supported and facilitated by the managing
958 entity through such means as the sharing of data and information
959 in order to effectively coordinate services and provide
960 continuity of care for priority populations ~~Enhancing the~~
961 ~~continuity of care for all children, adolescents, and adults who~~
962 ~~enter the publicly funded behavioral health service system.~~

963 ~~(c) Preserving the "safety net" of publicly funded~~
964 ~~behavioral health services and providers, and recognizing and~~
965 ~~ensuring continued local contributions to these services, by~~
966 ~~establishing locally designed and community-monitored systems of~~
967 ~~care.~~

968 ~~(d) Providing early diagnosis and treatment interventions~~
969 ~~to enhance recovery and prevent hospitalization.~~

970 ~~(e) Improving the assessment of local needs for behavioral~~
971 ~~health services.~~

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

972 ~~(f) Improving the overall quality of behavioral health~~
973 ~~services through the use of evidence-based, best practice, and~~
974 ~~promising practice models.~~

975 ~~(g) Demonstrating improved service integration between~~
976 ~~behavioral health programs and other programs, such as~~
977 ~~vocational rehabilitation, education, child welfare, primary~~
978 ~~health care, emergency services, juvenile justice, and criminal~~
979 ~~justice.~~

980 ~~(h) Providing for additional testing of creative and~~
981 ~~flexible strategies for financing behavioral health services to~~
982 ~~enhance individualized treatment and support services.~~

983 ~~(i) Promoting cost-effective quality care.~~

984 ~~(j) Working with the state to coordinate admissions and~~
985 ~~discharges from state civil and forensic hospitals and~~
986 ~~coordinating admissions and discharges from residential~~
987 ~~treatment centers.~~

988 ~~(k) Improving the integration, accessibility, and~~
989 ~~dissemination of behavioral health data for planning and~~
990 ~~monitoring purposes.~~

991 ~~(l) Promoting specialized behavioral health services to~~
992 ~~residents of assisted living facilities.~~

993 ~~(m) Working with the state and other stakeholders to~~
994 ~~reduce the admissions and the length of stay for dependent~~
995 ~~children in residential treatment centers.~~

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

996 ~~(n) Providing services to adults and children with co-~~
997 ~~occurring disorders of mental illnesses and substance abuse~~
998 ~~problems.~~

999 ~~(o) Providing services to elder adults in crisis or at~~
1000 ~~risk for placement in a more restrictive setting due to a~~
1001 ~~serious mental illness or substance abuse.~~

1002 (5) COORDINATED CARE ORGANIZATION DESIGNATION.-

1003 (a) Managing entities earn the coordinated care
1004 organization designation by developing and implementing a plan
1005 that enables the members of the provider network, including
1006 those under contract to the managing entity as well as other
1007 noncontracted community service providers, to work together with
1008 each other and with systems such as the child welfare system,
1009 criminal justice system, and Medicaid system, to improve
1010 outcomes for individuals with mental health and substance use
1011 disorders. The plan must:

1012 1. Assess working relationships among providers of a
1013 comprehensive range of services as described in subsection (6)
1014 and the nature and degree of coordination with other major
1015 systems with which individuals with behavioral health needs
1016 interact, and propose strategies for improving access to care
1017 for priority populations;

1018 2. Identify gaps in the current system of care and propose
1019 methods for improving continuity and effectiveness of care;

1020 3. Assess current methods and capabilities for consumer
1021 care coordination and propose enhancements to increase the

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1022 number of individuals served and the effectiveness of care
1023 coordination services; and

1024 4. Result from a collaborative effort of providers in the
1025 region which is facilitated and documented by the managing
1026 entity and includes stakeholder input.

1027 (b) In order to earn the coordinated care organization
1028 designation, the managing entity must document working
1029 relationships among providers established through written
1030 coordination agreements that define common protocols for intake
1031 and assessment, create methods of data sharing, institute joint
1032 operational procedures, provide for integrated care planning and
1033 case management, and initiate cooperative evaluation procedures.

1034 (c) Before designating a managing entity as a coordinated
1035 care organization, the department must seek input from the
1036 providers and other community stakeholders to assess the
1037 effectiveness of entity's coordination efforts.

1038 (d) After earning the coordinated care organization
1039 designation, the managing entity must maintain coordinated care
1040 organization status by documenting the ongoing use and
1041 continuous improvement of the coordination methods specified in
1042 the written agreements.

1043 ~~(6) ESSENTIAL ELEMENTS.—It is the intent of the~~
1044 ~~Legislature that the department may plan for and enter into~~
1045 ~~contracts with managing entities to manage care in geographical~~
1046 ~~areas throughout the state.~~

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1047 (a) A comprehensive range of services includes the
1048 following essential elements:

1049 1. A centralized receiving facility or a coordinated
1050 receiving system consisting of written agreements and
1051 operational policies that support efficient methods of triaging
1052 patients to appropriate providers. A coordinated receiving
1053 system must be developed with input from community providers of
1054 behavioral health, including, but not limited to, inpatient
1055 psychiatric care providers.

1056 2. Crisis services, including, at a minimum, crisis
1057 stabilization units.

1058 3. Case management and consumer care coordination. To the
1059 extent allowed by available resources, the managing entity shall
1060 provide for consumer care coordination to facilitate the
1061 appropriate delivery of behavioral health care services in the
1062 least restrictive setting based on standardized level of care
1063 determinations, recommendations by a treating practitioner, and
1064 the needs of the consumer and his or her family, as appropriate.
1065 In addition to treatment services, consumer care coordination
1066 shall address the recovery support needs of the consumer and
1067 shall involve coordination with other local systems and
1068 entities, public and private, which are involved with the
1069 consumer, such as primary health care, child welfare, behavioral
1070 health care, and criminal and juvenile justice organizations.
1071 Consumer care coordination shall be provided to populations in
1072 the following order of priority:

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1073 a.(I) Individuals with serious mental illness or substance
1074 use disorders who have experienced multiple arrests, involuntary
1075 commitments, admittances to a state mental health treatment
1076 facility, or episodes of incarceration or have been placed on
1077 conditional release for a felony or violated a condition of
1078 probation multiple times as a result of their behavioral health
1079 condition.

1080 (II) Individuals in state treatment facilities who are on
1081 the wait list for community-based care.

1082 b.(I) Individuals in receiving facilities or crisis
1083 stabilization units who are on the wait list for a state
1084 treatment facility.

1085 (II) Children who are involved in the child welfare system
1086 but are not in out-of-home care, except that the community-based
1087 care lead agency shall remain responsible for services required
1088 pursuant to s. 409.988.

1089 (III) Parents or caretakers of children who are involved
1090 in the child welfare system and individuals who account for a
1091 disproportionate amount of behavioral health expenditures.

1092 c. Other individuals eligible for services.

1093 4. Outpatient services.

1094 5. Residential services.

1095 6. Hospital inpatient care.

1096 7. Aftercare and other postdischarge services.

1097 8. Recovery support, including, but not limited to,
1098 support for competitive employment, educational attainment,

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1099 independent living skills development, family support and
1100 education, wellness management and self-care, and assistance in
1101 obtaining housing that meets the individual's needs. Such
1102 housing includes mental health residential treatment facilities,
1103 limited mental health assisted living facilities, adult family
1104 care homes, and supportive housing. Housing provided using state
1105 funds must provide a safe and decent environment free from abuse
1106 and neglect. The care plan shall assign specific responsibility
1107 for initial and ongoing evaluation of the supervision and
1108 support needs of the individual and the identification of
1109 housing that meets such needs. For purposes of this
1110 subparagraph, the term "supervision" means oversight of and
1111 assistance with compliance with the clinical aspects of an
1112 individual's care plan.

1113 9. Medical services necessary for coordination of
1114 behavioral health services with primary care.

1115 10. Prevention and outreach services.

1116 11. Medication-assisted treatment.

1117 12. Detoxification services. ~~The managing entity must~~
1118 ~~demonstrate the ability of its network of providers to comply~~
1119 ~~with the pertinent provisions of this chapter and chapter 397~~
1120 ~~and to ensure the provision of comprehensive behavioral health~~
1121 ~~services. The network of providers must include, but need not be~~
1122 ~~limited to, community mental health agencies, substance abuse~~
1123 ~~treatment providers, and best practice consumer services~~
1124 ~~providers.~~

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1125 ~~(b) The department shall terminate its mental health or~~
1126 ~~substance abuse provider contracts for services to be provided~~
1127 ~~by the managing entity at the same time it contracts with the~~
1128 ~~managing entity.~~

1129 ~~(c) The managing entity shall ensure that its provider~~
1130 ~~network is broadly conceived. All mental health or substance~~
1131 ~~abuse treatment providers currently under contract with the~~
1132 ~~department shall be offered a contract by the managing entity.~~

1133 ~~(d) The department may contract with managing entities to~~
1134 ~~provide the following core functions:~~

1135 ~~1. Financial accountability.~~

1136 ~~2. Allocation of funds to network providers in a manner~~
1137 ~~that reflects the department's strategic direction and plans.~~

1138 ~~3. Provider monitoring to ensure compliance with federal~~
1139 ~~and state laws, rules, and regulations.~~

1140 ~~4. Data collection, reporting, and analysis.~~

1141 ~~5. Operational plans to implement objectives of the~~
1142 ~~department's strategic plan.~~

1143 ~~6. Contract compliance.~~

1144 ~~7. Performance management.~~

1145 ~~8. Collaboration with community stakeholders, including~~
1146 ~~local government.~~

1147 ~~9. System of care through network development.~~

1148 ~~10. Consumer care coordination.~~

1149 ~~11. Continuous quality improvement.~~

1150 ~~12. Timely access to appropriate services.~~

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

- 1151 ~~13. Cost effectiveness and system improvements.~~
- 1152 ~~14. Assistance in the development of the department's~~
1153 ~~strategic plan.~~
- 1154 ~~15. Participation in community, circuit, regional, and~~
1155 ~~state planning.~~
- 1156 ~~16. Resource management and maximization, including~~
1157 ~~pursuit of third party payments and grant applications.~~
- 1158 ~~17. Incentives for providers to improve quality and~~
1159 ~~access.~~
- 1160 ~~18. Liaison with consumers.~~
- 1161 ~~19. Community needs assessment.~~
- 1162 ~~20. Securing local matching funds.~~
- 1163 (b)(e) The managing entity shall ensure that written
1164 cooperative agreements are developed and implemented among the
1165 criminal and juvenile justice systems, the local community-based
1166 care network, and the local behavioral health providers in the
1167 geographic area which define strategies and alternatives for
1168 diverting people who have mental illness and substance abuse
1169 problems from the criminal justice system to the community.
1170 These agreements must also address the provision of appropriate
1171 services to persons who have behavioral health problems and
1172 leave the criminal justice system. The managing entity shall
1173 work with the civil court system to develop procedures for the
1174 evaluation and use of involuntary outpatient placement for
1175 individuals as a strategy for diverting future admissions to

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1176 acute levels of care, jails, prisons, and forensic facilities,
1177 subject to the availability of funding for services.

1178 ~~(c)-(f)~~ Managing entities must collect and submit data to
1179 the department regarding persons served, outcomes of persons
1180 served, ~~and the~~ costs of services provided through the
1181 department's contract, and other data as required by the
1182 department. The department shall evaluate managing entity
1183 services based on consumer-centered outcome measures that
1184 reflect national standards that can dependably be measured. The
1185 department shall work with managing entities to establish
1186 performance standards related to:

1187 1. The extent to which individuals in the community
1188 receive services.

1189 2. The improvement in the overall behavioral health of a
1190 community.

1191 3. The improvement in functioning or progress in the
1192 recovery of individuals served through care coordination, as
1193 determined using person-centered measures tailored to the
1194 population of quality of care for individuals served.

1195 ~~4.3.~~ The success of strategies to divert admissions to
1196 acute levels of care, jails, prisons, and forensic facilities as
1197 measured by, at a minimum, the total number and percentage of
1198 clients who, during a specified period, experience multiple
1199 admissions to acute levels of care, jails, prisons, or forensic
1200 facilities jail, prison, and forensic facility admissions.

1201 ~~5.4.~~ Consumer and family satisfaction.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1202 ~~6.5-~~ The satisfaction of key community constituents such
1203 as law enforcement agencies, juvenile justice agencies, the
1204 courts, the schools, local government entities, hospitals, and
1205 others as appropriate for the geographical area of the managing
1206 entity.

1207 ~~(g) The Agency for Health Care Administration may~~
1208 ~~establish a certified match program, which must be voluntary.~~
1209 ~~Under a certified match program, reimbursement is limited to the~~
1210 ~~federal Medicaid share to Medicaid-enrolled strategy~~
1211 ~~participants. The agency may take no action to implement a~~
1212 ~~certified match program unless the consultation provisions of~~
1213 ~~chapter 216 have been met. The agency may seek federal waivers~~
1214 ~~that are necessary to implement the behavioral health service~~
1215 ~~delivery strategies.~~

1216 (7) MANAGING ENTITY REQUIREMENTS.—The department may adopt
1217 rules and contractual standards related to ~~and a process for~~ the
1218 qualification and operation of managing entities which are
1219 based, in part, on the following criteria:

1220 (a) By the date of execution of the revised contract, the
1221 department must verify:

1222 1. If the managing entity is not a managed behavioral
1223 health organization, that the governing board meets the
1224 following requirements: ~~A managing entity's governance structure~~
1225 ~~shall be representative and shall, at a minimum, include~~
1226 ~~consumers and family members, appropriate community stakeholders~~
1227 ~~and organizations, and providers of substance abuse and mental~~

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

~~health services as defined in this chapter and chapter 397. If there are one or more private receiving facilities in the geographic coverage area of a managing entity, the managing entity shall have one representative for the private receiving facilities as an ex officio member of its board of directors.~~

a. The composition of the governing board must be broadly representative of the community and include consumers and family members, community organizations that do not contract with the managing entity, local governments, area law enforcement agencies, business leaders, community-based care lead agency representatives, health care professionals, and representatives of health care facilities. Representatives of local governments, including counties, school boards, sheriffs, and independent hospital taxing districts may, however, serve as voting members even if they contract with the managing entity. The managing entity must create a transparent process for nomination and selection of board members and must adopt a procedure for establishing staggered term limits which ensures that no individual serves more than 8 consecutive years on the board.

b. The managing entity must establish a technical advisory panel consisting of providers of mental health and substance abuse services under contract with the managing entity that selects at least one member to serve ex officio as a member of the governing board.

2. If the managing entity is a managed behavioral health organization, it must establish an advisory board and a

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1254 technical advisory panel that meet the same requirements as the
1255 governing board and technical advisory panel in subparagraph 1.
1256 The duties of the advisory board and technical advisory panel
1257 shall include, but are not limited to, making recommendations to
1258 the department about the renewal of the managing contract or the
1259 award of a new contract to the managing entity.

1260 ~~(b) A managing entity that was originally formed primarily~~
1261 ~~by substance abuse or mental health providers must present and~~
1262 ~~demonstrate a detailed, consensus approach to expanding its~~
1263 ~~provider network and governance to include both substance abuse~~
1264 ~~and mental health providers.~~

1265 (b)(e) A managing entity must submit a network management
1266 plan and budget in a form and manner determined by the
1267 department. ~~The plan must detail the means for implementing the~~
1268 ~~duties to be contracted to the managing entity and the~~
1269 ~~efficiencies to be anticipated by the department as a result of~~
1270 ~~executing the contract.~~ The department may require modifications
1271 to the plan and must approve the plan before contracting with a
1272 managing entity.

1273 1. Provider participation in the network is subject to
1274 credentials and performance standards set by the managing
1275 entity. The department may not require the managing entity to
1276 conduct provider network procurements in order to select
1277 providers. However, the managing entity or coordinated care
1278 organization shall have a process for publicizing opportunities
1279 to participate in its network, evaluating new participants for

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1280 inclusion in its network, and evaluating current providers to
1281 determine whether they should remain network participants. This
1282 process shall be posted on the managing entity's website.

1283 2. The network management plan and provider contracts, at
1284 a minimum, shall provide for managing entity and provider
1285 involvement to ensure continuity of care for clients if a
1286 provider ceases to provide a service or leaves the network. The
1287 ~~department may contract with a managing entity that demonstrates~~
1288 ~~readiness to assume core functions, and may continue to add~~
1289 ~~functions and responsibilities to the managing entity's contract~~
1290 ~~over time as additional competencies are developed as identified~~
1291 ~~in paragraph (g). Notwithstanding other provisions of this~~
1292 ~~section, the department may continue and expand managing entity~~
1293 ~~contracts if the department determines that the managing entity~~
1294 ~~meets the requirements specified in this section.~~

1295 ~~(d) Notwithstanding paragraphs (b) and (c), a managing~~
1296 ~~entity that is currently a fully integrated system providing~~
1297 ~~mental health and substance abuse services, Medicaid, and child~~
1298 ~~welfare services is permitted to continue operating under its~~
1299 ~~current governance structure as long as the managing entity can~~
1300 ~~demonstrate to the department that consumers, other~~
1301 ~~stakeholders, and network providers are included in the planning~~
1302 ~~process.~~

1303 (c)(e) Managing entities shall operate in a transparent
1304 manner, providing public access to information, notice of
1305 meetings, and opportunities for broad public participation in

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1306 decisionmaking. The managing entity's network management plan
1307 must detail policies and procedures that ensure transparency.

1308 ~~(d)~~^(f) Before contracting with a managing entity, the
1309 department must perform an onsite readiness review of a managing
1310 entity to determine its operational capacity to satisfactorily
1311 perform the duties to be contracted.

1312 ~~(e)~~^(g) The department shall engage community stakeholders,
1313 including providers and managing entities under contract with
1314 the department, in the development of objective standards to
1315 measure the competencies of managing entities and their
1316 readiness to assume the responsibilities described in this
1317 section, and the outcomes to hold them accountable.

1318 ~~(8) DEPARTMENT RESPONSIBILITIES. With the introduction of~~
1319 ~~managing entities to monitor department contracted providers'~~
1320 ~~day to day operations, the department and its regional and~~
1321 ~~circuit offices will have increased ability to focus on broad~~
1322 ~~systemic substance abuse and mental health issues. After the~~
1323 ~~department enters into a managing entity contract in a~~
1324 ~~geographic area, the regional and circuit offices of the~~
1325 ~~department in that area shall direct their efforts primarily to~~
1326 ~~monitoring the managing entity contract, including negotiation~~
1327 ~~of system quality improvement goals each contract year, and~~
1328 ~~review of the managing entity's plans to execute department~~
1329 ~~strategic plans; carrying out statutorily mandated licensure~~
1330 ~~functions; conducting community and regional substance abuse and~~
1331 ~~mental health planning; communicating to the department the~~

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1332 ~~local needs assessed by the managing entity; preparing~~
1333 ~~department strategic plans; coordinating with other state and~~
1334 ~~local agencies; assisting the department in assessing local~~
1335 ~~trends and issues and advising departmental headquarters on~~
1336 ~~local priorities; and providing leadership in disaster planning~~
1337 ~~and preparation.~~

1338 (8)~~(9)~~ FUNDING FOR MANAGING ENTITIES.—

1339 (a) A contract established between the department and a
1340 managing entity under this section shall be funded by general
1341 revenue, other applicable state funds, or applicable federal
1342 funding sources. A managing entity may carry forward documented
1343 unexpended state funds from one fiscal year to the next;
1344 however, the cumulative amount carried forward may not exceed 8
1345 percent of the total contract. Any unexpended state funds in
1346 excess of that percentage must be returned to the department.
1347 The funds carried forward may not be used in a way that would
1348 create increased recurring future obligations or for any program
1349 or service that is not currently authorized under the existing
1350 contract with the department. Expenditures of funds carried
1351 forward must be separately reported to the department. Any
1352 unexpended funds that remain at the end of the contract period
1353 shall be returned to the department. Funds carried forward may
1354 be retained through contract renewals and new procurements as
1355 long as the same managing entity is retained by the department.

1356 (b) The method of payment for a fixed-price contract with
1357 a managing entity must provide for a 2-month advance payment at

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1358 the beginning of each fiscal year and equal monthly payments
1359 thereafter.

1360 ~~(10) REPORTING.—Reports of the department's activities,~~
1361 ~~progress, and needs in achieving the goal of contracting with~~
1362 ~~managing entities in each circuit and region statewide must be~~
1363 ~~submitted to the appropriate substantive and appropriations~~
1364 ~~committees in the Senate and the House of Representatives on~~
1365 ~~January 1 and July 1 of each year until the full transition to~~
1366 ~~managing entities has been accomplished statewide.~~

1367 ~~(9) (11) RULES.—The department may shall adopt rules to~~
1368 ~~administer this section and, as necessary, to further specify~~
1369 ~~requirements of managing entities.~~

1370 Section 15. Section 397.402, Florida Statutes, is created
1371 to read:

1372 397.402 Single, consolidated licensure.— The department
1373 and the Agency for Health Care Administration shall develop a
1374 plan for modifying licensure statutes and rules to provide
1375 options for a single, consolidated license for a provider that
1376 offers multiple types of mental health and substance abuse
1377 services regulated under chapters 394 and 397. The plan shall
1378 identify options for license consolidation within the department
1379 and within the agency, and shall identify interagency license
1380 consolidation options. The department and the agency shall
1381 submit the plan to the Governor, the President of the Senate,
1382 and the Speaker of the House of Representatives by November 1,
1383 2015.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1384 Section 16. Paragraphs (d) through (m) of subsection (2)
1385 of section 409.967, Florida Statutes, are redesignated as
1386 paragraphs (e) through (n), respectively, and a new paragraph
1387 (d) is added to that subsection, to read:

1388 409.967 Managed care plan accountability.—

1389 (2) The agency shall establish such contract requirements
1390 as are necessary for the operation of the statewide managed care
1391 program. In addition to any other provisions the agency may deem
1392 necessary, the contract must require:

1393 (d) Quality care.—Managed care plans shall provide, or
1394 contract for the provision of, care coordination to facilitate
1395 the appropriate delivery of behavioral health care services in
1396 the least restrictive setting with treatment and recovery
1397 capabilities that address the needs of the patient. Services
1398 shall be provided in a manner that integrates behavioral health
1399 services and primary care. Plans shall be required to achieve
1400 specific behavioral health outcome standards, established by the
1401 agency in consultation with the Department of Children and
1402 Families.

1403 Section 17. Subsection (5) is added to section 409.973,
1404 Florida Statutes, to read:

1405 409.973 Benefits.—

1406 (5) INTEGRATED BEHAVIORAL HEALTH INITIATIVE.—Each plan
1407 operating in the managed medical assistance program shall work
1408 with the managing entity in its service area to establish
1409 specific organizational supports and service protocols that

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1410 enhance the integration and coordination of primary care and
1411 behavioral health services for Medicaid recipients. Progress in
1412 this initiative will be measured using the integration framework
1413 and core measures developed by the Agency for Healthcare
1414 Research and Quality.

1415 Section 18. Section 491.0045, Florida Statutes is amended
1416 to read:

1417 491.0045 Intern registration; requirements.—

1418 (1) ~~Effective January 1, 1998,~~ An individual who has not
1419 satisfied intends to practice in Florida to satisfy the
1420 postgraduate or post-master's level experience requirements, as
1421 specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register
1422 as an intern in the profession for which he or she is seeking
1423 licensure prior to commencing the post-master's experience
1424 requirement or an individual who intends to satisfy part of the
1425 required graduate-level practicum, internship, or field
1426 experience, outside the academic arena for any profession, must
1427 register as an intern in the profession for which he or she is
1428 seeking licensure prior to commencing the practicum, internship,
1429 or field experience.

1430 (2) The department shall register as a clinical social
1431 worker intern, marriage and family therapist intern, or mental
1432 health counselor intern each applicant who the board certifies
1433 has:

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1434 (a) Completed the application form and remitted a
1435 nonrefundable application fee not to exceed \$200, as set by
1436 board rule;

1437 (b)1. Completed the education requirements as specified in
1438 s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for which
1439 he or she is applying for licensure, if needed; and

1440 2. Submitted an acceptable supervision plan, as determined
1441 by the board, for meeting the practicum, internship, or field
1442 work required for licensure that was not satisfied in his or her
1443 graduate program.

1444 (c) Identified a qualified supervisor.

1445 (3) An individual registered under this section must
1446 remain under supervision while practicing under registered
1447 intern status ~~until he or she is in receipt of a license or a~~
1448 ~~letter from the department stating that he or she is licensed to~~
1449 ~~practice the profession for which he or she applied.~~

1450 ~~(4) An individual who has applied for intern registration~~
1451 ~~on or before December 31, 2001, and has satisfied the education~~
1452 ~~requirements of s. 491.005 that are in effect through December~~
1453 ~~31, 2000, will have met the educational requirements for~~
1454 ~~licensure for the profession for which he or she has applied.~~

1455 (4)(5) An individual who fails ~~Individuals who have~~
1456 ~~commenced the experience requirement as specified in s.~~
1457 ~~491.005(1)(c), (3)(c), or (4)(c) but failed to register as~~
1458 ~~required by subsection (1) shall register with the department~~
1459 ~~before January 1, 2000. Individuals who fail to comply with this~~

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1460 section may subsection shall not be granted a license under this
1461 chapter, and any time spent by the individual completing the
1462 experience requirement as specified in s. 491.005(1)(c), (3)(c),
1463 or (4)(c) before ~~prior to~~ registering as an intern does shall
1464 not count toward completion of the such requirement.

1465 (5) An intern registration is valid for 5 years.

1466 (6) Any registration issued on or before March 31, 2016,
1467 expires March 31, 2021, and may not be renewed or reissued. Any
1468 registration issued after March 31, 2016, expires 60 months
1469 after the date it is issued. A subsequent intern registration
1470 may not be issued unless the candidate has passed the theory and
1471 practice examination described in s. 491.005(1)(d), (3)(d), and
1472 (4)(d).

1473 (7) An individual who has held a provisional license
1474 issued by the board may not apply for an intern registration in
1475 the same profession.

1476 Section 19. Section 394.4674, Florida Statutes, is
1477 repealed.

1478 Section 20. Section 394.4985, Florida Statutes, is
1479 repealed.

1480 Section 21. Section 394.745, Florida Statutes, is
1481 repealed.

1482 Section 22. Section 397.331, Florida Statutes, is
1483 repealed.

1484 Section 23. Section 397.333, Florida Statutes, is
1485 repealed.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

- 1486 Section 24. Section 397.801, Florida Statutes, is
1487 repealed.
- 1488 Section 25. Section 397.811, Florida Statutes, is
1489 repealed.
- 1490 Section 26. Section 397.821, Florida Statutes, is
1491 repealed.
- 1492 Section 27. Section 397.901, Florida Statutes, is
1493 repealed.
- 1494 Section 28. Section 397.93, Florida Statutes, is repealed.
- 1495 Section 29. Section 397.94, Florida Statutes, is repealed.
- 1496 Section 30. Section 397.951, Florida Statutes, is
1497 repealed.
- 1498 Section 31. Section 397.97, Florida Statutes, is repealed.
- 1499 Section 32. Section 397.98, Florida Statutes, is repealed.
- 1500 Section 33. Subsection (15) of section 397.321, Florida
1501 Statutes, is amended to read:
1502 397.321 Duties of the department.—The department shall:
1503 ~~(15) Appoint a substance abuse impairment coordinator to~~
1504 ~~represent the department in efforts initiated by the statewide~~
1505 ~~substance abuse impairment prevention and treatment coordinator~~
1506 ~~established in s. 397.801 and to assist the statewide~~
1507 ~~coordinator in fulfilling the responsibilities of that position.~~
- 1508 Section 34. Paragraph (e) of subsection (3) of section
1509 409.966, Florida Statutes, is amended to read:
1510 409.966 Eligible plans; selection.—
1511 (3) QUALITY SELECTION CRITERIA.—

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1512 (e) To ensure managed care plan participation in Regions 1
1513 and 2, the agency shall award an additional contract to each
1514 plan with a contract award in Region 1 or Region 2. Such
1515 contract shall be in any other region in which the plan
1516 submitted a responsive bid and negotiates a rate acceptable to
1517 the agency. If a plan that is awarded an additional contract
1518 pursuant to this paragraph is subject to penalties pursuant to
1519 s. 409.967(2)(i) ~~409.967(2)(h)~~ for activities in Region 1 or
1520 Region 2, the additional contract is automatically terminated
1521 180 days after the imposition of the penalties. The plan must
1522 reimburse the agency for the cost of enrollment changes and
1523 other transition activities.

1524 Section 35. Subsection (1) of section 765.110, Florida
1525 Statutes, is amended to read:

1526 765.11 Health care facilities and providers; discipline.-

1527 (1) A health care facility, pursuant to Pub. L. No. 101-
1528 508, ss. 4206 and 4751, shall provide to each patient written
1529 information concerning the individual's rights concerning
1530 advance directives, including advance directives providing for
1531 mental health treatment, and the health care facility's policies
1532 respecting the implementation of such rights, and shall document
1533 in the patient's medical records whether or not the individual
1534 has executed an advance directive.

1535 Section 36. Part V of chapter 765, Florida Statutes, is
1536 redesignated as part VI, and a new part V of chapter 765,
1537 Florida Statutes, consisting of ss. 765.501-765.509, is created

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1538 and entitled "Mental Health and Substance Abuse Advance
1539 Directives."

1540 Section 37. Section 765.501, Florida Statutes, is created
1541 to read:

1542 765.501 Short title.—Sections 765.502–765.509 may be cited
1543 as the "Jennifer Act".

1544 Section 38. Section 765.502, Florida Statutes, is created
1545 to read:

1546 765.502 Legislative findings.—

1547 (1) The Legislature recognizes that an individual with
1548 capacity has the ability to control decisions relating to his or
1549 her own mental health care or substance abuse treatment. The
1550 Legislature finds that:

1551 (a) Substance abuse and some mental illnesses cause
1552 individuals to fluctuate between capacity and incapacity;

1553 (b) During periods when an individual's capacity is
1554 unclear, the individual may be unable to provide informed
1555 consent necessary to access needed treatment;

1556 (c) Early treatment may prevent an individual from
1557 becoming so ill that involuntary treatment is necessary; and

1558 (d) Individuals with substance abuse impairment or mental
1559 illness need an established procedure to express their
1560 instructions and preferences for treatment and provide advance
1561 consent to or refusal of treatment. This procedure should be
1562 less expensive and less restrictive than guardianship.

1563 (2) The Legislature further recognizes that:

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1564 (a) A mental health or substance abuse treatment advance
1565 directive must provide the individual with a full range of
1566 choices.

1567 (b) For a mental health or substance abuse directive to be
1568 an effective tool, individuals must be able to choose how they
1569 want their directives to be applied during periods when they are
1570 incompetent to consent to treatment.

1571 (c) There must be a clear process so that treatment
1572 providers can abide by an individual's treatment choices.

1573 Section 39. Section 765.503, Florida Statutes, is created
1574 to read:

1575 765.503 Definitions.—As used in this part, the term:

1576 (1) "Adult" means any individual who has attained the age
1577 of majority or is an emancipated minor.

1578 (2) "Capacity" means that an adult has not been found to
1579 be incapacitated pursuant to s. 394.463.

1580 (3) "Health care facility" means a hospital, nursing home,
1581 hospice, home health agency, or health maintenance organization
1582 licensed in this state, or any facility subject to part I of
1583 chapter 394.

1584 (4) "Incapacity" or "incompetent" means an adult who is:

1585 (a) Unable to understand the nature, character, and
1586 anticipated results of proposed treatment or alternatives or the
1587 recognized serious possible risks, complications, and
1588 anticipated benefits of treatments and alternatives, including
1589 nontreatment;

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1590 (b) Physically or mentally unable to communicate a willful
1591 and knowing decision about mental health care or substance abuse
1592 treatment;

1593 (c) Unable to communicate his or her understanding or
1594 treatment decisions; or

1595 (d) Determined incompetent pursuant to s. 394.463.

1596 (5) "Informed consent" means consent voluntarily given by
1597 a person after a sufficient explanation and disclosure of the
1598 subject matter involved to enable that person to have a general
1599 understanding of the treatment or procedure and the medically
1600 acceptable alternatives, including the substantial risks and
1601 hazards inherent in the proposed treatment or procedures or
1602 nontreatment, and to make knowing mental health care or
1603 substance abuse treatment decisions without coercion or undue
1604 influence.

1605 (6) "Interested person" means, for the purposes of this
1606 chapter, any person who may reasonably be expected to be
1607 affected by the outcome of the particular proceeding involved,
1608 including anyone interested in the welfare of an incapacitated
1609 person.

1610 (7) "Mental health or substance abuse treatment advance
1611 directive" means a written document in which the principal makes
1612 a declaration of instructions or preferences or appoints a
1613 surrogate to make decisions on behalf of the principal regarding
1614 the principal's mental health or substance abuse treatment, or
1615 both.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1616 (8) "Mental health professional" means a psychiatrist,
1617 psychologist, psychiatric nurse, or social worker, and such
1618 other mental health professionals licensed pursuant to chapter
1619 458, chapter 459, chapter 464, chapter 490, or chapter 491.

1620 (9) "Principal" means a competent adult who executes a
1621 mental health or substance abuse treatment advance directive and
1622 on whose behalf mental health care or substance abuse treatment
1623 decisions are to be made.

1624 (10) "Service provider" means a mental health receiving
1625 facility, a facility licensed under chapter 397, a treatment
1626 facility, an entity under contract with the department to
1627 provide mental health or substance abuse services, a community
1628 mental health center or clinic, a psychologist, a clinical
1629 social worker, a marriage and family therapist, a mental health
1630 counselor, a physician, a psychiatrist, an advanced registered
1631 nurse practitioner, or a psychiatric nurse.

1632 (11) "Surrogate" means any competent adult expressly
1633 designated by a principal to make mental health care or
1634 substance abuse treatment decisions on behalf of the principal
1635 as set forth in the principal's mental health or substance abuse
1636 treatment advance directive created pursuant to this part.

1637 Section 40. Section 765.504, Florida Statutes, is created
1638 to read:

1639 765.504 Mental health or substance abuse treatment advance
1640 directive; execution; allowable provisions.—

1641 (1) An adult with capacity may execute a mental health or

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1642 substance abuse treatment advance directive.

1643 (2) A directive executed in accordance with this section
1644 is presumed to be valid. The inability to honor one or more
1645 provisions of a directive does not affect the validity of the
1646 remaining provisions.

1647 (3) A directive may include any provision relating to
1648 mental health or substance abuse treatment or the care of the
1649 principal. Without limitation, a directive may include:

1650 (a) The principal's preferences and instructions for
1651 mental health or substance abuse treatment.

1652 (b) Consent to specific types of mental health or
1653 substance abuse treatment.

1654 (c) Refusal to consent to specific types of mental health
1655 or substance abuse treatment.

1656 (d) Descriptions of situations that may cause the
1657 principal to experience a mental health or substance abuse
1658 crisis.

1659 (e) Suggested alternative responses that may supplement or
1660 be in lieu of direct mental health or substance abuse treatment,
1661 such as treatment approaches from other providers.

1662 (f) The principal's nomination of a guardian, limited
1663 guardian, or guardian advocate as provided chapter 744.

1664 (4) A directive may be combined with or be independent of
1665 a nomination of a guardian, a durable power of attorney, or
1666 other advance directive.

1667 Section 41. Section 765.505, Florida Statutes, is created

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1668 to read:

1669 765.505 Execution of a mental health or substance abuse
1670 advance directive; effective date; expiration.-

1671 (1) A directive must:

1672 (a) Be in writing.

1673 (b) Contain language that clearly indicates that the
1674 principal intends to create a directive pursuant to this part.

1675 (c) Be dated and signed by the principal or, if the
1676 principal is unable to sign, at the principal's direction in the
1677 principal's presence.

1678 (d) Be witnessed by two adults, each of whom must declare
1679 that he or she personally knows the principal and was present
1680 when the principal dated and signed the directive, and that the
1681 principal did not appear to be incapacitated or acting under
1682 fraud, undue influence, or duress. The person designated as the
1683 surrogate may not act as a witness to the execution of the
1684 document designating the mental health or substance abuse care
1685 treatment surrogate. At least one person who acts as a witness
1686 must be neither the principal's spouse nor his or her blood
1687 relative.

1688 (2) A directive is valid upon execution, but all or part
1689 of the directive may take effect at a later date as designated
1690 by the principal in the directive.

1691 (3) A directive may:

1692 (a) Be revoked, in whole or in part, pursuant to s.
1693 765.506; or

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

- 1694 (b) Expire under its own terms.
- 1695 (4) A directive does not or may not:
- 1696 (a) Create an entitlement to mental health, substance
1697 abuse, or medical treatment or supersede a determination of
1698 medical necessity.
- 1699 (b) Obligate any health care provider, professional
1700 person, or health care facility to pay the costs associated with
1701 the treatment requested.
- 1702 (c) Obligate a health care provider, professional person,
1703 or health care facility to be responsible for the nontreatment
1704 or personal care of the principal or the principal's personal
1705 affairs outside the scope of services the facility normally
1706 provides.
- 1707 (d) Replace or supersede any will or testamentary document
1708 or supersede the provision of intestate succession.
- 1709 Section 42. Section 765.506, Florida Statutes, is created
1710 to read:
- 1711 765.506 Revocation; waiver.—
- 1712 (1) A principal with capacity may, by written statement of
1713 the principal or at the principal's direction in the principal's
1714 presence, revoke a directive in whole or in part.
- 1715 (2) The principal shall provide a copy of his or her
1716 written statement of revocation to his or her agent, if any, and
1717 to each health care provider, professional person, or health
1718 care facility that received a copy of the directive from the
1719 principal.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1720 (3) The written statement of revocation is effective as to
1721 a health care provider, professional person, or health care
1722 facility upon receipt. The professional person, health care
1723 provider, or health care facility, or persons acting under their
1724 direction, shall make the statement of revocation part of the
1725 principal's medical record.

1726 (4) A directive also may:

1727 (a) Be revoked, in whole or in part, expressly or to the
1728 extent of any inconsistency, by a subsequent directive; or

1729 (b) Be superseded or revoked by a court order, including
1730 any order entered in a criminal matter. The individual's family,
1731 the health care facility, the attending physician, or any other
1732 interested person who may be directly affected by the
1733 surrogate's decision concerning any health care may seek
1734 expedited judicial intervention pursuant to rule 5.900 of the
1735 Florida Probate Rules, if that person believes:

1736 1. The surrogate's decision is not in accord with the
1737 individual's known desires;

1738 2. The advance directive is ambiguous, or the individual
1739 has changed his or her mind after execution of the advance
1740 directive;

1741 3. The surrogate was improperly designated or appointed,
1742 or the designation of the surrogate is no longer effective or
1743 has been revoked;

1744 4. The surrogate has failed to discharge duties, or
1745 incapacity or illness renders the surrogate incapable of

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1746 discharging duties;

1747 5. The surrogate has abused powers; or

1748 6. The individual has sufficient capacity to make his or
1749 her own health care decisions.

1750 (5) A directive that would have otherwise expired but is
1751 effective because the principal is incapacitated remains
1752 effective until the principal is no longer incapacitated unless
1753 the principal elected to be able to revoke while incapacitated
1754 and has revoked the directive.

1755 (6) When a principal with capacity consents to treatment
1756 that differs from, or refuses treatment consented to in, his or
1757 her directive, the consent or refusal constitutes a waiver of a
1758 particular provision and does not constitute a revocation of the
1759 provision or the directive unless that principal also revokes
1760 the provision or directive.

1761 Section 43. Section 765.507, Florida Statutes, is created
1762 to read:

1763 765.507 Immunity from liability; weight of proof;
1764 presumption.—

1765 (1) A health care facility, provider, or other person who
1766 acts under the direction of a health care facility or provider
1767 is not subject to criminal prosecution or civil liability, and
1768 may not be deemed to have engaged in unprofessional conduct, as
1769 a result of carrying out a mental health care or substance abuse
1770 treatment decision made in accordance with this section. The
1771 surrogate who makes a mental health care or substance abuse

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1772 treatment decision on a principal's behalf, pursuant to this
1773 section, is not subject to criminal prosecution or civil
1774 liability for such action.

1775 (2) This section applies unless it is shown by a
1776 preponderance of the evidence that the person authorizing or
1777 carrying out a mental health or substance abuse treatment
1778 decision did not exercise reasonable care or, in good faith,
1779 comply with ss. 765.502-765.509.

1780 Section 44. Section 765.508, Florida Statutes, is created
1781 to read:

1782 765.508 Recognition of mental health and substance abuse
1783 treatment advance directive executed in another state.—A mental
1784 health or substance abuse treatment advance directive executed
1785 in another state in compliance with the law of that state is
1786 validly executed for the purposes of this chapter.

1787 Section 45. Section 765.509, Florida Statutes, is created
1788 to read:

1789 765.509 Service providers.—

1790 (1) All service providers shall provide information
1791 concerning mental health and substance abuse advance directives
1792 to a patient and assist any patient who is competent and willing
1793 to complete a mental health or substance abuse advance
1794 directive.

1795 (2) A service provider may not require a patient to
1796 execute a mental health or substance abuse advance directive or
1797 to execute a new mental health or substance abuse advance

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1798 directive using the service provider's forms. The patient's
1799 mental health and substance abuse advance directives shall
1800 travel with the patient as part of the patient's medical record.

1801 (3) The Department of Children and Families shall develop,
1802 and publish on its website, information on the creation,
1803 execution, and purpose of mental health and substance abuse
1804 advance directives and the distinction between mental health
1805 advance directives created under this part and those created
1806 under part I of this chapter. The Department of Children and
1807 Families shall also develop, and publish on its website, a
1808 mental health advance directive form and a substance abuse
1809 advance directive form that may be used by an individual to
1810 direct future care.

1811 Section 46. Subsection (5) of section 910.035, Florida
1812 Statutes, is amended to read:

1813 910.035 Transfer from county for plea, ~~and~~ sentence, or
1814 participation in a problem-solving court.-

1815 (5) PROBLEM-SOLVING COURTS.-

1816 (a) As used in this subsection, the term "problem-solving
1817 court" means a drug court pursuant to s. 948.01, s. 948.06, s.
1818 948.08, s. 948.16, or s. 948.20; a military veterans and
1819 servicemembers court pursuant to s. 394.47891, s. 948.08, s.
1820 948.16, or s. 948.21; a mental health court pursuant to s.
1821 394.47892, s. 948.01, s. 948.06, s. 948.08, or s. 948.16; or a
1822 delinquency pretrial intervention court program pursuant to s.
1823 985.345.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1824 (b) Any person eligible for participation in a problem-
1825 solving drug court shall, upon request by the person or a court,
1826 ~~treatment program pursuant to s. 948.08(6) may be eligible to~~
1827 have the case transferred to a county other than that in which
1828 the charge arose if the person agrees to the transfer and the
1829 ~~drug court program agrees and if the following conditions are~~
1830 ~~met:~~

1831 ~~(a) the authorized representative of the trial drug court~~
1832 consults program of the county requesting to transfer the case
1833 ~~shall consult~~ with the authorized representative of the problem-
1834 solving drug court program in the county to which transfer is
1835 desired, and both representatives agree to the transfer.

1836 ~~(c)(b) If all parties agree to the transfer as required by~~
1837 paragraph (b), approval for transfer is received from all
1838 ~~parties,~~ the trial court shall ~~accept a plea of nolo contendere~~
1839 ~~and~~ enter a transfer order directing the clerk to transfer the
1840 case to the county that ~~which~~ has accepted the defendant into
1841 its problem-solving drug court program.

1842 ~~(d)1.(e) When transferring a pretrial problem-solving~~
1843 court case, the transfer order shall include a copy of the
1844 probable cause affidavit; any charging documents in the case;
1845 all reports, witness statements, test results, evidence lists,
1846 and other documents in the case; the defendant's mailing address
1847 and phone number; and the defendant's written consent to abide
1848 by the rules and procedures of the receiving county's problem-
1849 solving drug court program.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1850 2. When transferring a postadjudicatory problem-solving
1851 court case, the transfer order shall include a copy of the
1852 charging documents in the case; the final disposition; all
1853 reports, test results, and other documents in the case; the
1854 defendant's mailing address and telephone number; and the
1855 defendant's written consent to abide by the rules and procedures
1856 of the receiving county's problem-solving court.

1857 (e)~~(d)~~ After the transfer takes place, the receiving clerk
1858 shall set the matter for a hearing before the problem-solving
1859 ~~drug~~ court in the receiving jurisdiction to program judge and
1860 ~~the court shall~~ ensure the defendant's entry into the problem-
1861 solving drug court ~~program~~.

1862 (f)~~(e)~~ Upon successful completion of the problem-solving
1863 ~~drug~~ court program, the jurisdiction to which the case has been
1864 transferred shall dispose of the case ~~pursuant to s. 948.08(6)~~.
1865 If the defendant does not complete the problem-solving drug
1866 court program successfully, the jurisdiction to which the case
1867 has been transferred shall dispose of the case within the
1868 guidelines of the Criminal Punishment Code.

1869 Section 47. Subsection (5) of section 916.106, Florida
1870 Statutes, is amended to read:

1871 916.106 Definitions.—For the purposes of this chapter, the
1872 term:

1873 (5) "Court" means the circuit court and a county court
1874 ordering the conditional release of a defendant as provided in
1875 s. 916.17.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1876 Section 48. Subsection (1) of section 916.17, Florida
1877 Statutes, is amended to read:

1878 916.17 Conditional release.—

1879 (1) Except for an inmate currently serving a prison
1880 sentence, the committing court may order a conditional release
1881 of any defendant in lieu of an involuntary commitment to a
1882 facility pursuant to s. 916.13 or s. 916.15 based upon an
1883 approved plan for providing appropriate outpatient care and
1884 treatment. A county court may order the conditional release of a
1885 defendant for purposes of the provision of outpatient care and
1886 treatment only. Upon a recommendation that outpatient treatment
1887 of the defendant is appropriate, a written plan for outpatient
1888 treatment, including recommendations from qualified
1889 professionals, must be filed with the court, with copies to all
1890 parties. Such a plan may also be submitted by the defendant and
1891 filed with the court with copies to all parties. The plan shall
1892 include:

1893 (a) Special provisions for residential care or adequate
1894 supervision of the defendant.

1895 (b) Provisions for outpatient mental health services.

1896 (c) If appropriate, recommendations for auxiliary services
1897 such as vocational training, educational services, or special
1898 medical care.

1899
1900 In its order of conditional release, the court shall specify the
1901 conditions of release based upon the release plan and shall

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1902 direct the appropriate agencies or persons to submit periodic
1903 reports to the court regarding the defendant's compliance with
1904 the conditions of the release and progress in treatment, with
1905 copies to all parties.

1906 Section 49. Section 916.185, Florida Statutes, is created
1907 to read:

1908 916.185 Forensic Hospital Diversion Pilot Program.—

1909 (1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds
1910 that many jail inmates who have serious mental illnesses and who
1911 are committed to state forensic mental health treatment
1912 facilities for restoration of competency to proceed could be
1913 served more effectively and at less cost in community-based
1914 alternative programs. The Legislature further finds that many
1915 people who have serious mental illnesses and who have been
1916 discharged from state forensic mental health treatment
1917 facilities could avoid returning to the criminal justice and
1918 forensic mental health systems if they received specialized
1919 treatment in the community. Therefore, it is the intent of the
1920 Legislature to create the Forensic Hospital Diversion Pilot
1921 Program to serve offenders who have mental illnesses or co-
1922 occurring mental illnesses and substance use disorders and who
1923 are involved in or at risk of entering state forensic mental
1924 health treatment facilities, prisons, jails, or state civil
1925 mental health treatment facilities.

1926 (2) DEFINITIONS.—As used in this section, the term:

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1927 (a) "Best practices" means treatment services that
1928 incorporate the most effective and acceptable interventions
1929 available in the care and treatment of offenders who are
1930 diagnosed as having mental illnesses or co-occurring mental
1931 illnesses and substance use disorders.

1932 (b) "Community forensic system" means the community mental
1933 health and substance use forensic treatment system, including
1934 the comprehensive set of services and supports provided to
1935 offenders involved in or at risk of becoming involved in the
1936 criminal justice system.

1937 (c) "Evidence-based practices" means interventions and
1938 strategies that, based on the best available empirical research,
1939 demonstrate effective and efficient outcomes in the care and
1940 treatment of offenders who are diagnosed as having mental
1941 illnesses or co-occurring mental illnesses and substance use
1942 disorders.

1943 (3) CREATION.—There is created a Forensic Hospital
1944 Diversion Pilot Program to provide competency-restoration and
1945 community-reintegration services in either a locked residential
1946 treatment facility when appropriate or a community-based
1947 facility based on considerations of public safety, the needs of
1948 the individual, and available resources.

1949 (a) The department may implement a Forensic Hospital
1950 Diversion Pilot Program in Alachua, Broward, Escambia,
1951 Hillsborough, and Miami-Dade Counties, in conjunction with the
1952 Eighth Judicial Circuit, the Seventeenth Judicial Circuit, the

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1953 First Judicial Circuit, the Thirteenth Judicial Circuit, and the
1954 Eleventh Judicial Circuit, respectively, which shall be modeled
1955 after the Miami-Dade Forensic Alternative Center, taking into
1956 account local needs and resources.

1957 (b) If the department elects to create and implement the
1958 program, the department shall include a comprehensive continuum
1959 of care and services that use evidence-based practices and best
1960 practices to treat offenders who have mental health and co-
1961 occurring substance use disorders.

1962 (c) The department and the corresponding judicial circuits
1963 may implement this section if existing resources are available
1964 to do so on a recurring basis. The department may request budget
1965 amendments pursuant to chapter 216 to realign funds between
1966 mental health services and community substance abuse and mental
1967 health services in order to implement this pilot program.

1968 (4) ELIGIBILITY.—Participation in the Forensic Hospital
1969 Diversion Pilot Program is limited to offenders who:

1970 (a) Are 18 years of age or older.

1971 (b) Are charged with a felony of the second degree or a
1972 felony of the third degree.

1973 (c) Do not have a significant history of violent criminal
1974 offenses.

1975 (d) Are adjudicated incompetent to proceed to trial or not
1976 guilty by reason of insanity pursuant to this part.

1977 (e) Meet public safety and treatment criteria established
1978 by the department for placement in a community setting.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

1979 (f) Otherwise would be admitted to a state mental health
1980 treatment facility.

1981 (5) TRAINING.—The Legislature encourages the Florida
1982 Supreme Court, in consultation and cooperation with the Florida
1983 Supreme Court Task Force on Substance Abuse and Mental Health
1984 Issues in the Courts, to develop educational training for judges
1985 in the pilot program areas which focuses on the community
1986 forensic system.

1987 (6) RULEMAKING.—The department may adopt rules to
1988 administer this section.

1989 Section 50. Subsection (8) is added to section 948.01,
1990 Florida Statutes, to read:

1991 948.01 When court may place defendant on probation or into
1992 community control.—

1993 (8) (a) Notwithstanding s. 921.0024 and effective for
1994 offenses committed on or after July 1, 2015, the sentencing
1995 court may place the defendant into a postadjudicatory treatment-
1996 based mental health court program if the offense is a nonviolent
1997 felony, the defendant is amenable to mental health treatment,
1998 including taking prescribed medications, and the defendant is
1999 otherwise qualified under s. 394.47892(4). The satisfactory
2000 completion of the program must be a condition of the defendant's
2001 probation or community control. As used in this subsection, the
2002 term "nonviolent felony" means a third degree felony violation
2003 under chapter 810 or any other felony offense that is not a
2004 forcible felony as defined in s. 776.08. Defendants charged with

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2005 resisting an officer with violence under s. 843.01, battery on a
2006 law enforcement officer under s. 784.07, or aggravated assault
2007 may participate in the mental health court program if the court
2008 so orders after the victim is given his or her right to provide
2009 testimony or written statement to the court as provided in s.
2010 921.143.

2011 (b) The defendant must be fully advised of the purpose of
2012 the program and the defendant must agree to enter the program.
2013 The original sentencing court shall relinquish jurisdiction of
2014 the defendant's case to the postadjudicatory treatment-based
2015 mental health court program until the defendant is no longer
2016 active in the program, the case is returned to the sentencing
2017 court due to the defendant's termination from the program for
2018 failure to comply with the terms thereof, or the defendant's
2019 sentence is completed.

2020 (c) The Department of Corrections may establish designated
2021 mental health probation officers to support individuals under
2022 supervision of the mental health court.

2023 Section 51. Paragraph (j) is added to subsection (2) of
2024 section 948.06, Florida Statutes, to read:

2025 948.06 Violation of probation or community control;
2026 revocation; modification; continuance; failure to pay
2027 restitution or cost of supervision.—

2028 (2)

2029 (j)1. Notwithstanding s. 921.0024 and effective for
2030 offenses committed on or after July 1, 2015, the court may order

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2031 the offender to successfully complete a postadjudicatory
2032 treatment-based mental health court program under s. 394.47892
2033 or a military veterans and servicemembers court program under s.
2034 394.47891 if:

2035 a. The court finds or the offender admits that the
2036 offender has violated his or her community control or probation.

2037 b. The underlying offense is a nonviolent felony. As used
2038 in this subsection, the term "nonviolent felony" means a third
2039 degree felony violation under chapter 810 or any other felony
2040 offense that is not a forcible felony as defined in s. 776.08.
2041 Offenders charged with resisting an officer with violence under
2042 s. 843.01, battery on a law enforcement officer under s. 784.07,
2043 or aggravated assault may participate in the mental health court
2044 program if the court so orders after the victim is given his or
2045 her right to provide testimony or written statement to the court
2046 as provided in s. 921.143.

2047 c. The court determines that the offender is amenable to
2048 the services of a postadjudicatory treatment-based mental health
2049 court program, including taking prescribed medications, or a
2050 military veterans and servicemembers court program.

2051 d. The court explains the purpose of the program to the
2052 offender and the offender agrees to participate.

2053 e. The offender is otherwise qualified to participate in a
2054 postadjudicatory treatment-based mental health court program
2055 under s. 394.47892(4) or a military veterans and servicemembers
2056 court program under s. 394.47891.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2057 2. After the court orders the modification of community
2058 control or probation, the original sentencing court shall
2059 relinquish jurisdiction of the offender's case to the
2060 postadjudicatory treatment-based mental health court program
2061 until the offender is no longer active in the program, the case
2062 is returned to the sentencing court due to the offender's
2063 termination from the program for failure to comply with the
2064 terms thereof, or the offender's sentence is completed.

2065 Section 52. Subsection (8) of section 948.08, Florida
2066 Statutes, is renumbered as subsection (9), paragraph (a) of
2067 subsection (7) is amended, and a new subsection (8) is added to
2068 that section, to read:

2069 948.08 Pretrial intervention program.—

2070 (7) (a) Notwithstanding any provision of this section, a
2071 person who is charged with a felony, other than a felony listed
2072 in s. 948.06(8)(c), and identified as a veteran, as defined in
2073 s. 1.01, including veterans who were discharged or released
2074 under a general discharge, or servicemember, as defined in s.
2075 250.01, who suffers from a military service-related mental
2076 illness, traumatic brain injury, substance abuse disorder, or
2077 psychological problem, is eligible for voluntary admission into
2078 a pretrial veterans' treatment intervention program approved by
2079 the chief judge of the circuit, upon motion of either party or
2080 the court's own motion, except:

2081 1. If a defendant was previously offered admission to a
2082 pretrial veterans' treatment intervention program at any time

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2083 before trial and the defendant rejected that offer on the
2084 record, the court may deny the defendant's admission to such a
2085 program.

2086 2. If a defendant previously entered a court-ordered
2087 veterans' treatment program, the court may deny the defendant's
2088 admission into the pretrial veterans' treatment program.

2089 (8) (a) Notwithstanding any provision of this section, a
2090 defendant identified as having a mental illness and who has not
2091 been convicted of a felony and is charged with:

2092 1. A nonviolent felony that includes a third degree felony
2093 violation of chapter 810 or any other felony offense that is not
2094 a forcible felony as defined in s. 776.08;

2095 2. Resisting an officer with violence under s. 843.01, if
2096 the law enforcement officer and state attorney consent to the
2097 defendant's participation;

2098 3. Battery on a law enforcement officer under s. 784.07,
2099 if the law enforcement officer and state attorney consent to the
2100 defendant's participation; or

2101 4. Aggravated assault where the victim and state attorney
2102 consent to the defendant's participation,

2103
2104 is eligible for voluntary admission into a pretrial mental
2105 health court program, established pursuant to s. 394.47892, and
2106 approved by the chief judge of the circuit, for a period to be
2107 determined by the risk and needs assessment of the defendant,
2108 upon motion of either party or the court's own motion.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2109 (b) At the end of the pretrial intervention period, the
2110 court shall consider the recommendation of the treatment
2111 provider and the recommendation of the state attorney as to
2112 disposition of the pending charges. The court shall determine,
2113 by written finding, whether the defendant has successfully
2114 completed the pretrial intervention program. If the court finds
2115 that the defendant has not successfully completed the pretrial
2116 intervention program, the court may order the person to continue
2117 in education and treatment, which may include a mental health
2118 program offered by a licensed service provider, as defined in s.
2119 394.455, or order that the charges revert to normal channels for
2120 prosecution. The court shall dismiss the charges upon a finding
2121 that the defendant has successfully completed the pretrial
2122 intervention program.

2123 Section 53. Subsections (3) and (4) of section 948.16,
2124 Florida Statutes, are renumbered as subsections (4) and (5),
2125 respectively, paragraph (a) of subsection (2) and present
2126 subsection (4) are amended, and a new subsection (3) is added to
2127 that section, to read:

2128 948.16 Misdemeanor pretrial substance abuse education and
2129 treatment intervention program; misdemeanor pretrial veterans'
2130 treatment intervention program; misdemeanor pretrial mental
2131 health court program.—

2132 (2) (a) A veteran, as defined in s. 1.01, including
2133 veterans who were discharged or released under a general
2134 discharge, or servicemember, as defined in s. 250.01, who

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2135 suffers from a military service-related mental illness,
2136 traumatic brain injury, substance abuse disorder, or
2137 psychological problem, and who is charged with a misdemeanor is
2138 eligible for voluntary admission into a misdemeanor pretrial
2139 veterans' treatment intervention program approved by the chief
2140 judge of the circuit, for a period based on the program's
2141 requirements and the treatment plan for the offender, upon
2142 motion of either party or the court's own motion. However, the
2143 court may deny the defendant admission into a misdemeanor
2144 pretrial veterans' treatment intervention program if the
2145 defendant has previously entered a court-ordered veterans'
2146 treatment program.

2147 (3) A defendant who is charged with a misdemeanor and
2148 identified as having a mental illness is eligible for voluntary
2149 admission into a misdemeanor pretrial mental health court
2150 program established pursuant to s. 394.47892, approved by the
2151 chief judge of the circuit, for a period to be determined by the
2152 risk and needs assessment of the defendant, upon motion of
2153 either party or the court's own motion.

2154 (5)-(4) Any public or private entity providing a pretrial
2155 substance abuse education and treatment program or mental health
2156 program under this section shall contract with the county or
2157 appropriate governmental entity. The terms of the contract shall
2158 include, but not be limited to, the requirements established for
2159 private entities under s. 948.15(3). This requirement does not
2160 apply to services provided by the Department of Veterans'

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2161 Affairs or the United States Department of Veterans Affairs.

2162 Section 54. Section 948.21, Florida Statutes, is amended
2163 to read:

2164 948.21 Condition of probation or community control;
2165 military servicemembers and veterans.—

2166 (1) Effective for a probationer or community controllee
2167 whose crime was committed on or after July 1, 2012, and who is a
2168 veteran, as defined in s. 1.01, or servicemember, as defined in
2169 s. 250.01, who suffers from a military service-related mental
2170 illness, traumatic brain injury, substance abuse disorder, or
2171 psychological problem, the court may, in addition to any other
2172 conditions imposed, impose a condition requiring the probationer
2173 or community controllee to participate in a treatment program
2174 capable of treating the probationer or community controllee's
2175 mental illness, traumatic brain injury, substance abuse
2176 disorder, or psychological problem.

2177 (2) Effective for a probationer or community controllee
2178 whose crime is committed on or after July 1, 2015, and who is a
2179 veteran, as defined in s. 1.01, including veterans who were
2180 discharged or released under a general discharge, or
2181 servicemember, as defined in s. 250.01, who suffers from a
2182 military service-related mental illness, traumatic brain injury,
2183 substance abuse disorder, or psychological problem, the court
2184 may, in addition to any other conditions imposed, impose a
2185 condition requiring the probationer or community controllee to
2186 participate in a treatment program capable of treating the

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2187 probationer or community controllee's mental illness, traumatic
2188 brain injury, substance abuse disorder, or psychological
2189 problem.

2190 (3) The court shall give preference to treatment programs
2191 for which the probationer or community controllee is eligible
2192 through the United States Department of Veterans Affairs or the
2193 Florida Department of Veterans' Affairs. The Department of
2194 Corrections is not required to spend state funds to implement
2195 this section.

2196 Section 55. Subsection (4) of section 985.345, Florida
2197 Statutes, is renumbered as subsection (7) and amended, and new
2198 subsections (4) through (6) are added to that section, to read:

2199 985.345 Delinquency pretrial intervention program.—

2200 (4) Notwithstanding any other provision of law, a child is
2201 eligible for voluntary admission into a delinquency pretrial
2202 mental health court program, established pursuant to s.
2203 394.47892, approved by the chief judge of the circuit, for a
2204 period based on the program requirements and the treatment
2205 services that are suitable for the child, upon motion of either
2206 party or the court's own motion if the child is charged with:

2207 (a) A misdemeanor;

2208 (b) A nonviolent felony; for purposes of this subsection,
2209 the term "nonviolent felony" means a third degree felony
2210 violation of chapter 810 or any other felony offense that is not
2211 a forcible felony as defined in s. 776.08;

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2212 (c) Resisting an officer with violence under s. 843.01, if
2213 the law enforcement officer and state attorney consent to the
2214 child's participation;

2215 (d) Battery on a law enforcement officer under 784.07, if
2216 the law enforcement officer and state attorney consent to the
2217 child's participation; or

2218 (e) Aggravated assault, if the victim and state attorney
2219 consent to the child's participation,

2220
2221 and the child is identified as having a mental illness and has
2222 not been previously adjudicated for a felony.

2223 (5) At the end of the delinquency pretrial intervention
2224 period, the court shall consider the recommendation of the state
2225 attorney and the program administrator as to disposition of the
2226 pending charges. The court shall determine, by written finding,
2227 whether the child has successfully completed the delinquency
2228 pretrial intervention program. If the court finds that the child
2229 has not successfully completed the delinquency pretrial
2230 intervention program, the court may order the child to continue
2231 in an education, treatment, or monitoring program if resources
2232 and funding are available or order that the charges revert to
2233 normal channels for prosecution. The court may dismiss the
2234 charges upon a finding that the child has successfully completed
2235 the delinquency pretrial intervention program.

2236 (6) A child whose charges are dismissed after successful
2237 completion of the mental health court program, if otherwise

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2238 eligible, may have his or her arrest record and plea of nolo
2239 contendere to the dismissed charges expunged under s. 943.0585.

2240 ~~(7)~~(4) Any entity, whether public or private, providing
2241 pretrial substance abuse education, treatment intervention, ~~and~~
2242 a urine monitoring program, or a mental health program under
2243 this section must contract with the county or appropriate
2244 governmental entity, and the terms of the contract must include,
2245 but need not be limited to, the requirements established for
2246 private entities under s. 948.15(3). It is the intent of the
2247 Legislature that public or private entities providing substance
2248 abuse education and treatment intervention programs involve the
2249 active participation of parents, schools, churches, businesses,
2250 law enforcement agencies, and the department or its contract
2251 providers.

2252 Section 56. For the purpose of incorporating the amendment
2253 made by this act to section 394.492, Florida Statutes, in a
2254 reference thereto, paragraph (a) of subsection (6) of section
2255 39.407, Florida Statutes, is reenacted to read:

2256 39.407 Medical, psychiatric, and psychological examination
2257 and treatment of child; physical, mental, or substance abuse
2258 examination of person with or requesting child custody.—

2259 (6) Children who are in the legal custody of the
2260 department may be placed by the department, without prior
2261 approval of the court, in a residential treatment center
2262 licensed under s. 394.875 or a hospital licensed under chapter
2263 395 for residential mental health treatment only pursuant to

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2264 this section or may be placed by the court in accordance with an
2265 order of involuntary examination or involuntary placement
2266 entered pursuant to s. 394.463 or s. 394.467. All children
2267 placed in a residential treatment program under this subsection
2268 must have a guardian ad litem appointed.

2269 (a) As used in this subsection, the term:

2270 1. "Residential treatment" means placement for
2271 observation, diagnosis, or treatment of an emotional disturbance
2272 in a residential treatment center licensed under s. 394.875 or a
2273 hospital licensed under chapter 395.

2274 2. "Least restrictive alternative" means the treatment and
2275 conditions of treatment that, separately and in combination, are
2276 no more intrusive or restrictive of freedom than reasonably
2277 necessary to achieve a substantial therapeutic benefit or to
2278 protect the child or adolescent or others from physical injury.

2279 3. "Suitable for residential treatment" or "suitability"
2280 means a determination concerning a child or adolescent with an
2281 emotional disturbance as defined in s. 394.492(5) or a serious
2282 emotional disturbance as defined in s. 394.492(6) that each of
2283 the following criteria is met:

2284 a. The child requires residential treatment.

2285 b. The child is in need of a residential treatment program
2286 and is expected to benefit from mental health treatment.

2287 c. An appropriate, less restrictive alternative to
2288 residential treatment is unavailable.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2289 Section 57. For the purpose of incorporating the amendment
2290 made by this act to section 394.492, Florida Statutes, in a
2291 reference thereto, subsection (21) of section 394.67, Florida
2292 Statutes, is reenacted to read:

2293 394.67 Definitions.—As used in this part, the term:

2294 (21) "Residential treatment center for children and
2295 adolescents" means a 24-hour residential program, including a
2296 therapeutic group home, which provides mental health services to
2297 emotionally disturbed children or adolescents as defined in s.
2298 394.492(5) or (6) and which is a private for-profit or not-for-
2299 profit corporation licensed by the agency which offers a variety
2300 of treatment modalities in a more restrictive setting.

2301 Section 58. For the purpose of incorporating the amendment
2302 made by this act to section 394.492, Florida Statutes, in a
2303 reference thereto, paragraph (b) of subsection (1) of section
2304 394.674, Florida Statutes, is reenacted to read:

2305 394.674 Eligibility for publicly funded substance abuse
2306 and mental health services; fee collection requirements.—

2307 (1) To be eligible to receive substance abuse and mental
2308 health services funded by the department, an individual must be
2309 a member of at least one of the department's priority
2310 populations approved by the Legislature. The priority
2311 populations include:

2312 (b) For children's mental health services:

2313 1. Children who are at risk of emotional disturbance as
2314 defined in s. 394.492(4).

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2315 2. Children who have an emotional disturbance as defined
2316 in s. 394.492(5).

2317 3. Children who have a serious emotional disturbance as
2318 defined in s. 394.492(6).

2319 4. Children diagnosed as having a co-occurring substance
2320 abuse and emotional disturbance or serious emotional
2321 disturbance.

2322 Section 59. For the purpose of incorporating the amendment
2323 made by this act to section 394.492, Florida Statutes, in a
2324 reference thereto, subsection (1) of section 394.676, Florida
2325 Statutes, is reenacted to read:

2326 394.676 Indigent psychiatric medication program.—

2327 (1) Within legislative appropriations, the department may
2328 establish the indigent psychiatric medication program to
2329 purchase psychiatric medications for persons as defined in s.
2330 394.492(5) or (6) or pursuant to s. 394.674(1), who do not
2331 reside in a state mental health treatment facility or an
2332 inpatient unit.

2333 Section 60. For the purpose of incorporating the amendment
2334 made by this act to section 394.492, Florida Statutes, in a
2335 reference thereto, paragraph (c) of subsection (2) of section
2336 409.1676, Florida Statutes, is reenacted to read:

2337 409.1676 Comprehensive residential group care services to
2338 children who have extraordinary needs.—

2339 (2) As used in this section, the term:

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2340 (c) "Serious behavioral problems" means behaviors of
2341 children who have been assessed by a licensed master's-level
2342 human-services professional to need at a minimum intensive
2343 services but who do not meet the criteria of s. 394.492(7). A
2344 child with an emotional disturbance as defined in s. 394.492(5)
2345 or (6) may be served in residential group care unless a
2346 determination is made by a mental health professional that such
2347 a setting is inappropriate. A child having a serious behavioral
2348 problem must have been determined in the assessment to have at
2349 least one of the following risk factors:

2350 1. An adjudication of delinquency and be on conditional
2351 release status with the Department of Juvenile Justice.

2352 2. A history of physical aggression or violent behavior
2353 toward self or others, animals, or property within the past
2354 year.

2355 3. A history of setting fires within the past year.

2356 4. A history of multiple episodes of running away from
2357 home or placements within the past year.

2358 5. A history of sexual aggression toward other youth.

2359 Section 61. For the purpose of incorporating the amendment
2360 made by this act to section 394.492, Florida Statutes, in a
2361 reference thereto, paragraph (b) of subsection (1) of section
2362 409.1677, Florida Statutes, is reenacted to read:

2363 409.1677 Model comprehensive residential services
2364 programs.—

2365 (1) As used in this section, the term:

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2366 (b) "Serious behavioral problems" means behaviors of
2367 children who have been assessed by a licensed master's-level
2368 human-services professional to need at a minimum intensive
2369 services but who do not meet the criteria of s. 394.492(6) or
2370 (7). A child with an emotional disturbance as defined in s.
2371 394.492(5) may be served in residential group care unless a
2372 determination is made by a mental health professional that such
2373 a setting is inappropriate.

2374 Section 62. Paragraph (a) of subsection (5) of section
2375 943.031, Florida Statutes, is amended to read:

2376 943.031 Florida Violent Crime and Drug Control Council.—

2377 (5) DUTIES OF COUNCIL.—Subject to funding provided to the
2378 department by the Legislature, the council shall provide advice
2379 and make recommendations, as necessary, to the executive
2380 director of the department.

2381 (a) The council may advise the executive director on the
2382 feasibility of undertaking initiatives which include, but are
2383 not limited to, the following:

2384 1. Establishing a program that provides grants to criminal
2385 justice agencies that develop and implement effective violent
2386 crime prevention and investigative programs and which provides
2387 grants to law enforcement agencies for the purpose of drug
2388 control, criminal gang, and illicit money laundering
2389 investigative efforts or task force efforts that are determined
2390 by the council to significantly contribute to achieving the
2391 state's goal of reducing drug-related crime, that represent

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2392 significant criminal gang investigative efforts, or that
2393 represent a significant illicit money laundering investigative
2394 effort, ~~or that otherwise significantly support statewide~~
2395 ~~strategies developed by the Statewide Drug Policy Advisory~~
2396 ~~Council established under s. 397.333~~, subject to the limitations
2397 provided in this section. The grant program may include an
2398 innovations grant program to provide startup funding for new
2399 initiatives by local and state law enforcement agencies to
2400 combat violent crime or to implement drug control, criminal
2401 gang, or illicit money laundering investigative efforts or task
2402 force efforts by law enforcement agencies, including, but not
2403 limited to, initiatives such as:

- 2404 a. Providing enhanced community-oriented policing.
- 2405 b. Providing additional undercover officers and other
2406 investigative officers to assist with violent crime
2407 investigations in emergency situations.
- 2408 c. Providing funding for multiagency or statewide drug
2409 control, criminal gang, or illicit money laundering
2410 investigative efforts or task force efforts that cannot be
2411 reasonably funded completely by alternative sources and that
2412 significantly contribute to achieving the state's goal of
2413 reducing drug-related crime, that represent significant criminal
2414 gang investigative efforts, or that represent a significant
2415 illicit money laundering investigative effort, ~~or that otherwise~~
2416 ~~significantly support statewide strategies developed by the~~

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2417 ~~Statewide Drug Policy Advisory Council established under s.~~
2418 ~~397.333.~~

2419 2. Expanding the use of automated biometric identification
2420 systems at the state and local levels.

2421 3. Identifying methods to prevent violent crime.

2422 4. Identifying methods to enhance multiagency or statewide
2423 drug control, criminal gang, or illicit money laundering
2424 investigative efforts or task force efforts that significantly
2425 contribute to achieving the state's goal of reducing drug-
2426 related crime, that represent significant criminal gang
2427 investigative efforts, or that represent a significant illicit
2428 money laundering investigative effort, ~~or that otherwise~~
2429 ~~significantly support statewide strategies developed by the~~
2430 ~~Statewide Drug Policy Advisory Council established under s.~~
2431 ~~397.333.~~

2432 5. Enhancing criminal justice training programs that
2433 address violent crime, drug control, illicit money laundering
2434 investigative techniques, or efforts to control and eliminate
2435 criminal gangs.

2436 6. Developing and promoting crime prevention services and
2437 educational programs that serve the public, including, but not
2438 limited to:

2439 a. Enhanced victim and witness counseling services that
2440 also provide crisis intervention, information referral,
2441 transportation, and emergency financial assistance.

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2442 b. A well-publicized rewards program for the apprehension
2443 and conviction of criminals who perpetrate violent crimes.

2444 7. Enhancing information sharing and assistance in the
2445 criminal justice community by expanding the use of community
2446 partnerships and community policing programs. Such expansion may
2447 include the use of civilian employees or volunteers to relieve
2448 law enforcement officers of clerical work in order to enable the
2449 officers to concentrate on street visibility within the
2450 community.

2451 Section 63. Subsection (1) of section 943.042, Florida
2452 Statutes, is amended to read:

2453 943.042 Violent Crime Investigative Emergency and Drug
2454 Control Strategy Implementation Account.—

2455 (1) There is created a Violent Crime Investigative
2456 Emergency and Drug Control Strategy Implementation Account
2457 within the Department of Law Enforcement Operating Trust Fund.
2458 The account shall be used to provide emergency supplemental
2459 funds to:

2460 (a) State and local law enforcement agencies that are
2461 involved in complex and lengthy violent crime investigations, or
2462 matching funding to multiagency or statewide drug control or
2463 illicit money laundering investigative efforts or task force
2464 efforts that significantly contribute to achieving the state's
2465 goal of reducing drug-related crime, or that represent a
2466 significant illicit money laundering investigative effort, ~~or~~
2467 ~~that otherwise significantly support statewide strategies~~

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2468 ~~developed by the Statewide Drug Policy Advisory Council~~
2469 ~~established under s. 397.333;~~

2470 (b) State and local law enforcement agencies that are
2471 involved in violent crime investigations which constitute a
2472 significant emergency within the state; or

2473 (c) Counties that demonstrate a significant hardship or an
2474 inability to cover extraordinary expenses associated with a
2475 violent crime trial.

2476 Section 64. Except as otherwise expressly provided in this
2477 act and except for this section, which shall take effect upon
2478 this act becoming a law, this act shall take effect July 1,
2479 2015.

2480

2481

2482

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

2483

Remove everything before the enacting clause and insert:

2484

A bill to be entitled

2485

An act relating to mental health and substance abuse;

2486

amending ss. 29.004, 39.001, 39.507, and 39.521, F.S.;

2487

conforming provisions to changes made by the act;

2488

amending s. 394.4597, F.S.; specifying certain persons

2489

who are prohibited from being selected as an

2490

individual's representative; amending s. 394.4598,

2491

F.S.; specifying certain persons who are prohibited

2492

from being appointed as an individual's guardian

2493

advocate; providing guidelines for decisions of

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2494 guardian advocates; amending 394.467, F.S.;

2495 prohibiting a court from ordering an individual with

2496 traumatic brain injury or dementia, who lacks a co-

2497 occurring mental illness, to be involuntarily placed

2498 in a state treatment facility; amending s. 394.47891,

2499 F.S.; expanding eligibility for military veterans and

2500 servicemembers court programs; creating s. 394.47892,

2501 F.S.; authorizing the creation of treatment-based

2502 mental health court programs; providing for

2503 eligibility; providing program requirements; providing

2504 for an advisory committee; amending s. 394.492, F.S.;

2505 revising the definitions of the terms "adolescent,"

2506 "child or adolescent at risk of emotional

2507 disturbance," and "child or adolescent who has a

2508 serious emotional disturbance or mental illness" for

2509 purposes of the Comprehensive Child and Adolescent

2510 Mental Health Services Act; amending s. 394.656, F.S.;

2511 renaming the Criminal Justice, Mental Health, and

2512 Substance Abuse Statewide Grant Review Committee as

2513 the Criminal Justice, Mental Health, and Substance

2514 Abuse Statewide Grant Policy Committee; providing

2515 additional members of the committee; providing duties

2516 of the committee; providing additional qualifications

2517 for committee members; directing the Department of

2518 Children and Families to create a grant review and

2519 selection committee; providing duties of the

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2520 committee; authorizing a designated not-for-profit
2521 community provider, managing entity, or coordinated
2522 care organization to apply for certain grants;
2523 providing eligibility requirements; defining the term
2524 "sequential intercept mapping"; removing provisions
2525 relating to applications for certain planning grants;
2526 creating s. 394.761, F.S.; requiring the Agency for
2527 Health Care Administration and the department to
2528 develop a plan to obtain federal approval for
2529 increasing the availability of federal Medicaid
2530 funding for behavioral health care; requiring the
2531 agency and the department to submit a written plan
2532 that contains certain information to the Legislature
2533 by a specified date; amending s. 394.875, F.S.;

2534 removing a limitation on the number of beds in crisis
2535 stabilization units; amending s. 394.9082, F.S.;

2536 revising legislative findings and intent; redefining
2537 terms; requiring the managing entities, rather than
2538 the department, to contract with community-based
2539 organizations to serve as managing entities; deleting
2540 provisions providing for contracting for services;
2541 providing contractual responsibilities of a managing
2542 entity; requiring the department to revise contracts
2543 with all managing entities by a certain date;

2544 providing contractual terms and requirements;
2545 providing for termination of a contract with a

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2546 managing entity under certain circumstances; providing
2547 protocols for the department to select a managing
2548 entity; requiring the department to develop and
2549 incorporate measurable outcome standards while
2550 addressing specified goals; providing that managing
2551 entities may earn designation as coordinated care
2552 organizations by developing and implementing a plan
2553 that achieves a certain goal; providing requirements
2554 for the plan; providing for earning and maintaining
2555 the designation of a managing entity as a coordinated
2556 care organization; requiring the department to seek
2557 input from certain entities and persons before
2558 designating a managing entity as a coordinated care
2559 organization; providing that a comprehensive range of
2560 services includes specified elements; revising the
2561 criteria for which the department may adopt rules and
2562 contractual standards related to the qualification and
2563 operation of managing entities; deleting certain
2564 departmental responsibilities; deleting a provision
2565 requiring an annual report to the Legislature;
2566 authorizing, rather than requiring, the department to
2567 adopt rules; creating s. 397.402, F.S.; requiring that
2568 the department and the agency submit a plan to the
2569 Governor and Legislature by a specified date with
2570 options for modifying certain licensure rules and
2571 procedures to provide for a single, consolidated

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2572 license for providers that offer multiple types of
2573 mental health and substance abuse services; repealing
2574 s. 394.4674, F.S., relating to a plan and report;
2575 repealing s. 394.4985, F.S., relating to districtwide
2576 information and referral network and implementation;
2577 repealing s. 394.745, F.S., relating to an annual
2578 report and compliance of providers under contract with
2579 the department; repealing s. 397.331, F.S., relating
2580 to definitions; repealing s. 397.333, F.S., relating
2581 to the Statewide Drug Policy Advisory Council;
2582 repealing s. 397.801, F.S., relating to substance
2583 abuse impairment coordination; repealing s. 397.811,
2584 F.S., relating to juvenile substance abuse impairment
2585 coordination; repealing s. 397.821, F.S., relating to
2586 juvenile substance abuse impairment prevention and
2587 early intervention councils; repealing s. 397.901,
2588 F.S., relating to prototype juvenile addictions
2589 receiving facilities; repealing s. 397.93, F.S.,
2590 relating to children's substance abuse services and
2591 target populations; repealing s. 397.94, F.S.,
2592 relating to children's substance abuse services and
2593 the information and referral network; repealing s.
2594 397.951, F.S., relating to treatment and sanctions;
2595 repealing s. 397.97, F.S., relating to children's
2596 substance abuse services and demonstration models;
2597 repealing s. 397.98, F.S., relating to children's

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2598 substance abuse services and utilization management;
2599 amending ss. 397.321, 409.966, 943.031, and 943.042,
2600 F.S.; conforming provisions and cross-references to
2601 changes made by the act; amending s. 409.967, F.S.;
2602 requiring that certain plans or contracts include
2603 specified requirements; amending s. 409.973, F.S.;
2604 requiring each plan operating in the managed medical
2605 assistance program to work with the managing entity to
2606 establish specific organizational supports and service
2607 protocols; amending s. 491.0045, F.S.; limiting an
2608 intern registration to 5 years; providing timelines
2609 for expiration of certain intern registrations;
2610 providing requirements for issuance of subsequent
2611 registrations; prohibiting an individual who held a
2612 provisional license from the board from applying for
2613 an intern registration in the same profession;
2614 amending s. 765.11, F.S.; requiring health care
2615 facilities to provide patients with written
2616 information about advance directives providing for
2617 mental health treatment; creating part V of chapter
2618 765, F.S.; creating s. 765.501, F.S.; providing a
2619 short title; creating s. 765.502, F.S.; providing
2620 legislative findings; creating s. 765.503, F.S.;
2621 providing definitions; creating s. 765.504, F.S.;
2622 authorizing an adult with capacity to execute a mental
2623 health or substance abuse treatment advance directive;

257823

Approved For Filing: 4/28/2015 12:44:59 AM

Amendment No.

2624 providing a presumption of validity if certain
2625 requirements are met; specifying provisions that an
2626 advance directive may include; creating s. 765.505,
2627 F.S.; providing for execution of the mental health or
2628 substance abuse treatment advance directive;
2629 establishing requirements for a valid mental health or
2630 substance abuse treatment advance directive; providing
2631 that a mental health or substance abuse treatment
2632 advance directive is valid upon execution even if a
2633 part of the advance directive takes effect at a later
2634 date; allowing a mental health or substance abuse
2635 treatment advance directive to be revoked, in whole or
2636 in part, or to expire under its own terms; specifying
2637 that a mental health or substance abuse treatment
2638 advance directive does not or may not serve specified
2639 purposes; creating s. 765.506, F.S.; providing
2640 circumstances under which a mental health or substance
2641 abuse treatment advance directive may be revoked;
2642 providing circumstances under which a principal may
2643 waive specific directive provisions without revoking
2644 the advance directive; creating s. 765.507, F.S.;
2645 prohibiting criminal prosecution of a health care
2646 facility, provider, or surrogate who acts pursuant to
2647 a mental health or substance abuse treatment decision;
2648 providing applicability; creating s. 765.508, F.S.;
2649 providing for recognition of a mental health and

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Amendment No.

2650 substance abuse treatment advance directive executed
2651 in another state if it complies with the laws of this
2652 state; creating s. 765.509, F.S.; requiring service
2653 providers to provide patients with information
2654 concerning mental health and substance abuse advance
2655 directives; requiring service providers to assist any
2656 patient who is competent and willing to complete a
2657 mental health or substance abuse advance directive;
2658 requiring the department to develop, and publish on
2659 its website, information on mental health and
2660 substance abuse advance directives; requiring the
2661 department to develop, and publish on its website, a
2662 mental health advance directive form; amending s.
2663 910.035, F.S.; defining the term "problem-solving
2664 court"; authorizing a person eligible for
2665 participation in a problem-solving court to transfer
2666 his or her case to another county's problem-solving
2667 court under certain circumstances; making technical
2668 changes; amending s. 916.106, F.S.; redefining the
2669 term "court" to include county courts in certain
2670 circumstances; amending s. 916.17, F.S.; authorizing a
2671 county court to order the conditional release of a
2672 defendant for the provision of outpatient care and
2673 treatment; creating s. 916.185, F.S.; creating the
2674 Forensic Hospital Diversion Pilot Program; providing
2675 legislative findings and intent; providing

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Amendment No.

2676 definitions; authorizing the Department of Children
2677 and Families to implement a Forensic Hospital
2678 Diversion Pilot Program in specified judicial
2679 circuits; providing for eligibility for the program;
2680 providing legislative intent concerning training;
2681 authorizing rulemaking; amending ss. 948.01 and
2682 948.06, F.S.; providing for courts to order certain
2683 defendants on probation or community control to
2684 postadjudicatory mental health court programs;
2685 amending s. 948.08, F.S.; expanding eligibility
2686 requirements for certain pretrial intervention
2687 programs; providing for voluntary admission into
2688 pretrial mental health court program; amending s.
2689 948.16, F.S.; expanding eligibility of veterans for a
2690 misdemeanor pretrial veterans' treatment intervention
2691 program; providing eligibility of misdemeanor
2692 defendants for a misdemeanor pretrial mental health
2693 court program; amending s. 948.21, F.S.; expanding
2694 veterans' eligibility for participating in treatment
2695 programs while on court-ordered probation or community
2696 control; amending s. 985.345, F.S.; authorizing
2697 pretrial mental health court programs for certain
2698 juvenile offenders; providing for disposition of
2699 pending charges after completion of the pretrial
2700 intervention program; reenacting ss. 39.407(6)(a),
2701 394.67(21), 394.674(1)(b), 394.676(1), 409.1676(2)(c),

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Amendment No.

2702 and 409.1677(1)(b), F.S., relating to the term
2703 "suitable for residential treatment" or "suitability,"
2704 the term "residential treatment center for children
2705 and adolescents," children's mental health services,
2706 the indigent psychiatric medication program, and the
2707 term "serious behavioral problems," respectively, to
2708 incorporate the amendment made by the act to s.
2709 394.492, F.S., in references thereto; amending ss.
2710 943.031 and 943.042, F.S.; conforming provisions and
2711 cross-references to changes made by the act; providing
2712 effective dates.

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