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LEGISLATIVE ACTION

Senate

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House

Floor: 1/AD/3R

04/24/2015 01:04 PM

Senator Garcia moved the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. The Division of Law Revision and Information is directed to rename part IV of chapter 765, Florida Statutes, as "Mental Health and Substance Abuse Advance Directives."

Section 2. Paragraph (e) is added to subsection (10) of section 29.004, Florida Statutes, to read:

29.004 State courts system.—For purposes of implementing s. 14, Art. V of the State Constitution, the elements of the state



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12 courts system to be provided from state revenues appropriated by
13 general law are as follows:

14 (10) Case management. Case management includes:

15 (e) Service referral, coordination, monitoring, and
16 tracking for treatment-based mental health court programs under
17 s. 394.47892.

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

23 Section 3. Subsection (6) of section 39.001, Florida
24 Statutes, is amended to read:

25 39.001 Purposes and intent; personnel standards and
26 screening.—

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

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

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

35 1. To ensure the safety of children.

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



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41 of being involved in protective supervision or foster care.

42 3. To expedite permanency for children and reunify healthy,
43 intact families, when appropriate.

44 4. To support families in recovery.

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

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



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70 adjudication is ~~shall be~~ voluntary, except as provided in s.
71 39.407(16).

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

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

84 Section 4. Subsection (10) of section 39.507, Florida
85 Statutes, is amended to read:

86 39.507 Adjudicatory hearings; orders of adjudication.—

87 (10) After an adjudication of dependency, or a finding of
88 dependency where adjudication is withheld, the court may order a
89 person who has custody or is requesting custody of the child to
90 submit to a mental health or substance abuse disorder assessment
91 or evaluation. The assessment or evaluation must be administered
92 by a qualified professional, as defined in s. 397.311. The court
93 may also require such person to participate in and comply with
94 treatment and services identified as necessary, including, when
95 appropriate and available, participation in and compliance with
96 a treatment-based mental health court program established under
97 s. 394.47892 or a treatment-based drug court program established
98 under s. 397.334. In addition to supervision by the department,



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

112 Section 5. Paragraph (b) of subsection (1) of section
113 39.521, Florida Statutes, is amended to read:

114 39.521 Disposition hearings; powers of disposition.—

115 (1) A disposition hearing shall be conducted by the court,
116 if the court finds that the facts alleged in the petition for
117 dependency were proven in the adjudicatory hearing, or if the
118 parents or legal custodians have consented to the finding of
119 dependency or admitted the allegations in the petition, have
120 failed to appear for the arraignment hearing after proper
121 notice, or have not been located despite a diligent search
122 having been conducted.

123 (b) When any child is adjudicated by a court to be
124 dependent, the court having jurisdiction of the child has the
125 power by order to:

126 1. Require the parent and, when appropriate, the legal
127 custodian and the child to participate in treatment and services



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128 identified as necessary. The court may require the person who
129 has custody or who is requesting custody of the child to submit
130 to a mental health or substance abuse disorder assessment or
131 evaluation. The assessment or evaluation must be administered by
132 a qualified professional, as defined in s. 397.311. The court
133 may also require such person to participate in and comply with
134 treatment and services identified as necessary, including, when
135 appropriate and available, participation in and compliance with
136 a treatment-based mental health court program established under
137 s. 394.47892 or treatment-based drug court program established
138 under s. 397.334. In addition to supervision by the department,
139 the court, including the treatment-based mental health court
140 program or treatment-based drug court program, may oversee the
141 progress and compliance with treatment by a person who has
142 custody or is requesting custody of the child. The court may
143 impose appropriate available sanctions for noncompliance upon a
144 person who has custody or is requesting custody of the child or
145 make a finding of noncompliance for consideration in determining
146 whether an alternative placement of the child is in the child's
147 best interests. Any order entered under this subparagraph may be
148 made only upon good cause shown. This subparagraph does not
149 authorize placement of a child with a person seeking custody of
150 the child, other than the child's parent or legal custodian, who
151 requires mental health or substance abuse disorder treatment.

152 2. Require, if the court deems necessary, the parties to
153 participate in dependency mediation.

154 3. Require placement of the child either under the
155 protective supervision of an authorized agent of the department
156 in the home of one or both of the child's parents or in the home



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157 of a relative of the child or another adult approved by the
158 court, or in the custody of the department. Protective
159 supervision continues until the court terminates it or until the
160 child reaches the age of 18, whichever date is first. Protective
161 supervision shall be terminated by the court whenever the court
162 determines that permanency has been achieved for the child,
163 whether with a parent, another relative, or a legal custodian,
164 and that protective supervision is no longer needed. The
165 termination of supervision may be with or without retaining
166 jurisdiction, at the court's discretion, and shall in either
167 case be considered a permanency option for the child. The order
168 terminating supervision by the department shall set forth the
169 powers of the custodian of the child and shall include the
170 powers ordinarily granted to a guardian of the person of a minor
171 unless otherwise specified. Upon the court's termination of
172 supervision by the department, no further judicial reviews are
173 required, so long as permanency has been established for the
174 child.

175 Section 6. Subsection (2) and paragraph (a) of subsection
176 (4) of section 381.0056, Florida Statutes, are amended to read:

177 381.0056 School health services program.—

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

179 (a) "Emergency health needs" means onsite evaluation,
180 management, and aid for illness or injury pending the student's
181 return to the classroom or release to a parent, guardian,
182 designated friend, law enforcement officer, or designated health
183 care provider.

184 (b) "Entity" or "health care entity" means a unit of local
185 government or a political subdivision of the state; a hospital



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186 licensed under chapter 395; a health maintenance organization
187 certified under chapter 641; a health insurer authorized under
188 the Florida Insurance Code; a community health center; a migrant
189 health center; a federally qualified health center; an
190 organization that meets the requirements for nonprofit status
191 under s. 501(c)(3) of the Internal Revenue Code; a private
192 industry or business; or a philanthropic foundation that agrees
193 to participate in a public-private partnership with a county
194 health department, local school district, or school in the
195 delivery of school health services, and agrees to the terms and
196 conditions for the delivery of such services as required by this
197 section and as documented in the local school health services
198 plan.

199 (c) "Invasive screening" means any screening procedure in
200 which the skin or any body orifice is penetrated.

201 (d) "Physical examination" means a thorough evaluation of
202 the health status of an individual.

203 (e) "School health services plan" means the document that
204 describes the services to be provided, the responsibility for
205 provision of the services, the anticipated expenditures to
206 provide the services, and evidence of cooperative planning by
207 local school districts and county health departments.

208 (f) "Screening" means presumptive identification of unknown
209 or unrecognized diseases or defects by the application of tests
210 that can be given with ease and rapidity to apparently healthy
211 persons.

212 (4) (a) Each county health department shall develop, jointly
213 with the district school board and the local school health
214 advisory committee, a school health services plan. ~~and~~ The plan



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215 must include, at a minimum, provisions for all of the following:

- 216 1. Health appraisal;
- 217 2. Records review;
- 218 3. Nurse assessment;
- 219 4. Nutrition assessment;
- 220 5. A preventive dental program;
- 221 6. Vision screening;
- 222 7. Hearing screening;
- 223 8. Scoliosis screening;
- 224 9. Growth and development screening;
- 225 10. Health counseling;
- 226 11. Referral and followup of suspected or confirmed health
227 problems by the local county health department;
- 228 12. Meeting emergency health needs in each school;
- 229 13. County health department personnel to assist school
230 personnel in health education curriculum development;
- 231 14. Referral of students to appropriate health treatment,
232 in cooperation with the private health community whenever
233 possible;
- 234 15. Consultation with a student's parent or guardian
235 regarding the need for health attention by the family physician,
236 dentist, or other specialist when definitive diagnosis or
237 treatment is indicated;
- 238 16. Maintenance of records on incidents of health problems,
239 corrective measures taken, and such other information as may be
240 needed to plan and evaluate health programs; except, however,
241 that provisions in the plan for maintenance of health records of
242 individual students must be in accordance with s. 1002.22;
- 243 17. Health information which will be provided by the school



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244 health nurses, when necessary, regarding the placement of
245 students in exceptional student programs and the reevaluation at
246 periodic intervals of students placed in such programs; ~~and~~

247 18. Notification to the local nonpublic schools of the
248 school health services program and the opportunity for
249 representatives of the local nonpublic schools to participate in
250 the development of the cooperative health services plan; and-

251 19. Immediate notification to a student's parent, guardian,
252 or caregiver if the student is removed from school, school
253 transportation, or a school-sponsored activity and taken to a
254 receiving facility for an involuntary examination pursuant to s.
255 394.463, including any requirements established under ss.
256 1002.20(3) and 1002.33(9), as applicable.

257 Section 7. Section 394.453, Florida Statutes, is amended to
258 read:

259 394.453 Legislative intent.—It is the intent of the
260 Legislature to authorize and direct the Department of Children
261 and Families to evaluate, research, plan, and recommend to the
262 Governor and the Legislature programs designed to reduce the
263 occurrence, severity, duration, and disabling aspects of mental,
264 emotional, and behavioral disorders and substance abuse
265 impairment. It is the intent of the Legislature that treatment
266 programs for such disorders shall include, but not be limited
267 to, comprehensive health, social, educational, and
268 rehabilitative services for individuals ~~to persons~~ requiring
269 intensive short-term and continued treatment in order to
270 encourage them to assume responsibility for their treatment and
271 recovery. It is intended that such individuals ~~persons~~ be
272 provided with emergency service and temporary detention for



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273 evaluation ~~if when~~ required; that they be admitted to treatment
274 facilities ~~if on a voluntary basis when~~ extended or continuing
275 care is needed and unavailable in the community; that
276 involuntary placement be provided only ~~if when~~ expert evaluation
277 determines that it is necessary; that any involuntary treatment
278 or examination be accomplished in a setting ~~that which~~ is
279 clinically appropriate and most likely to facilitate the
280 individual's ~~person's~~ return to the community as soon as
281 possible; and that ~~individual~~ dignity and human rights be
282 guaranteed to all individuals ~~persons~~ who are admitted to mental
283 health and substance abuse treatment facilities or who are being
284 held under s. 394.463. It is the further intent of the
285 Legislature that the least restrictive means of intervention be
286 employed based on the individual's ~~individual~~ needs ~~of each~~
287 ~~person,~~ within the scope of available services. It is the policy
288 of this state that the use of restraint and seclusion ~~on clients~~
289 is justified only as an emergency safety measure to be used in
290 response to imminent danger to the individual ~~client~~ or others.
291 It is, therefore, the intent of the Legislature to achieve an
292 ongoing reduction in the use of restraint and seclusion in
293 programs and facilities serving individuals ~~persons~~ with mental
294 illness or with a substance abuse impairment.

295 Section 8. Effective July 1, 2016, section 394.455, Florida
296 Statutes, is reordered and amended to read:

297 394.455 Definitions.—As used in this part, unless the
298 context clearly requires otherwise, the term:

299 (1) "Addictions receiving facility" means a secure, acute
300 care facility that, at a minimum, provides detoxification and
301 stabilization services; is operated 24 hours per day, 7 days a



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302 week; and is designated by the department to serve individuals
303 found to have substance abuse impairment as defined in
304 subsection (44) who qualify for services under this section.

305 (2)(1) "Administrator" means the chief administrative
306 officer of a receiving or treatment facility or his or her
307 designee.

308 (3) "Adult" means an individual who is 18 years of age or
309 older, or who has had the disability of nonage removed pursuant
310 to s. 743.01 or s. 743.015.

311 (4) "Advanced registered nurse practitioner" means any
312 person licensed in this state to practice professional nursing
313 who is certified in advanced or specialized nursing practice
314 under s. 464.012.

315 (36)(2) "Clinical Psychologist" means a psychologist as
316 defined in s. 490.003(7) with 3 years of postdoctoral experience
317 in the practice of clinical psychology, inclusive of the
318 experience required for licensure, or a psychologist employed by
319 a facility operated by the United States Department of Veterans
320 Affairs that qualifies as a receiving or treatment facility
321 under this part.

322 (5)(3) "Clinical record" means all parts of the record
323 required to be maintained and includes all medical records,
324 progress notes, charts, and admission and discharge data, and
325 all other information recorded by a facility staff which
326 pertains to an individual's the patient's hospitalization or
327 treatment.

328 (6)(4) "Clinical social worker" means a person licensed as
329 a clinical social worker under s. 491.005 or s. 491.006 or a
330 person employed as a clinical social worker by a facility



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331 operated by the United States Department of Veterans Affairs or
332 the United States Department of Defense under chapter 491.

333 (7)~~(5)~~ "Community facility" means a ~~any~~ community service
334 provider contracting with the department to furnish substance
335 abuse or mental health services under part IV of this chapter.

336 (8)~~(6)~~ "Community mental health center or clinic" means a
337 publicly funded, not-for-profit center that ~~which~~ contracts with
338 the department for the provision of inpatient, outpatient, day
339 treatment, or emergency services.

340 (9)~~(7)~~ "Court," unless otherwise specified, means the
341 circuit court.

342 (10)~~(8)~~ "Department" means the Department of Children and
343 Families.

344 (11) "Detoxification facility" means a facility licensed to
345 provide detoxification services under chapter 397.

346 (12) "Electronic means" means a form of telecommunication
347 that requires all parties to maintain visual as well as audio
348 communication.

349 (13)~~(9)~~ "Express and informed consent" means consent
350 voluntarily given in writing, by a competent individual ~~person~~,
351 after sufficient explanation and disclosure of the subject
352 matter involved to enable the individual ~~person~~ to make a
353 knowing and willful decision without any element of force,
354 fraud, deceit, duress, or other form of constraint or coercion.

355 (14)~~(10)~~ "Facility" means any hospital, community facility,
356 public or private facility, or receiving or treatment facility
357 providing for the evaluation, diagnosis, care, treatment,
358 training, or hospitalization of individuals ~~persons~~ who appear
359 to have ~~a mental illness~~ or who have been diagnosed as having a



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360 mental illness or substance abuse impairment. The term
361 "Facility" does not include a any program or entity licensed
362 under pursuant to chapter 400 or chapter 429.

363 (15) "Governmental facility" means a facility owned,
364 operated, or administered by the Department of Corrections or
365 the United States Department of Veterans Affairs.

366 (16)-(11) "Guardian" means the natural guardian of a minor,
367 or a person appointed by a court to act on behalf of a ward's
368 person if the ward is a minor or has been adjudicated
369 incapacitated.

370 (17)-(12) "Guardian advocate" means a person appointed by a
371 court to make decisions regarding mental health or substance
372 abuse treatment on behalf of an individual a patient who has
373 been found incompetent to consent to treatment pursuant to this
374 part. The guardian advocate may be granted specific additional
375 powers by written order of the court, as provided in this part.

376 (18)-(13) "Hospital" means a hospital facility as defined in
377 s. 395.002 and licensed under chapter 395 and part II of chapter
378 408.

379 (19)-(14) "Incapacitated" means that an individual a person
380 has been adjudicated incapacitated pursuant to part V of chapter
381 744 and a guardian of the person has been appointed.

382 (20)-(15) "Incompetent to consent to treatment" means that
383 an individual's a person's judgment is so affected by a his or
384 her mental illness, a substance abuse impairment, or other
385 medical or organic cause that he or she the person lacks the
386 capacity to make a well-reasoned, willful, and knowing decision
387 concerning his or her medical, or mental health, or substance
388 abuse treatment.



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389 (21) "Involuntary examination" means an examination
390 performed under s. 394.463 to determine whether an individual
391 qualifies for involuntary outpatient placement under s. 394.4655
392 or involuntary inpatient placement under s. 394.467.

393 (22) "Involuntary placement" means involuntary outpatient
394 placement under s. 394.4655 or involuntary inpatient placement
395 in a receiving or treatment facility under s. 394.467.

396 (23)-~~(16)~~ "Law enforcement officer" means a law enforcement
397 officer as defined in s. 943.10.

398 (24) "Marriage and family therapist" means a person
399 licensed to practice marriage and family therapy under s.
400 491.005 or s. 491.006 or a person employed as a marriage and
401 family therapist by a facility operated by the United States
402 Department of Veterans Affairs or the United States Department
403 of Defense.

404 (25) "Mental health counselor" means a person licensed to
405 practice mental health counseling under s. 491.005 or s. 491.006
406 or a person employed as a mental health counselor by a facility
407 operated by the United States Department of Veterans Affairs or
408 the United States Department of Defense.

409 (26)-~~(17)~~ "Mental health overlay program" means a mobile
410 service ~~that~~ ~~which~~ provides an independent examination for
411 voluntary admission ~~admissions~~ and a range of supplemental
412 onsite services to an individual who has ~~persons with~~ a mental
413 illness in a residential setting such as a nursing home,
414 assisted living facility, adult family-care home, or
415 nonresidential setting such as an adult day care center.
416 Independent examinations provided ~~pursuant to this part~~ through
417 a mental health overlay program must ~~only~~ be provided only under



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418 contract with the department ~~for this service~~ or must be
419 attached to a public receiving facility that is also a community
420 mental health center.

421 ~~(28)-(18)~~ "Mental illness" means an impairment of the mental
422 or emotional processes that exercise conscious control of one's
423 actions or of the ability to perceive or understand reality,
424 which impairment substantially interferes with the individual's
425 ~~person's~~ ability to meet the ordinary demands of living. For the
426 purposes of this part, the term does not include a developmental
427 disability as defined in chapter 393, intoxication, or
428 conditions manifested only by antisocial behavior or substance
429 abuse impairment.

430 (29) "Minor" means an individual who is 17 years of age or
431 younger and who has not had the disabilities of nonage removed
432 pursuant to s. 743.01 or s. 743.015.

433 ~~(30)-(19)~~ "Mobile crisis response service" means a
434 nonresidential crisis service ~~attached to a public receiving~~
435 ~~facility and~~ available 24 hours a day, 7 days a week, ~~through~~
436 which provides immediate intensive assessments and
437 interventions, including screening for admission into a mental
438 health receiving facility, an addictions receiving facility, or
439 a detoxification facility, ~~take place~~ for the purpose of
440 identifying appropriate treatment services.

441 ~~(20) "Patient" means any person who is held or accepted for~~
442 ~~mental health treatment.~~

443 ~~(31)-(21)~~ "Physician" means a medical practitioner licensed
444 under chapter 458 or chapter 459 ~~who has experience in the~~
445 ~~diagnosis and treatment of mental and nervous disorders~~ or a
446 physician employed by a facility operated by the United States



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447 Department of Veterans Affairs or the United States Department
448 of Defense ~~which qualifies as a receiving or treatment facility~~
449 ~~under this part.~~

450 (32) "Physician assistant" means a person licensed under
451 chapter 458 or chapter 459 who has experience in the diagnosis
452 and treatment of mental disorders or a person employed as a
453 physician assistant by a facility operated by the United States
454 Department of Veterans Affairs or the United States Department
455 of Defense.

456 (33) ~~(22)~~ "Private facility" means any hospital or facility
457 operated by a for-profit or not-for-profit corporation or
458 association that provides mental health or substance abuse
459 services and is not a public facility.

460 (34) ~~(23)~~ "Psychiatric nurse" means an advanced & registered
461 nurse practitioner certified under s. 464.012 licensed under
462 ~~part I of chapter 464~~ who has a master's or doctoral degree ~~or a~~
463 ~~doctorate~~ in psychiatric nursing, holds a national advanced
464 practice certification as a psychiatric-mental health advanced
465 practice nurse, and has 2 years of post-master's clinical
466 experience under the supervision of a physician; or a person
467 employed as a psychiatric nurse by a facility operated by the
468 United States Department of Veterans Affairs or the United
469 States Department of Defense.

470 (35) ~~(24)~~ "Psychiatrist" means a medical practitioner
471 licensed under chapter 458 or chapter 459 ~~who has primarily~~
472 ~~diagnosed and treated mental and nervous disorders for at least~~
473 ~~a period of not less than 3 years, inclusive of psychiatric~~
474 residency, or a person employed as a psychiatrist by a facility
475 operated by the United States Department of Veterans Affairs or



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476 the United States Department of Defense.

477 ~~(37)-(25)~~ "Public facility" means any facility that has
478 contracted with the department to provide mental health or
479 substance abuse services to all individuals ~~persons~~, regardless
480 of their ability to pay, and is receiving state funds for such
481 purpose.

482 ~~(27)-(26)~~ "Mental health receiving facility" means any
483 public or private facility designated by the department to
484 receive and hold individuals in involuntary status ~~involuntary~~
485 ~~patients under emergency conditions or~~ for psychiatric
486 evaluation and to provide ~~short-term~~ treatment. The term does
487 not include a county jail.

488 ~~(38)-(27)~~ "Representative" means a person selected pursuant
489 to s. 394.4597(2) ~~to receive notice of proceedings during the~~
490 ~~time a patient is held in or admitted to a receiving or~~
491 ~~treatment facility.~~

492 ~~(39)-(28)(a)~~ "Restraint" means a physical device, method, or
493 drug used to control behavior.

494 (a) A physical restraint is any manual method or physical
495 or mechanical device, material, or equipment attached or
496 adjacent to an ~~the~~ individual's body so that he or she cannot
497 easily remove the restraint and which restricts freedom of
498 movement or normal access to one's body.

499 (b) A drug used as a restraint is a medication used to
500 control an individual's ~~the person's~~ behavior or to restrict his
501 or her freedom of movement and is not part of the standard
502 treatment regimen for an individual having ~~of a person with a~~
503 diagnosed mental illness ~~who is a client of the department.~~
504 Physically holding an individual ~~a person~~ during a procedure to



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505 forcibly administer psychotropic medication is a physical
506 restraint.

507 (c) Restraint does not include physical devices, such as
508 orthopedically prescribed appliances, surgical dressings and
509 bandages, supportive body bands, or other physical holding ~~when~~
510 necessary for routine physical examinations and tests; ~~or~~ for
511 purposes of orthopedic, surgical, or other similar medical
512 treatment; ~~when used~~ to provide support for the achievement of
513 functional body position or proper balance; or ~~when used~~ to
514 protect an individual ~~a person~~ from falling out of bed.

515 (40) "School psychologist" has the same meaning as defined
516 in s. 490.003.

517 (41) ~~(29)~~ "Seclusion" means the physical segregation ~~of a~~
518 ~~person in any fashion~~ or involuntary isolation of an individual
519 ~~a person~~ in a room or area from which the individual person is
520 prevented from leaving. The prevention may be by physical
521 barrier or by a staff member who is acting in a manner, or who
522 is physically situated, so as to prevent the individual person
523 from leaving the room or area. For purposes of this chapter, the
524 term does not mean isolation due to an individual's ~~a person's~~
525 medical condition or symptoms.

526 (42) ~~(30)~~ "Secretary" means the Secretary of Children and
527 Families.

528 (43) "Service provider" means a mental health receiving
529 facility, any facility licensed under chapter 397, a treatment
530 facility, an entity under contract with the department to
531 provide mental health or substance abuse services, a community
532 mental health center or clinic, a psychologist, a clinical
533 social worker, a marriage and family therapist, a mental health



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534 counselor, a physician, a psychiatrist, an advanced registered
535 nurse practitioner, or a psychiatric nurse.

536 (44) "Substance abuse impairment" means a condition
537 involving the use of alcoholic beverages or any psychoactive or
538 mood-altering substance in such a manner as to induce mental,
539 emotional, or physical problems and cause socially dysfunctional
540 behavior.

541 (45) "Substance abuse qualified professional" has the same
542 meaning as the term "qualified professional" as defined in s.
543 397.311.

544 (46)-(31) "Transfer evaluation" means the process, as
545 approved by the appropriate district office of the department,
546 in which an individual whereby a person who is being considered
547 for placement in a state treatment facility is first evaluated
548 for appropriateness of admission to a treatment the facility.
549 The transfer evaluation shall be conducted by the department, by
550 a community-based public receiving facility, or by another
551 service provider as authorized by the department, or by a
552 community mental health center or clinic if the public receiving
553 facility is not a community mental health center or clinic.

554 (47)-(32) "Treatment facility" means a any state-owned,
555 state-operated, or state-supported hospital, center, or clinic
556 designated by the department for extended treatment and
557 hospitalization of individuals who have a mental illness, beyond
558 that provided for by a receiving facility or a, of persons who
559 have a mental illness, including facilities of the United States
560 Government, and any private facility designated by the
561 department when rendering such services to a person pursuant to
562 the provisions of this part. Patients treated in facilities of



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563 the United States Government shall be solely those whose care is
564 the responsibility of the United States Department of Veterans
565 Affairs.

566 ~~(33) "Service provider" means any public or private~~
567 ~~receiving facility, an entity under contract with the Department~~
568 ~~of Children and Families to provide mental health services, a~~
569 ~~clinical psychologist, a clinical social worker, a marriage and~~
570 ~~family therapist, a mental health counselor, a physician, a~~
571 ~~psychiatric nurse as defined in subsection (23), or a community~~
572 ~~mental health center or clinic as defined in this part.~~

573 ~~(34) "Involuntary examination" means an examination~~
574 ~~performed under s. 394.463 to determine if an individual~~
575 ~~qualifies for involuntary inpatient treatment under s.~~
576 ~~394.467(1) or involuntary outpatient treatment under s.~~
577 ~~394.4655(1).~~

578 ~~(35) "Involuntary placement" means either involuntary~~
579 ~~outpatient treatment pursuant to s. 394.4655 or involuntary~~
580 ~~inpatient treatment pursuant to s. 394.467.~~

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

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

585 ~~(38) "Electronic means" means a form of telecommunication~~
586 ~~that requires all parties to maintain visual as well as audio~~
587 ~~communication.~~

588 Section 9. Effective July 1, 2016, section 394.457, Florida
589 Statutes, is amended to read:

590 394.457 Operation and administration.-

591 (1) ADMINISTRATION.-The Department of Children and Families



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592 is designated the "Mental Health Authority" of Florida. The
593 department and the Agency for Health Care Administration shall
594 exercise executive and administrative supervision over all
595 ~~mental health~~ facilities, programs, and services.

596 (2) RESPONSIBILITIES OF THE DEPARTMENT.—The department is
597 responsible for:

598 (a) The planning, evaluation, and implementation of a
599 complete and comprehensive statewide ~~program of~~ mental health
600 and substance abuse program, including community services,
601 receiving and treatment facilities, child services, research,
602 and training as authorized and approved by the Legislature,
603 based on the annual program budget of the department. The
604 department is also responsible for the coordination of efforts
605 with other ~~departments~~ and divisions of the state government,
606 county and municipal governments, and private agencies concerned
607 with and providing mental health and substance abuse services.
608 It is responsible for establishing standards, providing
609 technical assistance, and supervising ~~exercising supervision of~~
610 mental health and substance abuse programs of, and the treatment
611 of individuals ~~patients~~ at, community facilities, other
612 facilities serving individuals ~~for persons~~ who have a mental
613 illness or substance abuse impairment, and any agency or
614 facility providing services under ~~to patients pursuant to~~ this
615 part.

616 (b) The publication and distribution of an information
617 handbook to facilitate understanding of this part, the policies
618 and procedures involved in the implementation of this part, and
619 the responsibilities of the various providers of services under
620 this part. It shall stimulate research by public and private



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621 agencies, institutions of higher learning, and hospitals in the
622 interest of the elimination and amelioration of mental illness.

623 (3) POWER TO CONTRACT.—The department may contract to
624 provide, and be provided with, services and facilities in order
625 to carry out its responsibilities under this part with the
626 following agencies: public and private hospitals; receiving and
627 treatment facilities; clinics; laboratories; departments,
628 divisions, and other units of state government; the state
629 colleges and universities; the community colleges; private
630 colleges and universities; counties, municipalities, and any
631 other governmental unit, including facilities of the United
632 States Government; and any other public or private entity which
633 provides or needs facilities or services. Baker Act funds for
634 community inpatient, crisis stabilization, short-term
635 residential treatment, and screening services must be allocated
636 to each county pursuant to the department's funding allocation
637 methodology. Notwithstanding s. 287.057(3)(e), contracts for
638 community-based Baker Act services for inpatient, crisis
639 stabilization, short-term residential treatment, and screening
640 provided under this part, other than those with other units of
641 government, to be provided for the department must be awarded
642 using competitive sealed bids if the county commission of the
643 county receiving the services makes a request to the
644 department's district office by January 15 of the contracting
645 year. The district may not enter into a competitively bid
646 contract under this provision if such action will result in
647 increases of state or local expenditures for Baker Act services
648 within the district. Contracts for these Baker Act services
649 using competitive sealed bids are effective for 3 years. The



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650 department shall adopt rules establishing minimum standards for
651 such contracted services and facilities and shall make periodic
652 audits and inspections to assure that the contracted services
653 are provided and meet the standards of the department.

654 (4) APPLICATION FOR AND ACCEPTANCE OF GIFTS AND GRANTS.—The
655 department may apply for and accept any funds, grants, gifts, or
656 services made available to it by any agency or department of the
657 Federal Government or any other public or private agency or
658 person individual in aid of mental health and substance abuse
659 programs. All such moneys must ~~shall~~ be deposited in the State
660 Treasury and ~~shall be~~ disbursed as provided by law.

661 (5) RULES.—The department shall adopt rules:

662 (a) Establishing ~~The department shall adopt rules~~
663 ~~establishing~~ forms and procedures relating to the rights and
664 privileges of individuals being examined or treated at patients
665 ~~seeking mental health treatment from~~ facilities under this part.

666 (b) ~~The department shall adopt rules~~ Necessary for the
667 implementation and administration of ~~the provisions of this~~
668 part, ~~and~~ A program subject to ~~the provisions of this part~~ may
669 ~~shall not be permitted to~~ operate unless rules designed to
670 ensure the protection of the health, safety, and welfare of the
671 individuals examined and patients treated under through such
672 program have been adopted. Such rules ~~adopted under this~~
673 ~~subsection~~ must include provisions governing the use of
674 restraint and seclusion which are consistent with recognized
675 best practices and professional judgment; prohibit inherently
676 dangerous restraint or seclusion procedures; establish
677 limitations on the use and duration of restraint and seclusion;
678 establish measures to ensure the safety of program participants



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679 and staff during an incident of restraint or seclusion;
680 establish procedures for staff to follow before, during, and
681 after incidents of restraint or seclusion; establish
682 professional qualifications ~~of~~ and training for staff who may
683 order or be engaged in the use of restraint or seclusion; and
684 establish mandatory reporting, data collection, and data
685 dissemination procedures and requirements. Such rules adopted
686 ~~under this subsection~~ must require that each instance of the use
687 of restraint or seclusion be documented in the clinical record
688 of the individual who has been restrained or secluded patient.

689 (c) Establishing ~~The department shall adopt rules~~
690 ~~establishing~~ minimum standards for services provided by a mental
691 health overlay program or a mobile crisis response service.

692 ~~(6) PERSONNEL.—~~

693 ~~(a) The department shall, by rule, establish minimum~~
694 ~~standards of education and experience for professional and~~
695 ~~technical personnel employed in mental health programs,~~
696 ~~including members of a mobile crisis response service.~~

697 ~~(b) The department shall design and distribute appropriate~~
698 ~~materials for the orientation and training of persons actively~~
699 ~~engaged in implementing the provisions of this part relating to~~
700 ~~the involuntary examination and placement of persons who are~~
701 ~~believed to have a mental illness.~~

702 ~~(6)(7)~~ PAYMENT FOR CARE OF PATIENTS.—Fees and fee
703 collections for patients in state-owned, state-operated, or
704 state-supported treatment facilities shall be according to s.
705 402.33.

706 Section 10. Section 394.4573, Florida Statutes, is amended
707 to read:



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708 394.4573 Continuity of care management system; measures of
709 performance; reports.-

710 (1) For the purposes of this section, the term:

711 (a) "Case management" means those activities aimed at
712 assessing ~~client~~ needs, planning services, linking the service
713 system ~~to a client~~, coordinating the various system components,
714 monitoring service delivery, and evaluating the effect of
715 service delivery.

716 (b) "Case manager" means a person ~~an individual~~ who works
717 with clients, and their families and significant others, to
718 provide case management.

719 (c) "Client manager" means an employee of the department
720 who is assigned to specific provider agencies and geographic
721 areas to ensure that the full range of needed services is
722 available to clients.

723 ~~(d) "Continuity of care management system" means a system~~
724 ~~that assures, within available resources, that clients have~~
725 ~~access to the full array of services within the mental health~~
726 ~~services delivery system.~~

727 (2) The department shall ensure the establishment of ~~is~~
728 ~~directed to implement~~ a continuity of care management system for
729 the provision of mental health and substance abuse care ~~in~~
730 compliance with s. 394.9082. ~~through the provision of client~~
731 ~~and case management, including clients referred from state~~
732 ~~treatment facilities to community mental health facilities. Such~~
733 ~~system shall include a network of client managers and case~~
734 ~~managers throughout the state designed to:~~

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



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737 ~~(b) Provide for the creation or designation of an agency in~~
738 ~~each county to provide single intake services for each person~~
739 ~~seeking mental health services. Such agency shall provide~~
740 ~~information and referral services necessary to ensure that~~
741 ~~clients receive the most appropriate and least restrictive form~~
742 ~~of care, based on the individual needs of the person seeking~~
743 ~~treatment. Such agency shall have a single telephone number,~~
744 ~~operating 24 hours per day, 7 days per week, where practicable,~~
745 ~~at a central location, where each client will have a central~~
746 ~~record.~~

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

750 ~~(d) Require that any public receiving facility initiating a~~
751 ~~patient transfer to a licensed hospital for acute care mental~~
752 ~~health services not accessible through the public receiving~~
753 ~~facility shall notify the hospital of such transfer and send all~~
754 ~~records relating to the emergency psychiatric or medical~~
755 ~~condition.~~

756 ~~(3) The department is directed to develop and include in~~
757 ~~contracts with service providers measures of performance with~~
758 ~~regard to goals and objectives as specified in the state plan.~~
759 ~~Such measures shall use, to the extent practical, existing data~~
760 ~~collection methods and reports and shall not require, as a~~
761 ~~result of this subsection, additional reports on the part of~~
762 ~~service providers. The department shall plan monitoring visits~~
763 ~~of community mental health facilities with other state, federal,~~
764 ~~and local governmental and private agencies charged with~~
765 ~~monitoring such facilities.~~



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766 Section 11. Effective July 1, 2016, section 394.459,
767 Florida Statutes, is amended to read:

768 394.459 Rights of individuals receiving treatment and
769 services patients.—

770 (1) RIGHT TO ~~INDIVIDUAL~~ DIGNITY.—It is the policy of this
771 state that the ~~individual~~ dignity of all individuals held for
772 examination or admitted for mental health or substance abuse
773 treatment ~~the patient shall~~ be respected at all times and upon
774 all occasions, including ~~any occasion~~ when the individual
775 ~~patient~~ is taken into custody, held, or transported. Procedures,
776 facilities, vehicles, and restraining devices used ~~utilized~~ for
777 criminals or those accused of a crime ~~may shall~~ not be used in
778 connection with individuals ~~persons~~ who have a mental illness or
779 substance abuse impairment, except for the protection of that
780 individual ~~the patient~~ or others. An individual ~~Persons~~ who has
781 ~~have~~ a mental illness but who has ~~are~~ not been charged with a
782 criminal offense may shall not be detained or incarcerated in
783 the jails of this state. An individual ~~A person~~ who is receiving
784 treatment for mental illness or substance abuse ~~may shall~~ not be
785 deprived of his or her ~~any~~ constitutional rights. However, if
786 such individual ~~a person~~ is adjudicated incapacitated, his or
787 her rights may be limited to the same extent that the rights of
788 any incapacitated individual ~~person~~ are limited by law.

789 (2) PROTECTIVE CUSTODY WITHOUT CONSENT FOR SUBSTANCE ABUSE
790 IMPAIRMENT.—An individual who has a substance abuse impairment
791 but who has not been charged with a criminal offense may be
792 placed in protective custody without his or her consent, subject
793 to the limitations specified in this subsection. If it has been
794 determined that a hospital, an addictions receiving facility, or



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795 a licensed detoxification facility is the most appropriate
796 placement for the individual, law enforcement may implement
797 protective custody measures as specified in this subsection.

798 (a) An individual meets the criteria for placement in
799 protective custody if there is a good faith reason to believe
800 that the individual is impaired by substance abuse, has lost the
801 power of self-control with respect to substance use because of
802 such impairment, and:

803 1. Has inflicted, has threatened or attempted to inflict, or
804 is likely, if not admitted, to inflict, physical harm on himself
805 or herself or another; or

806 2. Is in need of substance abuse services and, by reason of
807 substance abuse impairment, is incapacitated and unable to make
808 a rational decision with regard to such services. However, mere
809 refusal to seek or obtain such services does not constitute
810 evidence of lack of judgment with respect to his or her need for
811 such services.

812 (b) If an individual who is in circumstances that justify
813 protective custody as described in paragraph (a) fails or
814 refuses to consent to assistance and a law enforcement officer
815 has determined that a hospital, an addictions receiving
816 facility, or a licensed detoxification facility is the most
817 appropriate treatment facility for such individual, the officer
818 may, after giving due consideration to the expressed wishes of
819 the individual:

820 1. Take the individual to a hospital, an addictions
821 receiving facility, or a licensed detoxification facility
822 against the individual's will but without using unreasonable
823 force; or



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824 2. In the case of an adult, detain the individual for his
825 or her own protection in any municipal or county jail or other
826 appropriate detention facility.

827
828 Detention under this paragraph is not to be considered an arrest
829 for any purpose, and an entry or other record may not be made to
830 indicate that the individual has been detained or charged with
831 any crime. The officer in charge of the detention facility must
832 notify the nearest appropriate licensed service provider within
833 8 hours after detention that the individual has been detained.
834 The detention facility must arrange, as necessary, for
835 transportation of the individual to an appropriate licensed
836 service provider with an available bed. Individuals detained
837 under this paragraph must be assessed by an attending physician
838 without unnecessary delay and within a 72-hour period to
839 determine the need for further services.

840 (c) The nearest relative of a minor in protective custody
841 must be notified by the law enforcement officer, as must the
842 nearest relative of an adult, unless the adult requests that
843 there be no notification.

844 (d) An individual who is in protective custody must be
845 released by a qualified professional when any of the following
846 circumstances occur:

847 1. The individual no longer meets the protective custody
848 criteria set out in paragraph (a);

849 2. A 72-hour period has elapsed since the individual was
850 taken into custody; or

851 3. The individual has consented voluntarily to readmission
852 at the facility of the licensed service provider.



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853 (e) An individual may be detained in protective custody
854 beyond the 72-hour period if a petitioner has initiated
855 proceedings for involuntary assessment or treatment. The timely
856 filing of the petition authorizes the service provider to retain
857 physical custody of the individual pending further order of the
858 court.

859 (3)-(2) RIGHT TO TREATMENT.-An individual held for
860 examination or admitted for mental illness or substance abuse
861 treatment:

862 (a) May ~~A person shall~~ not be denied treatment for mental
863 illness or substance abuse impairment, and services may shall
864 not be delayed at a mental health receiving facility, addictions
865 receiving facility, detoxification facility, or treatment
866 facility because of inability to pay. However, every reasonable
867 effort to collect appropriate reimbursement for the cost of
868 providing mental health or substance abuse services from
869 individuals to persons able to pay for services, including
870 insurance or ~~third-party~~ payments by third-party payers, shall
871 be made by facilities providing services under pursuant to this
872 part.

873 (b) Shall be provided ~~It is further the policy of the state~~
874 ~~that~~ the least restrictive appropriate, available treatment,
875 which must be utilized based on the individual's individual
876 needs and best interests of the patient and consistent with the
877 optimum improvement of the individual's patient's condition.

878 (c) Shall ~~Each person who remains at a receiving or~~
879 ~~treatment facility for more than 12 hours shall~~ be given a
880 physical examination by a health practitioner authorized by law
881 to give such examinations, and a mental health or substance



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882 abuse evaluation, as appropriate, by a psychiatrist,
883 psychologist, psychiatric nurse, or qualified substance abuse
884 professional within 24 hours after arrival at such facility if
885 the individual has not been released or discharged pursuant to
886 s. 394.463(2) (h) or s. 394.469. The physical examination and
887 mental health evaluation must be documented in the clinical
888 record. The physical and mental health examinations shall
889 include efforts to identify indicators of substance abuse
890 impairment, substance abuse intoxication, and substance abuse
891 withdrawal.

892 (d) Shall ~~Every patient in a facility shall~~ be afforded the
893 opportunity to participate in activities designed to enhance
894 self-image and the beneficial effects of other treatments, as
895 determined by the facility.

896 (e) Shall, not more than 5 days after admission to a
897 facility, ~~each patient shall~~ have and receive an individualized
898 treatment plan in writing, which the individual patient has had
899 an opportunity to assist in preparing and to review before ~~prior~~
900 ~~to its~~ implementation. The plan must ~~shall~~ include a space for
901 the individual's patient's comments and signature.

902 (4) ~~(3)~~ RIGHT TO EXPRESS AND INFORMED ~~PATIENT~~ CONSENT.—

903 ~~(a) 1.~~ Each individual patient entering treatment shall be
904 asked to give express and informed consent for admission or
905 treatment.

906 (a) If the individual patient has been adjudicated
907 incapacitated or found to be incompetent to consent to
908 treatment, express and informed consent must ~~to treatment shall~~
909 be sought from his or her ~~instead from the patient's~~ guardian,
910 ~~or~~ guardian advocate, or health care surrogate or proxy. If the



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911 ~~individual patient~~ is a minor, express and informed consent for
912 admission or treatment must be obtained ~~shall also be requested~~
913 ~~from the patient's guardian. Express and informed consent for~~
914 ~~admission or treatment of a patient under 18 years of age shall~~
915 ~~be required from the minor's patient's guardian, unless the~~
916 minor is seeking outpatient crisis intervention services under
917 s. 394.4784. ~~Express and informed consent for admission or~~
918 ~~treatment given by a patient who is under 18 years of age shall~~
919 ~~not be a condition of admission when the patient's guardian~~
920 ~~gives express and informed consent for the patient's admission~~
921 ~~pursuant to s. 394.463 or s. 394.467.~~

922 (b)2. Before giving express and informed consent, the
923 following information shall be provided and explained in plain
924 language to the individual and patient, ~~or to his or her the~~
925 ~~patient's guardian if the individual patient is an adult 18~~
926 ~~years of age or older and has been adjudicated incapacitated, or~~
927 ~~to his or her the patient's guardian advocate if the individual~~
928 ~~patient has been found to be incompetent to consent to~~
929 ~~treatment, to the health care surrogate or proxy, or to both the~~
930 individual patient and the guardian if the individual patient is
931 a minor: the reason for admission or treatment; the proposed
932 treatment ~~and~~ the purpose of such ~~the~~ treatment ~~to be provided;~~
933 the common risks, benefits, and side effects of the proposed
934 treatment thereof; the specific dosage range of ~~for the~~
935 medication, if ~~when~~ applicable; alternative treatment
936 modalities; the approximate length of care; the potential
937 effects of stopping treatment; how treatment will be monitored;
938 and that any consent given for treatment may be revoked orally
939 or in writing before or during the treatment period by the



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940 individual receiving the treatment ~~patient~~ or by a person who is
941 legally authorized to make health care decisions on the
942 individual's behalf ~~of the patient.~~

943 ~~(b) In the case of medical procedures requiring the use of~~
944 ~~a general anesthetic or electroconvulsive treatment, and prior~~
945 ~~to performing the procedure, express and informed consent shall~~
946 ~~be obtained from the patient if the patient is legally~~
947 ~~competent, from the guardian of a minor patient, from the~~
948 ~~guardian of a patient who has been adjudicated incapacitated, or~~
949 ~~from the guardian advocate of the patient if the guardian~~
950 ~~advocate has been given express court authority to consent to~~
951 ~~medical procedures or electroconvulsive treatment as provided~~
952 ~~under s. 394.4598.~~

953 (c) When the department is the legal guardian of a patient,
954 or is the custodian of a patient whose physician is unwilling to
955 perform a medical procedure, including an electroconvulsive
956 treatment, based solely on the patient's consent and whose
957 guardian or guardian advocate is unknown or unlocatable, the
958 court shall hold a hearing to determine the medical necessity of
959 the medical procedure. The patient shall be physically present,
960 unless the patient's medical condition precludes such presence,
961 represented by counsel, and provided the right and opportunity
962 to be confronted with, and to cross-examine, all witnesses
963 alleging the medical necessity of such procedure. In such
964 proceedings, the burden of proof by clear and convincing
965 evidence shall be on the party alleging the medical necessity of
966 the procedure.

967 (d) The administrator of a receiving or treatment facility
968 may, upon the recommendation of the patient's attending



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969 physician, authorize emergency medical treatment, including a
970 surgical procedure, if such treatment is deemed lifesaving, or
971 if the situation threatens serious bodily harm to the patient,
972 and permission of the patient or the patient's guardian or
973 guardian advocate cannot be obtained.

974 (5)~~(4)~~ QUALITY OF TREATMENT.—

975 (a) Each individual patient ~~shall receive services,~~
976 ~~including, for a patient~~ placed under s. 394.4655 shall receive,
977 ~~those services that are included in the court order which are~~
978 ~~suited to his or her needs, and which shall be~~ administered
979 skillfully, safely, and humanely with full respect for the
980 individual's patient's dignity and personal integrity. Each
981 individual patient shall receive such medical, vocational,
982 social, educational, substance abuse, and rehabilitative
983 services as his or her condition requires in order to live
984 successfully in the community. In order to achieve this goal,
985 the department shall ~~is directed to~~ coordinate its mental health
986 and substance abuse programs with all other programs of the
987 department and other state agencies.

988 (b) Facilities shall develop and maintain, in a form that
989 is accessible to and readily understandable by individuals held
990 for examination or admitted for mental health or substance abuse
991 treatment patients and consistent with rules adopted by the
992 department, ~~the following:~~

993 1. Criteria, procedures, and required staff training for
994 the any use of close or elevated levels of supervision, ~~of~~
995 restraint, seclusion, or isolation, ~~or of~~ emergency treatment
996 orders, and ~~for the use of~~ bodily control and physical
997 management techniques.



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998 2. Procedures for documenting, monitoring, and requiring
999 clinical review of all uses of the procedures described in
1000 subparagraph 1. and for documenting and requiring review of any
1001 incidents resulting in injury to individuals receiving services
1002 patients.

1003 3. A system for investigating, tracking, managing, and
1004 responding to complaints by individuals ~~persons~~ receiving
1005 services or persons ~~individuals~~ acting on their behalf.

1006 (c) Facilities shall have written procedures for reporting
1007 events that place individuals receiving services at risk of
1008 harm. Such events must be reported to the managing entity in the
1009 facility's region and the department as soon as reasonably
1010 possible after discovery and include, but are not limited to:

1011 1. The death, regardless of cause or manner, of an
1012 individual examined or treated at a facility that occurs while
1013 the individual is at the facility or that occurs within 72 hours
1014 after release, if the death is known to the facility
1015 administrator.

1016 2. An injury sustained, or allegedly sustained, at a
1017 facility, by an individual examined or treated at the facility
1018 and caused by an accident, assault, act of abuse, neglect, or
1019 suicide attempt, or a self-inflicted injury, if the injury
1020 requires medical treatment by a licensed health care
1021 practitioner in an acute care medical facility.

1022 3. The unauthorized departure or absence of an individual
1023 from a facility in which he or she has been held for involuntary
1024 examination or involuntary placement.

1025 4. A disaster or crisis situation such as a tornado,
1026 hurricane, kidnapping, riot, or hostage situation that



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1027 jeopardizes the health, safety, or welfare of individuals
1028 examined or treated in a facility.

1029 5. An allegation of sexual battery upon an individual
1030 examined or treated in a facility.

1031 ~~(d)(e)~~ A facility may not use seclusion or restraint for
1032 punishment, to compensate for inadequate staffing, or for the
1033 convenience of staff. Facilities shall ensure that all staff are
1034 made aware of these restrictions ~~on the use of seclusion and~~
1035 ~~restraint and shall make and maintain records~~ that which
1036 demonstrate that this information has been conveyed to each
1037 ~~individual~~ staff member ~~members~~.

1038 ~~(6)(5)~~ COMMUNICATION, ABUSE REPORTING, AND VISITS.—

1039 (a) Each individual ~~person receiving services~~ in a facility
1040 providing mental health services under this part has the right
1041 to communicate freely and privately with persons outside the
1042 facility unless it is determined that such communication is
1043 likely to be harmful to the individual ~~person~~ or others. Each
1044 facility shall make available ~~as soon as reasonably possible to~~
1045 ~~persons receiving services~~ a telephone that allows for free
1046 local calls and access to a long-distance service to the
1047 individual as soon as reasonably possible. A facility is not
1048 required to pay the costs of the individual's ~~a patient's~~ long-
1049 distance calls. The telephone must ~~shall~~ be readily accessible
1050 ~~to the patient~~ and ~~shall be~~ placed so that the individual
1051 ~~patient~~ may use it to communicate privately and confidentially.
1052 The facility may establish reasonable rules for the use of the
1053 ~~this~~ telephone which, ~~provided that the rules~~ do not interfere
1054 with an individual's ~~a patient's~~ access to a telephone to report
1055 abuse pursuant to paragraph (e).



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1056 (b) Each individual patient admitted to a facility under
1057 ~~the provisions of~~ this part shall be allowed to receive, send,
1058 and mail sealed, unopened correspondence; and the individual's
1059 ~~no patient's~~ incoming or outgoing correspondence may not shall
1060 be opened, delayed, held, or censored by the facility unless
1061 there is reason to believe that it contains items or substances
1062 that ~~which~~ may be harmful to the individual patient or others,
1063 in which case the administrator may direct reasonable
1064 examination of such mail and may regulate the disposition of
1065 such items or substances.

1066 (c) Each facility shall allow ~~must permit~~ immediate access
1067 to an individual any patient, subject to the ~~patient's~~ right to
1068 deny or withdraw consent at any time, by the individual, or by
1069 the individual's patient's family members, guardian, guardian
1070 advocate, health care surrogate or proxy, representative,
1071 ~~Florida statewide or local advocacy council~~, or attorneys
1072 ~~attorney~~, unless such access would be detrimental to the
1073 individual patient. If the a patient's right to communicate or
1074 to receive visitors is restricted by the facility, written
1075 notice of such restriction and the reasons for the restriction
1076 shall be served on the individual and patient, the individual's
1077 ~~patient's~~ attorney, and ~~the patient's~~ guardian, guardian
1078 advocate, health care surrogate or proxy, or representative; and
1079 such restriction, and the reasons for the restriction, must
1080 ~~shall~~ be recorded in ~~on~~ the ~~patient's~~ clinical record ~~with the~~
1081 ~~reasons therefor~~. The restriction must ~~of a patient's right to~~
1082 ~~communicate or to receive visitors~~ shall be reviewed at least
1083 every 7 days. The right to communicate or receive visitors may
1084 ~~shall~~ not be restricted as a means of punishment. This ~~Nothing~~



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1085 ~~in this~~ paragraph may not ~~shall~~ be construed to limit the
1086 provisions of paragraph (d).

1087 (d) Each facility shall establish reasonable rules, which
1088 must be the least restrictive possible, governing visitors,
1089 visiting hours, and the use of telephones by individuals
1090 ~~patients in the least restrictive possible manner.~~ An individual
1091 has ~~Patients shall have~~ the right to contact and to receive
1092 communication from his or her attorney ~~their attorneys~~ at any
1093 reasonable time.

1094 (e) Each individual ~~patient~~ receiving mental health or
1095 substance abuse treatment ~~in any facility~~ shall have ready
1096 access to a telephone in order to report ~~an~~ alleged abuse. The
1097 facility staff shall orally and in writing inform each
1098 individual ~~patient~~ of the procedure for reporting abuse and
1099 shall make every reasonable effort to present the information in
1100 a language the individual ~~patient~~ understands. A written copy of
1101 that procedure, including the telephone number of the central
1102 abuse hotline and reporting forms, must ~~shall~~ be posted in plain
1103 view.

1104 (f) The department shall adopt rules providing a procedure
1105 for reporting abuse. ~~Facility staff shall be required,~~ As a
1106 condition of employment, facility staff shall ~~to~~ become familiar
1107 with the requirements and procedures for ~~the~~ reporting ~~of~~ abuse.

1108 (7)-(6) CARE AND CUSTODY OF PERSONAL EFFECTS OF PATIENTS.-A
1109 facility shall respect the rights of an individual with regard A
1110 ~~patient's right~~ to the possession of his or her clothing and
1111 personal effects ~~shall be respected.~~ The facility may take
1112 temporary custody of such effects if ~~when~~ required for medical
1113 and safety reasons. The A-patient's clothing and personal



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1114 effects shall be inventoried upon their removal into temporary
1115 custody. Copies of this inventory shall be given to the
1116 individual patient and to his or her ~~the patient's~~ guardian,
1117 guardian advocate, health care surrogate or proxy, or
1118 representative and shall be recorded in the ~~patient's~~ clinical
1119 record. This inventory may be amended upon the request of the
1120 individual patient or his or her ~~the patient's~~ guardian,
1121 guardian advocate, health care surrogate or proxy, or
1122 representative. The inventory and any amendments ~~to it~~ must be
1123 witnessed by two members of the facility staff and by the
1124 individual patient, if he or she is able. All of ~~the a patient's~~
1125 clothing and personal effects held by the facility shall be
1126 returned to the individual patient immediately upon his or her
1127 ~~the discharge or transfer of the patient~~ from the facility,
1128 unless such return would be detrimental to the individual
1129 ~~patient~~. If personal effects are not returned ~~to the patient~~,
1130 the reason must be documented in the clinical record along with
1131 the disposition of the clothing and personal effects, which may
1132 be given instead to the individual's patient's guardian,
1133 guardian advocate, health care surrogate or proxy, or
1134 representative. As soon as practicable after an emergency
1135 transfer ~~of a patient~~, the individual's ~~patient's~~ clothing and
1136 personal effects shall be transferred to the individual's
1137 ~~patient's~~ new location, together with a copy of the inventory
1138 and any amendments, unless an alternate plan is approved by the
1139 individual patient, if he or she is able, and by his or her ~~the~~
1140 ~~patient's~~ guardian, guardian advocate, health care surrogate or
1141 proxy, or representative.

1142 (8) ~~(7)~~ VOTING IN PUBLIC ELECTIONS.—A patient who is



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1143 eligible to vote according to the laws of the state has the
1144 right to vote in the primary and general elections. The
1145 department shall establish rules to enable patients to obtain
1146 voter registration forms, applications for absentee ballots, and
1147 absentee ballots.

1148 (9)~~(8)~~ HABEAS CORPUS.—

1149 (a) At any time, and without notice, an individual ~~a person~~
1150 held or admitted for mental health or substance abuse
1151 examination or placement in a receiving or treatment facility,
1152 or a relative, friend, guardian, guardian advocate, health care
1153 surrogate or proxy, representative, or attorney, or the
1154 department, on behalf of such individual ~~person~~, may petition
1155 for a writ of habeas corpus to question the cause and legality
1156 of such detention and request that the court order a return to
1157 the writ in accordance with chapter 79. Each individual ~~patient~~
1158 held in a facility shall receive a written notice of the right
1159 to petition for a writ of habeas corpus.

1160 (b) At any time, and without notice, an individual held or
1161 admitted for mental health or substance abuse examination or
1162 placement ~~a person who is a patient~~ in a ~~receiving or treatment~~
1163 facility, or a relative, friend, guardian, guardian advocate,
1164 health care surrogate or proxy, representative, or attorney, or
1165 the department, on behalf of such individual ~~person~~, may file a
1166 petition in the circuit court in the county where the individual
1167 ~~patient~~ is being held alleging that he or she ~~the patient~~ is
1168 being unjustly denied a right or privilege granted under this
1169 part herein or that a procedure authorized under this part
1170 ~~herein~~ is being abused. Upon the filing of such a petition, the
1171 court may ~~shall have the authority to~~ conduct a judicial inquiry



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1172 and ~~to~~ issue an ~~any~~ order ~~needed~~ to correct an abuse of ~~the~~
1173 ~~provisions of~~ this part.

1174 (c) The administrator of any ~~receiving or treatment~~
1175 facility receiving a petition under this subsection shall file
1176 the petition with the clerk of the court on the next court
1177 working day.

1178 (d) A ~~No~~ fee may not ~~shall~~ be charged for ~~the~~ filing ~~of~~ a
1179 petition under this subsection.

1180 (10) ~~(9)~~ VIOLATIONS.—The department shall report to the
1181 Agency for Health Care Administration any violation of the
1182 rights or privileges of patients, or of any procedures provided
1183 under this part, by any facility or professional licensed or
1184 regulated by the agency. The agency is authorized to impose any
1185 sanction authorized for violation of this part, based solely on
1186 the investigation and findings of the department.

1187 (11) ~~(10)~~ LIABILITY FOR VIOLATIONS.—Any person who violates
1188 or abuses any rights or privileges of patients provided by this
1189 part is liable for damages as determined by law. Any person who
1190 acts in good faith in compliance with the provisions of this
1191 part is immune from civil or criminal liability for his or her
1192 actions in connection with the admission, diagnosis, treatment,
1193 or discharge of a patient to or from a facility. However, this
1194 section does not relieve any person from liability if such
1195 person commits negligence.

1196 (12) ~~(11)~~ RIGHT TO PARTICIPATE IN TREATMENT AND DISCHARGE
1197 PLANNING.—The patient shall have the opportunity to participate
1198 in treatment and discharge planning and shall be notified in
1199 writing of his or her right, upon discharge from the facility,
1200 to seek treatment from the professional or agency of the



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1201 patient's choice.

1202 (13) ADVANCE DIRECTIVES.—All service providers under this
1203 part shall provide information concerning advance directives to
1204 individuals and assist those who are competent and willing to
1205 complete an advance directive. The directive may include
1206 instructions regarding mental health or substance abuse care.
1207 Service providers under this part shall honor the advance
1208 directive of individuals they serve, or shall request the
1209 transfer of the individual as required under s. 765.1105.

1210 (14) ~~(12)~~ POSTING OF NOTICE OF RIGHTS OF PATIENTS.—Each
1211 facility shall post a notice listing and describing, in the
1212 language and terminology that the persons to whom the notice is
1213 addressed can understand, the rights provided in this section.
1214 This notice shall include a statement that provisions of the
1215 federal Americans with Disabilities Act apply and the name and
1216 telephone number of a person to contact for further information.
1217 This notice shall be posted in a place readily accessible to
1218 patients and in a format easily seen by patients. This notice
1219 shall include the telephone numbers of the Florida local
1220 advocacy council and Advocacy Center for Persons with
1221 Disabilities, Inc.

1222 Section 12. Section 394.4597, Florida Statutes, is amended
1223 to read:

1224 394.4597 Persons to be notified; appointment of a patient's
1225 representative.—

1226 (1) VOLUNTARY ADMISSION PATIENTS.—At the time an individual
1227 a patient is voluntarily admitted to a receiving or treatment
1228 facility, the individual shall be asked to identify a person to
1229 be notified in case of an emergency, and the identity and



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1230 contact information of that a person ~~to be notified in case of~~
1231 ~~an emergency~~ shall be entered in the individual's patient's
1232 ~~clinical~~ record.

1233 (2) INVOLUNTARY ADMISSION PATIENTS.—

1234 (a) At the time an individual ~~a patient~~ is admitted to a
1235 facility for involuntary examination or placement, or when a
1236 petition for involuntary placement is filed, the names,
1237 addresses, and telephone numbers of the individual's patient's
1238 guardian or guardian advocate, health care surrogate, or proxy,
1239 or representative if he or she ~~the patient~~ has no guardian, and
1240 the individual's patient's attorney shall be entered in the
1241 ~~patient's clinical~~ record.

1242 (b) If the individual ~~patient~~ has no guardian, guardian
1243 advocate, health care surrogate, or proxy, he or she ~~the patient~~
1244 shall be asked to designate a representative. If the individual
1245 ~~patient~~ is unable or unwilling to designate a representative,
1246 the facility shall select a representative.

1247 (c) The individual ~~patient~~ shall be consulted with regard
1248 to the selection of a representative by the receiving or
1249 treatment facility and may ~~shall have authority to~~ request that
1250 the any such representative be replaced.

1251 (d) If ~~When~~ the receiving or treatment facility selects a
1252 representative, first preference shall be given to a health care
1253 surrogate, if one has been previously selected ~~by the patient~~.
1254 If the individual ~~patient~~ has not previously selected a health
1255 care surrogate, the selection, except for good cause documented
1256 in the individual's patient's clinical record, shall be made
1257 from the following list in the order of listing:

1258 1. The individual's patient's spouse.



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- 1259 2. An adult child of the individual patient.
- 1260 3. A parent of the individual patient.
- 1261 4. The adult next of kin of the individual patient.
- 1262 5. An adult friend of the individual patient.
- 1263 ~~6. The appropriate Florida local advocacy council as~~
1264 ~~provided in s. 402.166.~~
- 1265 (e) The following persons are prohibited from selection as
1266 an individual's representative:
- 1267 1. A professional providing clinical services to the
1268 individual under this part;
- 1269 2. The licensed professional who initiated the involuntary
1270 examination of the individual, if the examination was initiated
1271 by professional certificate;
- 1272 3. An employee, administrator, or board member of the
1273 facility providing the examination of the individual;
- 1274 4. An employee, administrator, or board member of a
1275 treatment facility providing treatment of the individual;
- 1276 5. A person providing any substantial professional services
1277 to the individual, including clinical and nonclinical services;
- 1278 6. A creditor of the individual;
- 1279 7. A person subject to an injunction for protection against
1280 domestic violence under s. 741.30, whether the order of
1281 injunction is temporary or final, and for which the individual
1282 was the petitioner; and
- 1283 8. A person subject to an injunction for protection against
1284 repeat violence, sexual violence, or dating violence under s.
1285 784.046, whether the order of injunction is temporary or final,
1286 and for which the individual was the petitioner.
- 1287 ~~(e) A licensed professional providing services to the~~



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1288 ~~patient under this part, an employee of a facility providing~~
1289 ~~direct services to the patient under this part, a department~~
1290 ~~employee, a person providing other substantial services to the~~
1291 ~~patient in a professional or business capacity, or a creditor of~~
1292 ~~the patient shall not be appointed as the patient's~~
1293 ~~representative.~~

1294 (f) The representative selected by the individual or
1295 designated by the facility has the right to:

- 1296 1. Receive notice of the individual's admission;
1297 2. Receive notice of proceedings affecting the individual;
1298 3. Have immediate access to the individual unless such
1299 access is documented to be detrimental to the individual;
1300 4. Receive notice of any restriction of the individual's
1301 right to communicate or receive visitors;
1302 5. Receive a copy of the inventory of personal effects upon
1303 the individual's admission and to request an amendment to the
1304 inventory at any time;
1305 6. Receive disposition of the individual's clothing and
1306 personal effects if not returned to the individual, or to
1307 approve an alternate plan;
1308 7. Petition on behalf of the individual for a writ of
1309 habeas corpus to question the cause and legality of the
1310 individual's detention or to allege that the individual is being
1311 unjustly denied a right or privilege granted under this part, or
1312 that a procedure authorized under this part is being abused;
1313 8. Apply for a change of venue for the individual's
1314 involuntary placement hearing for the convenience of the parties
1315 or witnesses or because of the individual's condition;
1316 9. Receive written notice of any restriction of the



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1317 individual's right to inspect his or her clinical record;
1318 10. Receive notice of the release of the individual from a
1319 receiving facility where an involuntary examination was
1320 performed;

1321 11. Receive a copy of any petition for the individual's
1322 involuntary placement filed with the court; and

1323 12. Be informed by the court of the individual's right to
1324 an independent expert evaluation pursuant to involuntary
1325 placement procedures.

1326 Section 13. Effective July 1, 2016, section 394.4598,
1327 Florida Statutes, is amended to read:

1328 394.4598 Guardian advocate.—

1329 (1) The administrator, family member, or interested party
1330 may petition the court for the appointment of a guardian
1331 advocate based upon the opinion of a psychiatrist that an
1332 individual held for examination or admitted for mental health or
1333 substance abuse treatment ~~the patient~~ is incompetent to consent
1334 to treatment. If the court finds that the individual ~~a patient~~
1335 is incompetent to consent to treatment and has not been
1336 adjudicated incapacitated and a guardian having with the
1337 authority to consent to mental health or substance abuse
1338 treatment has not been appointed, it shall appoint a guardian
1339 advocate. The individual ~~patient~~ has the right to have an
1340 attorney represent him or her at the hearing. If the individual
1341 ~~person~~ is indigent, the court shall appoint the office of the
1342 public defender to represent him or her at the hearing. The
1343 individual ~~patient~~ has the right to testify, cross-examine
1344 witnesses, and present witnesses. The proceeding must ~~shall~~ be
1345 recorded ~~either~~ electronically or stenographically, and



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1346 testimony shall be ~~provided~~ under oath. One of the professionals
1347 authorized to give an opinion in support of a petition for
1348 involuntary placement, as described in s. 394.4655 or s.
1349 394.467, shall ~~must~~ testify. The ~~A~~ guardian advocate shall ~~must~~
1350 meet the qualifications of a guardian pursuant to ~~contained in~~
1351 part IV of chapter 744, ~~except that a professional referred to~~
1352 ~~in this part, an employee of the facility providing direct~~
1353 ~~services to the patient under this part, a departmental~~
1354 ~~employee, a facility administrator, or member of the Florida~~
1355 ~~local advocacy council shall not be appointed. A person who is~~
1356 ~~appointed as a guardian advocate must agree to the appointment.~~
1357 A person may not be appointed as a guardian advocate unless he
1358 or she agrees to the appointment.

1359 (2) The following persons are prohibited from being
1360 appointed as an individual's guardian advocate:

1361 (a) A professional providing clinical services to the
1362 individual under this part;

1363 (b) The licensed professional who initiated the involuntary
1364 examination of the individual, if the examination was initiated
1365 by professional certificate;

1366 (c) An employee, administrator, or board member of the
1367 facility providing the examination of the individual;

1368 (d) An employee, administrator, or board member of a
1369 treatment facility providing treatment of the individual;

1370 (e) A person providing any substantial professional
1371 services to the individual, including clinical and nonclinical
1372 services;

1373 (f) A creditor of the individual;

1374 (g) A person subject to an injunction for protection



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1375 against domestic violence under s. 741.30, whether the order of
1376 injunction is temporary or final, and for which the individual
1377 was the petitioner; and

1378 (h) A person subject to an injunction for protection
1379 against repeat violence, sexual violence, or dating violence
1380 under s. 784.046, whether the order of injunction is temporary
1381 or final, and for which the individual was the petitioner.

1382 (3) ~~(2)~~ A facility requesting appointment of a guardian
1383 advocate must, prior to the appointment, provide the prospective
1384 guardian advocate with information about the duties and
1385 responsibilities of guardian advocates, including the
1386 information about the ethics of medical decisionmaking. Before
1387 asking a guardian advocate to give consent to treatment for an
1388 individual held for examination or admitted for mental health or
1389 substance abuse treatment a patient, the facility shall provide
1390 to the guardian advocate sufficient information to allow so that
1391 the guardian advocate to ~~can~~ decide whether to give express and
1392 informed consent to the treatment, including information that
1393 the treatment is essential to the care of the individual
1394 patient, and that the treatment does not present an unreasonable
1395 risk of serious, hazardous, or irreversible side effects. Before
1396 giving consent to treatment, the guardian advocate must meet and
1397 talk with the individual patient and the individual's patient's
1398 physician face to face in person, if at all possible, and by
1399 telephone, if not. The guardian advocate shall make every effort
1400 to make decisions regarding treatment that he or she believes
1401 the individual would have made under the circumstances if the
1402 individual were capable of making such a decision. The decision
1403 of the guardian advocate may be reviewed by the court, upon



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1404 petition of the individual's ~~patient's~~ attorney, the
1405 individual's ~~patient's~~ family, or the facility administrator.

1406 (4)~~(3)~~ ~~Prior to~~ A guardian advocate must attend at least a
1407 4-hour training course approved by the court before exercising
1408 his or her authority, ~~the guardian advocate shall attend a~~
1409 ~~training course approved by the court.~~ This training course, ~~of~~
1410 ~~not less than 4 hours,~~ must include, at minimum, information
1411 about an ~~the~~ individual's ~~patient~~ rights, psychotropic
1412 medications, diagnosis of mental illness or substance abuse
1413 impairment, the ethics of medical decisionmaking, and the duties
1414 of guardian advocates. This training course shall take the place
1415 of the training required for guardians appointed pursuant to
1416 chapter 744.

1417 (5)~~(4)~~ The information to be supplied to prospective
1418 guardian advocates before ~~prior to~~ their appointment and the
1419 training course for guardian advocates must be developed and
1420 completed through a course developed by the department and
1421 approved by the chief judge of the circuit court and taught by a
1422 court-approved organization. Court-approved organizations may
1423 include, but need ~~are~~ not be limited to, community ~~or junior~~
1424 colleges, guardianship organizations, and the local bar
1425 association or The Florida Bar. The court may, ~~in its~~
1426 ~~discretion,~~ waive some or all of the training requirements for
1427 guardian advocates or impose additional requirements. The court
1428 shall make its decision on a case-by-case basis and, in making
1429 its decision, shall consider the experience and education of the
1430 guardian advocate, the duties assigned to the guardian advocate,
1431 and the needs of the individual subject to involuntary placement
1432 ~~patient~~.



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1433 ~~(5)~~ (6) In selecting a guardian advocate, the court shall
1434 give preference to a health care surrogate, if one has already
1435 been designated by the individual held for examination or
1436 admitted for mental health or substance abuse treatment ~~patient~~.

1437 If the individual ~~patient~~ has not previously selected a health
1438 care surrogate, except for good cause documented in the court
1439 record, the selection shall be made from the following list in
1440 the order of listing:

- 1441 (a) The individual's ~~patient's~~ spouse.
- 1442 (b) An adult child of the individual ~~patient~~.
- 1443 (c) A parent of the individual ~~patient~~.
- 1444 (d) The adult next of kin of the individual ~~patient~~.
- 1445 (e) An adult friend of the individual ~~patient~~.
- 1446 (f) An adult trained and willing to serve as guardian
1447 advocate for the individual ~~patient~~.

1448 ~~(6)~~ (7) If a guardian with the authority to consent to
1449 medical treatment has not already been appointed or if the
1450 individual held for examination or admitted for mental health or
1451 substance abuse treatment ~~patient~~ has not already designated a
1452 health care surrogate, the court may authorize the guardian
1453 advocate to consent to medical treatment, as well as mental
1454 health and substance abuse treatment. Unless otherwise limited
1455 by the court, a guardian advocate with authority to consent to
1456 medical treatment shall have the same authority to make health
1457 care decisions and be subject to the same restrictions as a
1458 proxy appointed under part IV of chapter 765. Unless the
1459 guardian advocate has sought and received express court approval
1460 in proceeding separate from the proceeding to determine the
1461 competence of the patient to consent to medical treatment, the



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1462 guardian advocate may not consent to:

1463 (a) Abortion.

1464 (b) Sterilization.

1465 (c) Electroconvulsive treatment.

1466 (d) Psychosurgery.

1467 (e) Experimental treatments that have not been approved by
1468 a federally approved institutional review board in accordance
1469 with 45 C.F.R. part 46 or 21 C.F.R. part 56.

1470

1471 In making a medical treatment decision under this subsection,
1472 the court shall ~~must~~ base its decision on evidence that the
1473 treatment or procedure is essential to the care of the
1474 individual patient and that the treatment does not present an
1475 unreasonable risk of serious, hazardous, or irreversible side
1476 effects. The court shall follow the procedures set forth in
1477 subsection (1) of this section.

1478 (8) ~~(7)~~ The guardian advocate shall be discharged when the
1479 individual for whom he or she is appointed patient is discharged
1480 from an order for involuntary outpatient ~~placement~~ or
1481 involuntary inpatient placement or when the individual patient
1482 is transferred from involuntary to voluntary status. The court
1483 ~~or a hearing officer~~ shall consider the competence of the
1484 individual patient pursuant to subsection (1) and may consider
1485 an involuntarily placed individual's patient's competence to
1486 consent to treatment at any hearing. Upon sufficient evidence,
1487 the court may restore, or the magistrate or administrative law
1488 judge hearing officer may recommend that the court restore, the
1489 individual's patient's competence. A copy of the order restoring
1490 competence or the certificate of discharge containing the



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1491 restoration of competence shall be provided to the individual
1492 ~~patient~~ and the guardian advocate.

1493 Section 14. Section 394.4599, Florida Statutes, is amended
1494 to read:

1495 394.4599 Notice.—

1496 (1) VOLUNTARY ADMISSION PATIENTS.—Notice of an individual's
1497 a voluntary ~~patient's~~ admission shall ~~only~~ be given only at the
1498 request of the individual patient, except that, in an emergency,
1499 notice shall be given as determined by the facility.

1500 (2) INVOLUNTARY ADMISSION PATIENTS.—

1501 (a) Whenever notice is required to be given under this
1502 part, such notice shall be given to the individual patient and
1503 the individual's patient's guardian, guardian advocate, health
1504 care surrogate or proxy, attorney, and representative.

1505 1. When notice is required to be given to an individual a
1506 ~~patient~~, it shall be given both orally and in writing, in the
1507 language and terminology that the individual patient can
1508 understand, and, if needed, the facility shall provide an
1509 interpreter for the individual patient.

1510 2. Notice to an individual's a patient's guardian, guardian
1511 advocate, health care surrogate or proxy, attorney, and
1512 representative shall be given by ~~United States mail and by~~
1513 ~~registered or certified~~ mail with the date, time, and method of
1514 notice delivery documented in receipts attached to the patient's
1515 clinical record. Hand delivery by a facility employee may be
1516 used as an alternative, with the date and time of delivery
1517 documented in the clinical record. If notice is given by a state
1518 attorney or an attorney for the department, a certificate of
1519 service ~~is shall be~~ sufficient to document service.



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1520 (b) A receiving facility shall give prompt notice of the
1521 whereabouts of an individual ~~a patient~~ who is being
1522 involuntarily held for examination to the individual's guardian,
1523 guardian advocate, health care surrogate or proxy, attorney or
1524 representative, by telephone or in person within 24 hours after
1525 the individual's ~~patient's~~ arrival at the facility, ~~unless the~~
1526 ~~patient requests that no notification be made.~~ Contact attempts
1527 shall be documented in the individual's ~~patient's~~ clinical
1528 record and shall begin as soon as reasonably possible after the
1529 individual's ~~patient's~~ arrival. ~~Notice that a patient is being~~
1530 ~~admitted as an involuntary patient shall be given to the Florida~~
1531 ~~local advocacy council no later than the next working day after~~
1532 ~~the patient is admitted.~~

1533 (c)1. A receiving facility shall give notice of the
1534 whereabouts of a minor who is being involuntarily held for
1535 examination pursuant to s. 394.463 to the minor's parent,
1536 guardian, caregiver, or guardian advocate, in person or by
1537 telephone or other form of electronic communication, immediately
1538 after the minor's arrival at the facility. The facility may not
1539 delay notification for more than 24 hours after the minor's
1540 arrival if the facility has submitted a report to the central
1541 abuse hotline, pursuant to s. 39.201, based upon knowledge or
1542 suspicion of abuse, abandonment, or neglect and if the facility
1543 deems a delay in notification to be in the minor's best
1544 interest.

1545 2. The receiving facility shall attempt to notify the
1546 minor's parent, guardian, caregiver, or guardian advocate until
1547 the receiving facility receives confirmation from the parent,
1548 guardian, caregiver, or guardian advocate, verbally, by



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1549 telephone or other form of electronic communication, or by
1550 recorded message, that notification has been received. Attempts
1551 to notify the parent, guardian, caregiver, or guardian advocate
1552 must be repeated at least once each hour during the first 12
1553 hours after the minor's arrival and once every 24 hours
1554 thereafter and must continue until such confirmation is
1555 received, unless the minor is released at the end of the 72-hour
1556 examination period, or until a petition for involuntary
1557 placement is filed with the court pursuant to s. 394.463(2)(i).
1558 The receiving facility may seek assistance from a law
1559 enforcement agency to notify the minor's parent, guardian,
1560 caregiver, or guardian advocate if the facility has not
1561 received, within the first 24 hours after the minor's arrival, a
1562 confirmation by the parent, guardian, caregiver, or guardian
1563 advocate that notification has been received. The receiving
1564 facility must document notification attempts in the minor's
1565 clinical record.

1566 (d)~~(e)~~ The written notice of the filing of the petition for
1567 involuntary placement of an individual being held must contain
1568 the following:

1569 1. Notice that the petition has been filed with the circuit
1570 court in the county in which the individual patient is
1571 hospitalized and the address of such court.

1572 2. Notice that the office of the public defender has been
1573 appointed to represent the individual patient in the proceeding,
1574 if the individual patient is not otherwise represented by
1575 counsel.

1576 3. The date, time, and place of the hearing and the name of
1577 each examining expert and every other person expected to testify



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1578 in support of continued detention.

1579 4. Notice that the individual patient, the individual's
1580 patient's guardian, guardian advocate, health care surrogate or
1581 proxy, or representative, or the administrator may apply for a
1582 change of venue for the convenience of the parties or witnesses
1583 or because of the condition of the individual patient.

1584 5. Notice that the individual patient is entitled to an
1585 independent expert examination and, if the individual patient
1586 cannot afford such an examination, that the court will provide
1587 for one.

1588 (e)~~(d)~~ A treatment facility shall provide notice of an
1589 individual's a patient's involuntary admission on the next
1590 regular working day after the individual's patient's arrival at
1591 the facility.

1592 (f)~~(e)~~ When an individual a patient is to be transferred
1593 from one facility to another, notice shall be given by the
1594 facility where the individual patient is located before ~~prior to~~
1595 the transfer.

1596 Section 15. Effective July 1, 2016, subsections (1), (2),
1597 (3), and (10) of section 394.4615, Florida Statutes, are amended
1598 to read:

1599 394.4615 Clinical records; confidentiality.-

1600 (1) A clinical record shall be maintained for each
1601 individual held for examination or admitted for treatment under
1602 this part patient. The record shall include data pertaining to
1603 admission and such other information as may be required under
1604 rules of the department. A clinical record is confidential and
1605 exempt from ~~the provisions of~~ s. 119.07(1). Unless waived by
1606 express and informed consent of the individual, ~~by the patient~~



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1607 or his or her ~~the patient's~~ guardian, ~~or~~ guardian advocate,
1608 health care surrogate or proxy, or, if the individual patient is
1609 deceased, by his or her guardian, guardian advocate, health care
1610 surrogate or proxy, by his or her ~~the patient's~~ personal
1611 representative or the family member who stands next in line of
1612 intestate succession, the confidential status of the clinical
1613 record shall not be lost by either authorized or unauthorized
1614 disclosure to any person, organization, or agency.

1615 (2) The clinical record of an individual held for
1616 examination or admitted for treatment under this part shall be
1617 released if when:

1618 (a) The individual patient or the individual's patient's
1619 guardian, guardian advocate, health care surrogate or proxy, or
1620 representative authorizes the release. The guardian, ~~or~~ guardian
1621 advocate, health care surrogate or proxy shall be provided
1622 access to the appropriate clinical records ~~of the patient~~. The
1623 individual patient or the patient's guardian, or guardian
1624 advocate, health care surrogate or proxy may authorize the
1625 release of information and clinical records to appropriate
1626 persons to ensure the continuity of the individual's patient's
1627 health care or mental health or substance abuse care.

1628 (b) The individual patient is represented by counsel and
1629 the records are needed by the individual's patient's counsel for
1630 adequate representation.

1631 (c) A petition for involuntary inpatient placement is filed
1632 and the records are needed by the state attorney to evaluate the
1633 allegations set forth in the petition or to prosecute the
1634 petition. However, the state attorney may not use clinical
1635 records obtained under this part for the purpose of criminal



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1636 investigation or prosecution, or for any other purpose not
1637 authorized by this part.

1638 (d)~~(e)~~ The court orders such release. In determining
1639 whether there is good cause for disclosure, the court shall
1640 weigh the need for the information to be disclosed against the
1641 possible harm of disclosure to the individual ~~person~~ to whom
1642 such information pertains.

1643 (e)~~(d)~~ The individual ~~patient~~ is committed to, or is to be
1644 returned to, the Department of Corrections ~~from the Department~~
1645 ~~of Children and Families,~~ and the Department of Corrections
1646 requests such records. These records shall be furnished without
1647 charge to the Department of Corrections.

1648 (3) Information from the clinical record may be released in
1649 the following circumstances:

1650 (a) When a patient has declared an intention to harm other
1651 persons. When such declaration has been made, the administrator
1652 may authorize the release of sufficient information to provide
1653 adequate warning to law enforcement agencies and to the person
1654 threatened with harm by the patient.

1655 (b) When the administrator of the facility or secretary of
1656 the department deems release to a qualified researcher as
1657 defined in administrative rule, an aftercare treatment provider,
1658 or an employee or agent of the department is necessary for
1659 treatment of the patient, maintenance of adequate records,
1660 compilation of treatment data, aftercare planning, or evaluation
1661 of programs.

1662
1663 For the purpose of determining whether a person meets the
1664 criteria for involuntary outpatient placement or for preparing



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1665 the proposed treatment plan pursuant to s. 394.4655, the
1666 clinical record may be released to the state attorney, the
1667 public defender or the patient's private legal counsel, the
1668 court, and to the appropriate mental health professionals,
1669 including the service provider identified in s. 394.4655(7)(b)
1670 ~~s. 394.4655(6)(b)2.~~, in accordance with state and federal law.

1671 (10) An individual held for examination or admitted for
1672 treatment ~~Patients~~ shall have reasonable access to his or her
1673 ~~their~~ clinical records, unless such access is determined by the
1674 individual's patient's physician to be harmful to the individual
1675 ~~patient~~. If the individual's patient's right to inspect his or
1676 her clinical record is restricted by the facility, written
1677 notice of such restriction shall be given to the individual
1678 ~~patient~~ and the individual's patient's guardian, guardian
1679 advocate, health care surrogate or proxy, or attorney, and
1680 representative. In addition, the restriction shall be recorded
1681 in the clinical record, together with the reasons for it. The
1682 restriction of an individual's a patient's right to inspect his
1683 or her clinical record shall expire after 7 days but may be
1684 renewed, after review, for subsequent 7-day periods.

1685 Section 16. Effective July 1, 2016, subsection (1) of
1686 section 394.462, Florida Statutes, is amended to read:

1687 394.462 Transportation.—

1688 (1) TRANSPORTATION TO A RECEIVING OR DETOXIFICATION
1689 FACILITY.—

1690 (a) Each county shall designate a single law enforcement
1691 agency within the county, or portions thereof, to take an
1692 individual ~~a person~~ into custody upon the entry of an ex parte
1693 order or the execution of a certificate for involuntary



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1694 examination by an authorized professional and to transport that
1695 individual person to the nearest receiving facility for
1696 examination. The designated law enforcement agency may decline
1697 to transport the individual person to a receiving or
1698 detoxification facility only if:

1699 1. The county or jurisdiction designated by the county has
1700 contracted ~~on an annual basis~~ with an emergency medical
1701 transport service or private transport company for
1702 transportation of individuals persons to receiving facilities
1703 ~~pursuant to this section at the sole cost of the county; and~~

1704 2. The law enforcement agency and the emergency medical
1705 transport service or private transport company agree that the
1706 continued presence of law enforcement personnel is not necessary
1707 for the safety of the individuals being transported person or
1708 others.

1709 3. The jurisdiction designated by the county may seek
1710 reimbursement for transportation expenses. The party responsible
1711 for payment for such transportation is the person receiving the
1712 transportation. The county shall seek reimbursement from the
1713 following sources in the following order:

1714 a. From an insurance company, health care corporation, or
1715 other source, if the individual being transported person
1716 ~~receiving the transportation~~ is covered by an insurance policy
1717 or subscribes to a health care corporation or other source for
1718 payment of such expenses.

1719 b. From the individual being transported person receiving
1720 ~~the transportation~~.

1721 c. From a financial settlement for medical care, treatment,
1722 hospitalization, or transportation payable or accruing to the



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1723 injured party.

1724 (b) Any company that transports a patient pursuant to this
1725 subsection is considered an independent contractor and is solely
1726 liable for the safe and dignified transportation of the patient.
1727 Such company must be insured and provide no less than \$100,000
1728 in liability insurance with respect to the transportation of
1729 patients.

1730 (c) Any company that contracts with a governing board of a
1731 county to transport patients shall comply with the applicable
1732 rules of the department to ensure the safety and dignity of the
1733 patients.

1734 (d) When a law enforcement officer takes custody of a
1735 person pursuant to this part, the officer may request assistance
1736 from emergency medical personnel if such assistance is needed
1737 for the safety of the officer or the person in custody.

1738 (e) When a member of a mental health overlay program or a
1739 mobile crisis response service is a professional authorized to
1740 initiate an involuntary examination pursuant to s. 394.463 and
1741 that professional evaluates a person and determines that
1742 transportation to a receiving facility is needed, the service,
1743 at its discretion, may transport the person to the facility or
1744 may call on the law enforcement agency or other transportation
1745 arrangement best suited to the needs of the patient.

1746 (f) When a ~~any~~ law enforcement officer has custody of a
1747 person, based on ~~either noncriminal or minor criminal~~ behavior,
1748 a misdemeanor, or a felony other than a forcible felony as
1749 defined in s. 776.08, who ~~that~~ meets the statutory guidelines
1750 for involuntary examination under this part, the law enforcement
1751 officer shall transport the individual ~~person~~ to the nearest



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1752 receiving facility for examination.

1753 (g) When any law enforcement officer has arrested a person
1754 for a forcible felony as defined in s. 776.08 and it appears
1755 that the person meets the criteria ~~statutory guidelines~~ for
1756 involuntary examination ~~or placement~~ under this part, such
1757 person shall first be processed in the same manner as any other
1758 criminal suspect. The law enforcement agency shall thereafter
1759 immediately notify the nearest public receiving facility, which
1760 shall be responsible for promptly arranging for the examination
1761 and treatment of the person. A receiving facility may ~~is~~ not
1762 ~~required to~~ admit a person charged with a forcible felony as
1763 defined in s. 776.08 ~~crime~~ for whom the facility determines and
1764 documents that it is unable to provide adequate security, but
1765 shall provide ~~mental health~~ examination and treatment to the
1766 person at the location where he or she is held.

1767 (h) If the appropriate law enforcement officer believes
1768 that a person has an emergency medical condition as defined in
1769 s. 395.002, the person may be first transported to a hospital
1770 for emergency medical treatment, regardless of whether the
1771 hospital is a designated receiving facility.

1772 (i) The costs of transportation, evaluation,
1773 hospitalization, and treatment incurred under this subsection by
1774 persons who have been arrested for violations of any state law
1775 or county or municipal ordinance may be recovered as provided in
1776 s. 901.35.

1777 (j) The nearest receiving facility must accept persons
1778 brought by law enforcement officers for involuntary examination.

1779 (k) Each law enforcement agency shall develop a memorandum
1780 of understanding with each receiving facility within the law



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1781 enforcement agency's jurisdiction which reflects a single set of
1782 protocols for the safe and secure transportation of the person
1783 and transfer of custody of the person. These protocols must also
1784 address crisis intervention measures.

1785 (l) When a jurisdiction has entered into a contract with an
1786 emergency medical transport service or a private transport
1787 company for transportation of persons to receiving facilities,
1788 such service or company shall be given preference for
1789 transportation of persons from nursing homes, assisted living
1790 facilities, adult day care centers, or adult family-care homes,
1791 unless the behavior of the person being transported is such that
1792 transportation by a law enforcement officer is necessary.

1793 (m) Nothing in this section shall be construed to limit
1794 emergency examination and treatment of incapacitated persons
1795 provided in accordance with the provisions of s. 401.445.

1796 Section 17. Effective July 1, 2016, subsections (1), (2),
1797 (4), and (5) of section 394.4625, Florida Statutes, are amended
1798 to read:

1799 394.4625 Voluntary admissions.—

1800 (1) EXAMINATION AND TREATMENT AUTHORITY TO RECEIVE
1801 PATIENTS.—

1802 (a) In order to be voluntarily admitted to a facility A
1803 facility may receive for observation, diagnosis, or treatment:
1804 any person 18 years of age or older making application by
1805 express and informed consent for admission or any person age 17
1806 or under for whom such application is made by his or her
1807 guardian. If found to

1808 1. An individual must show evidence of mental illness or
1809 substance abuse impairment, to be competent to provide express



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1810 ~~and informed consent, and to be suitable for treatment, such~~
1811 ~~person 18 years of age or older may be admitted to the facility.~~
1812 ~~A person age 17 or under may be admitted only after a hearing to~~
1813 ~~verify the voluntariness of the consent.~~

1814 2. An individual must be suitable for treatment by the
1815 facility.

1816 3. An adult must provide, and be competent to provide,
1817 express and informed consent.

1818 4. A minor's guardian must provide express and informed
1819 consent, in conjunction with the consent of the minor. However,
1820 a minor may be admitted to an addictions receiving facility or
1821 detoxification facility by his or her own consent without his or
1822 her guardian's consent, if a physician documents in the clinical
1823 record that the minor has a substance abuse impairment. If the
1824 minor is admitted by his or her own consent and without the
1825 consent of his or her guardian, the facility must request the
1826 minor's permission to notify an adult family member or friend of
1827 the minor's voluntary admission into the facility.

1828 a. The consent of the minor is an affirmative agreement by
1829 the minor to remain at the facility for examination and
1830 treatment, and failure to object does not constitute consent.

1831 b. The minor's consent must be verified through a clinical
1832 assessment that is documented in the clinical record and
1833 conducted within 12 hours after arrival at the facility by a
1834 licensed professional authorized to initiate an involuntary
1835 examination pursuant to s. 394.463.

1836 c. In verifying the minor's consent, and using language
1837 that is appropriate to the minor's age, experience, maturity,
1838 and condition, the examining professional must provide the minor



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1839 with an explanation as to why the minor will be examined and
1840 treated, what the minor can expect while in the facility, and
1841 when the minor may expect to be released. The examining
1842 professional must determine and document that the minor is able
1843 to understand the information.

1844 d. Unless the minor's consent is verified pursuant to this
1845 section, a petition for involuntary inpatient placement shall be
1846 filed with the court within 1 court working day after his or her
1847 arrival or the minor must be released to his or her guardian.

1848 (b) A mental health overlay program or a mobile crisis
1849 response service or a licensed professional who is authorized to
1850 initiate an involuntary examination pursuant to s. 394.463 and
1851 is employed by a community mental health center or clinic must,
1852 pursuant to district procedure approved by the respective
1853 district administrator, conduct an initial assessment of the
1854 ability of the following persons to give express and informed
1855 consent to treatment before such persons may be admitted
1856 voluntarily:

1857 1. A person 60 years of age or older for whom transfer is
1858 being sought from a nursing home, assisted living facility,
1859 adult day care center, or adult family-care home, when such
1860 person has been diagnosed as suffering from dementia.

1861 2. A person 60 years of age or older for whom transfer is
1862 being sought from a nursing home pursuant to s. 400.0255(12).

1863 3. A person for whom all decisions concerning medical
1864 treatment are currently being lawfully made by the health care
1865 surrogate or proxy designated under chapter 765.

1866 (c) When an initial assessment of the ability of a person
1867 to give express and informed consent to treatment is required



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1868 under this section, and a mobile crisis response service does
1869 not respond to the request for an assessment within 2 hours
1870 after the request is made or informs the requesting facility
1871 that it will not be able to respond within 2 hours after the
1872 request is made, the requesting facility may arrange for
1873 assessment by any licensed professional authorized to initiate
1874 an involuntary examination pursuant to s. 394.463 who is not
1875 employed by or under contract with, and does not have a
1876 financial interest in, either the facility initiating the
1877 transfer or the receiving facility to which the transfer may be
1878 made.

1879 (d) A facility may not admit as a voluntary patient a
1880 person who has been adjudicated incapacitated, unless the
1881 condition of incapacity has been judicially removed. If a
1882 facility admits as a voluntary patient a person who is later
1883 determined to have been adjudicated incapacitated, and the
1884 condition of incapacity had not been removed by the time of the
1885 admission, the facility must either discharge the patient or
1886 transfer the patient to involuntary status.

1887 (e) The health care surrogate or proxy of an individual on
1888 a voluntary status patient may not consent to the provision of
1889 mental health treatment or substance abuse treatment for that
1890 individual the patient. An individual on voluntary status A
1891 voluntary patient who is unwilling or unable to provide express
1892 and informed consent to mental health treatment must ~~either~~ be
1893 discharged or transferred to involuntary status.

1894 (f) Within 24 hours after admission of a voluntary patient,
1895 the admitting physician shall document in the patient's clinical
1896 record that the patient is able to give express and informed



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1897 consent for admission. If the patient is not able to give
1898 express and informed consent for admission, the facility shall
1899 either discharge the patient or transfer the patient to
1900 involuntary status pursuant to subsection (5).

1901 (2) RELEASE OR DISCHARGE OF VOLUNTARY PATIENTS.-

1902 (a) A facility shall discharge a voluntary patient:

1903 1. Who has sufficiently improved so that retention in the
1904 facility is no longer desirable. A patient may also be
1905 discharged to the care of a community facility.

1906 2. Who revokes consent to admission or requests discharge.
1907 A voluntary patient or a relative, friend, or attorney of the
1908 patient may request discharge either orally or in writing at any
1909 time following admission to the facility. The patient must be
1910 discharged within 24 hours of the request, unless the request is
1911 rescinded or the patient is transferred to involuntary status
1912 pursuant to this section. The 24-hour time period may be
1913 extended by a treatment facility when necessary for adequate
1914 discharge planning, but shall not exceed 3 days exclusive of
1915 weekends and holidays. If the patient, or another on the
1916 patient's behalf, makes an oral request for discharge to a staff
1917 member, such request shall be immediately entered in the
1918 patient's clinical record. If the request for discharge is made
1919 by a person other than the patient, the discharge may be
1920 conditioned upon the express and informed consent of the
1921 patient.

1922 (b) A voluntary patient who has been admitted to a facility
1923 and who refuses to consent to or revokes consent to treatment
1924 shall be discharged within 24 hours after such refusal or
1925 revocation, unless transferred to involuntary status pursuant to



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1926 this section or unless the refusal or revocation is freely and
1927 voluntarily rescinded by the patient.

1928 (c) An individual on voluntary status who is currently
1929 charged with a crime shall be returned to the custody of a law
1930 enforcement officer upon release or discharge from a facility,
1931 unless the individual has been released from law enforcement
1932 custody by posting of a bond, by a pretrial conditional release,
1933 or by other judicial release.

1934 (4) TRANSFER TO VOLUNTARY STATUS.—An individual on
1935 involuntary status patient who has been assessed and certified
1936 by a physician or psychologist as competent to provide express
1937 and informed consent and who applies to be transferred to
1938 voluntary status shall be transferred to voluntary status
1939 immediately, unless the individual patient has been charged with
1940 a crime, or has been involuntarily placed for treatment by a
1941 court pursuant to s. 394.467 and continues to meet the criteria
1942 for involuntary placement. When transfer to voluntary status
1943 occurs, notice shall be given as provided in s. 394.4599.

1944 (5) TRANSFER TO INVOLUNTARY STATUS.—If an individual on
1945 When a voluntary status patient, or an authorized person on the
1946 individual's patient's behalf, makes a request for discharge,
1947 the request for discharge, unless freely and voluntarily
1948 rescinded, must be communicated to a physician, ~~clinical~~
1949 psychologist, or psychiatrist as quickly as possible within, but
1950 not later than 12 hours after the request is made. If the
1951 individual patient meets the criteria for involuntary placement,
1952 the individual must be transferred to a designated receiving
1953 facility and the administrator of the receiving facility where
1954 the individual is held must file with the court a petition for



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1955 involuntary placement, within 2 court working days after the
1956 request ~~for discharge~~ is made. If the petition is not filed
1957 within 2 court working days, the individual must ~~patient shall~~
1958 be discharged. Pending the filing of the petition, the
1959 individual patient may be held and emergency mental health
1960 treatment rendered in the least restrictive manner, upon the
1961 written order of a physician, if it is determined that such
1962 treatment is necessary for the safety of the individual patient
1963 or others.

1964 Section 18. Effective July 1, 2016, section 394.463,
1965 Florida Statutes, is amended to read:

1966 394.463 Involuntary examination.-

1967 (1) CRITERIA.-A person may be subject to an ~~taken to a~~
1968 ~~receiving facility for~~ involuntary examination if there is
1969 reason to believe that he or she ~~the person~~ has a mental illness
1970 or substance abuse impairment and because of this ~~his or her~~
1971 mental illness or substance abuse impairment:

1972 (a)1. The person has refused voluntary examination after
1973 conscientious explanation and disclosure of the purpose of the
1974 examination; or

1975 2. The person is unable to determine for himself or herself
1976 whether examination is necessary; and

1977 (b)1. Without care or treatment, the person is likely to
1978 suffer from neglect or refuse to care for himself or herself;
1979 such neglect or refusal poses a real and present threat of
1980 substantial harm to his or her well-being; and it is not
1981 apparent that such harm may be avoided through the help of
1982 willing family members or friends or the provision of other
1983 services; or



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1984 2. There is a substantial likelihood that without care or
1985 treatment the person will cause serious bodily harm to himself
1986 or herself or others in the near future, as evidenced by recent
1987 behavior.

1988 (2) INVOLUNTARY EXAMINATION.—

1989 (a) An involuntary examination may be initiated by any one
1990 of the following means:

1991 1. A court may enter an ex parte order stating that an
1992 individual ~~a person~~ appears to meet the criteria for involuntary
1993 examination, giving the findings on which that conclusion is
1994 based. The ex parte order for involuntary examination must be
1995 based on sworn testimony, written or oral, which includes
1996 specific facts that support the finding that the criteria have
1997 been met. Any behavior relied on for the issuance of an ex parte
1998 order must have occurred within the preceding 7 calendar days.
1999 The order must specify whether the individual must be taken to a
2000 mental health facility, detoxification facility, or addictions
2001 receiving facility. If other less restrictive means are not
2002 available, such as voluntary appearance for outpatient
2003 evaluation, A law enforcement officer, or other designated agent
2004 of the court, shall take the individual person into custody and
2005 deliver him or her to the nearest receiving facility of the type
2006 specified in the order for involuntary examination. However, if
2007 the county in which the individual is taken into custody has a
2008 transportation exception plan specifying a central receiving
2009 facility, the law enforcement officer shall transport the
2010 individual to the central receiving facility pursuant to the
2011 plan. The order of the court order must shall be made a part of
2012 the patient's clinical record. A No fee may not shall be charged



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2013 for the filing of an order under this subsection. Any ~~receiving~~
2014 facility accepting the individual patient based on the court's
2015 ~~this~~ order must send a copy of the order to the Agency for
2016 Health Care Administration on the next working day. The order is
2017 ~~shall be~~ valid only until executed or, if not executed, for the
2018 period specified in the order itself. If no time limit is
2019 specified in the order, the order is ~~shall be~~ valid for 7 days
2020 after the date it ~~that the order~~ was signed.

2021 2. A law enforcement officer shall take a person who
2022 appears to meet the criteria for involuntary examination into
2023 custody and deliver ~~the person or~~ have him or her ~~delivered~~ to
2024 the nearest mental health receiving facility, addictions
2025 receiving facility, or detoxification facility, whichever the
2026 officer determines is most appropriate for examination. However,
2027 if the county in which the individual taken into custody has a
2028 transportation exception plan specifying a central receiving
2029 facility, the law enforcement officer shall transport the
2030 individual to the central receiving facility pursuant to the
2031 plan. The officer shall complete ~~execute~~ a written report
2032 detailing the circumstances under which the individual person
2033 was taken into custody, ~~and~~ The report shall be made a part of
2034 the patient's clinical record. Any receiving facility or
2035 detoxification facility accepting the individual patient based
2036 on the ~~this~~ report must send a copy of the report to the Agency
2037 for Health Care Administration on the next working day.

2038 3. A physician, clinical psychologist, psychiatric nurse,
2039 mental health counselor, marriage and family therapist, or
2040 clinical social worker may execute a certificate stating that he
2041 or she has examined the individual ~~a person~~ within the preceding



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2042 48 hours and finds that the individual ~~person~~ appears to meet
2043 the criteria for involuntary examination and stating the
2044 observations upon which that conclusion is based. The
2045 certificate must specify whether the individual is to be taken
2046 to a mental health receiving facility, an addictions receiving
2047 facility, or a detoxification facility, and must include
2048 specific facts supporting the conclusion that the individual
2049 would benefit from services provided by the type of facility
2050 specified. ~~If other less restrictive means are not available,~~
2051 ~~such as voluntary appearance for outpatient evaluation,~~ A law
2052 enforcement officer shall take the individual ~~person~~ named in
2053 the certificate into custody and deliver him or her to the
2054 nearest ~~receiving~~ facility of the type specified in the
2055 certificate for involuntary examination. However, if the county
2056 in which the individual is taken into custody has a
2057 transportation exception plan specifying a central receiving
2058 facility, the law enforcement officer shall transport the
2059 individual to the central receiving facility pursuant to the
2060 plan. A law enforcement officer may only take an individual into
2061 custody on the basis of a certificate within 7 calendar days
2062 after execution of the certificate. The law enforcement officer
2063 shall complete ~~execute~~ a written report detailing the
2064 circumstances under which the individual ~~person~~ was taken into
2065 custody. The report and certificate shall be made a part of the
2066 ~~patient's~~ clinical record. Any ~~receiving~~ facility accepting the
2067 individual ~~patient~~ based on the ~~this~~ certificate must send a
2068 copy of the certificate to the Agency for Health Care
2069 Administration on the next working day.

2070 (b) An individual may ~~A person shall~~ not be removed from a a



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2071 ~~any~~ program or residential placement licensed under chapter 400
2072 or chapter 429 and transported to a receiving facility for
2073 involuntary examination unless an ex parte order, a professional
2074 certificate, or a law enforcement officer's report is first
2075 prepared. If the condition of the individual ~~person~~ is such that
2076 preparation of a law enforcement officer's report is not
2077 practicable before removal, the report must ~~shall~~ be completed
2078 as soon as possible after removal, but ~~in any case~~ before the
2079 individual ~~person~~ is transported to a receiving facility. A
2080 receiving facility admitting an individual ~~a person~~ for
2081 involuntary examination who is not accompanied by the required
2082 ex parte order, professional certificate, or law enforcement
2083 officer's report must ~~shall~~ notify the Agency for Health Care
2084 Administration of such admission by certified mail by no later
2085 ~~than~~ the next working day. ~~The provisions of this paragraph do~~
2086 ~~not apply when transportation is provided by the patient's~~
2087 ~~family or guardian.~~

2088 (c) A law enforcement officer acting in accordance with an
2089 ex parte order issued pursuant to this subsection may serve and
2090 execute such order on any day of the week, at any time of the
2091 day or night.

2092 (d) A law enforcement officer acting in accordance with an
2093 ex parte order issued pursuant to this subsection may use such
2094 reasonable physical force as is necessary to gain entry to the
2095 premises, and any dwellings, buildings, or other structures
2096 located on the premises, and to take custody of the person who
2097 is the subject of the ex parte order.

2098 (e) Petitions and ~~The Agency for Health Care Administration~~
2099 ~~shall receive and maintain the copies of ex parte orders,~~



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2100 ~~involuntary outpatient placement orders, involuntary outpatient~~
2101 ~~placement petitions and orders issued pursuant to s. 394.4655,~~
2102 ~~involuntary inpatient placement petitions and orders issued~~
2103 ~~pursuant to s. 394.467, professional certificates, and law~~
2104 ~~enforcement officers' reports are. These documents shall be~~
2105 ~~considered part of the clinical record, governed by the~~
2106 ~~provisions of s. 394.4615. The agency shall prepare annual~~
2107 ~~reports analyzing the data obtained from these documents,~~
2108 ~~without information identifying individuals held for examination~~
2109 ~~or admitted for mental health and substance abuse treatment~~
2110 ~~patients, and shall provide copies of reports to the department,~~
2111 ~~the President of the Senate, the Speaker of the House of~~
2112 ~~Representatives, and the minority leaders of the Senate and the~~
2113 ~~House of Representatives.~~

2114 (f) An individual held for examination ~~A patient~~ shall be
2115 examined by a physician, a ~~or~~ clinical psychologist, or a
2116 psychiatric nurse performing within the framework of an
2117 established protocol with a psychiatrist at a receiving facility
2118 without unnecessary delay and may, upon the order of a
2119 physician, be given emergency mental health or substance abuse
2120 treatment if it is determined that such treatment is necessary
2121 for the safety of the individual patient or others. The patient
2122 ~~may not be released by the receiving facility or its contractor~~
2123 ~~without the documented approval of a psychiatrist, a clinical~~
2124 ~~psychologist, or, if the receiving facility is a hospital, the~~
2125 ~~release may also be approved by an attending emergency~~
2126 ~~department physician with experience in the diagnosis and~~
2127 ~~treatment of mental and nervous disorders and after completion~~
2128 ~~of an involuntary examination pursuant to this subsection.~~



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2129 ~~However, a patient may not be held in a receiving facility for~~
2130 ~~involuntary examination longer than 72 hours.~~

2131 (g) An individual may not be held for involuntary
2132 examination for more than 72 hours from the time of the
2133 individual's arrival at the facility, except that this period
2134 may be extended by 48 hours if a physician documents in the
2135 clinical record that the individual has ongoing symptoms of
2136 substance intoxication or substance withdrawal and the
2137 individual would likely experience significant clinical benefit
2138 from detoxification services. This determination must be made
2139 based on a face-to-face examination conducted by the physician
2140 no less than 48 hours and not more than 72 hours after the
2141 individual's arrival at the facility. Based on the individual's
2142 needs, one of the following actions must be taken within the
2143 involuntary examination period:

2144 1. The individual shall be released with the approval of a
2145 psychiatrist or clinical psychologist. However, if the
2146 examination is conducted in a receiving facility that is owned
2147 or operated by a hospital or health system, an emergency
2148 department physician or a psychiatric nurse performing within
2149 the framework of an established protocol with a psychiatrist may
2150 approve the release. A psychiatric nurse may not approve the
2151 release of a patient when the involuntary examination has been
2152 initiated by a psychiatrist, unless the release is approved by
2153 the initiating psychiatrist.

2154 2. The individual shall be asked to provide express and
2155 informed consent for voluntary admission if a physician or
2156 psychologist has determined that the individual is competent to
2157 consent to treatment; or



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2158 3. A petition for involuntary placement shall be completed
2159 and filed in the circuit court by the receiving facility
2160 administrator if involuntary outpatient or inpatient placement
2161 is deemed necessary. If the 72-hour period ends on a weekend or
2162 legal holiday, the petition must be filed by the next working
2163 day. If inpatient placement is deemed necessary, the least
2164 restrictive treatment consistent with the optimum improvement of
2165 the individual's condition must be made available.

2166 (h) An individual released from a receiving or treatment
2167 facility on a voluntary or involuntary basis who is currently
2168 charged with a crime shall be returned to the custody of law
2169 enforcement, unless the individual has been released from law
2170 enforcement custody by posting of a bond, by a pretrial
2171 conditional release, or by other judicial release.

2172 (i) If an individual ~~A person~~ for whom an involuntary
2173 examination has been initiated ~~who~~ is being evaluated or treated
2174 at a hospital for an emergency medical condition specified in s.
2175 395.002 ~~the involuntary examination period must be examined by a~~
2176 ~~receiving facility within 72 hours. The 72-hour period begins~~
2177 when the individual ~~patient~~ arrives at the hospital and ceases
2178 when ~~a the attending~~ physician documents that the individual
2179 ~~patient~~ has an emergency medical condition. The 72-hour period
2180 resumes when the physician documents that the emergency medical
2181 condition has stabilized or does not exist. If the patient is
2182 ~~examined at a hospital providing emergency medical services by a~~
2183 ~~professional qualified to perform an involuntary examination and~~
2184 ~~is found as a result of that examination not to meet the~~
2185 ~~criteria for involuntary outpatient placement pursuant to s.~~
2186 ~~394.4655(1) or involuntary inpatient placement pursuant to s.~~



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2187 ~~394.467(1), the patient may be offered voluntary placement, if~~
2188 ~~appropriate, or released directly from the hospital providing~~
2189 ~~emergency medical services. The finding by the professional that~~
2190 ~~the patient has been examined and does not meet the criteria for~~
2191 ~~involuntary inpatient placement or involuntary outpatient~~
2192 ~~placement must be entered into the patient's clinical record.~~
2193 ~~Nothing in this paragraph is intended to prevent A hospital~~
2194 ~~providing emergency medical services may transfer an individual~~
2195 ~~from appropriately transferring a patient to another hospital~~
2196 ~~before prior to stabilization if, provided the requirements of~~
2197 ~~s. 395.1041(3)(c) are have been met. One of the following~~
2198 ~~actions must occur within 12 hours after a physician documents~~
2199 ~~that the individual's emergency medical condition has stabilized~~
2200 ~~or does not exist:~~

2201 ~~(h) One of the following must occur within 12 hours after~~
2202 ~~the patient's attending physician documents that the patient's~~
2203 ~~medical condition has stabilized or that an emergency medical~~
2204 ~~condition does not exist:~~

2205 ~~1. The individual shall be examined by a physician,~~
2206 ~~psychiatric nurse, or psychologist and, if found not to meet the~~
2207 ~~criteria for involuntary examination under to this section,~~
2208 ~~shall be released directly from the hospital providing the~~
2209 ~~emergency medical services. The results of the examination,~~
2210 ~~including the final disposition, shall be entered into the~~
2211 ~~clinical record; or~~

2212 ~~2. The individual shall be transferred to a receiving~~
2213 ~~facility for examination if appropriate medical and mental~~
2214 ~~health treatment is available. However, the receiving facility~~
2215 ~~must be notified of the transfer within 2 hours after the~~



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2216 individual's condition has been stabilized or after
2217 determination that an emergency medical condition does not
2218 exist. The patient must be examined by a designated receiving
2219 facility and released; or
2220 ~~2. The patient must be transferred to a designated~~
2221 ~~receiving facility in which appropriate medical treatment is~~
2222 ~~available. However, the receiving facility must be notified of~~
2223 ~~the transfer within 2 hours after the patient's condition has~~
2224 ~~been stabilized or after determination that an emergency medical~~
2225 ~~condition does not exist.~~
2226 ~~(i) Within the 72-hour examination period or, if the 72~~
2227 ~~hours ends on a weekend or holiday, no later than the next~~
2228 ~~working day thereafter, one of the following actions must be~~
2229 ~~taken, based on the individual needs of the patient:~~
2230 ~~1. The patient shall be released, unless he or she is~~
2231 ~~charged with a crime, in which case the patient shall be~~
2232 ~~returned to the custody of a law enforcement officer;~~
2233 ~~2. The patient shall be released, subject to the provisions~~
2234 ~~of subparagraph 1., for voluntary outpatient treatment;~~
2235 ~~3. The patient, unless he or she is charged with a crime,~~
2236 ~~shall be asked to give express and informed consent to placement~~
2237 ~~as a voluntary patient, and, if such consent is given, the~~
2238 ~~patient shall be admitted as a voluntary patient; or~~
2239 ~~4. A petition for involuntary placement shall be filed in~~
2240 ~~the circuit court when outpatient or inpatient treatment is~~
2241 ~~deemed necessary. When inpatient treatment is deemed necessary,~~
2242 ~~the least restrictive treatment consistent with the optimum~~
2243 ~~improvement of the patient's condition shall be made available.~~
2244 ~~When a petition is to be filed for involuntary outpatient~~



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2245 ~~placement, it shall be filed by one of the petitioners specified~~
2246 ~~in s. 394.4655(3)(a). A petition for involuntary inpatient~~
2247 ~~placement shall be filed by the facility administrator.~~

2248 (3) NOTICE OF RELEASE.—Notice of the release shall be given
2249 to the individual's patient's guardian, health care surrogate or
2250 proxy, or representative, to any person who executed a
2251 certificate admitting the individual patient to the receiving
2252 facility, and to any court that ~~which~~ ordered the individual's
2253 examination patient's evaluation.

2254 Section 19. Effective July 1, 2016, section 394.4655,
2255 Florida Statutes, is amended to read:

2256 394.4655 Involuntary outpatient placement.—

2257 (1) CRITERIA FOR INVOLUNTARY OUTPATIENT PLACEMENT.—An
2258 individual ~~A person~~ may be ordered to involuntary outpatient
2259 placement upon a finding of the court ~~that~~ by clear and
2260 convincing evidence that:

2261 (a) The individual is an adult ~~person is 18 years of age or~~
2262 ~~elder~~;

2263 (b) The individual ~~person~~ has a mental illness or substance
2264 abuse impairment;

2265 (c) The individual ~~person~~ is unlikely to survive safely in
2266 the community without supervision, based on a clinical
2267 determination;

2268 (d) The individual ~~person~~ has a history of lack of
2269 compliance with treatment for mental illness or substance abuse
2270 impairment;

2271 (e) The individual ~~person~~ has:

2272 1. Within ~~At least twice within~~ the immediately preceding
2273 36 months, been involuntarily admitted to a receiving or



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2274 treatment facility ~~as defined in s. 394.455~~, or has received
2275 mental health or substance abuse services in a forensic or
2276 correctional facility. The 36-month period does not include any
2277 period during which the individual ~~person~~ was admitted or
2278 incarcerated; or

2279 2. Engaged in one or more acts of serious violent behavior
2280 toward self or others, or attempts at serious bodily harm to
2281 himself or herself or others, within the preceding 36 months;

2282 (f) Due to ~~The person is, as a result of~~ his or her mental
2283 illness or substance abuse impairment, the individual is,
2284 unlikely to voluntarily participate in the recommended treatment
2285 plan and ~~either he or she~~ has refused voluntary placement for
2286 treatment after sufficient and conscientious explanation and
2287 disclosure of the purpose of placement for treatment or ~~he or~~
2288 ~~she~~ is unable to determine for himself or herself whether
2289 placement is necessary;

2290 (g) In view of the individual's ~~person's~~ treatment history
2291 and current behavior, the individual ~~person~~ is in need of
2292 involuntary outpatient placement in order to prevent a relapse
2293 or deterioration that would be likely to result in serious
2294 bodily harm to self ~~himself or herself~~ or others, or a
2295 substantial harm to his or her well-being as set forth in s.
2296 394.463(1);

2297 (h) It is likely that the individual ~~person~~ will benefit
2298 from involuntary outpatient placement; and

2299 (i) All available, less restrictive alternatives that ~~would~~
2300 offer an opportunity for improvement of his or her condition
2301 have been judged to be inappropriate or unavailable.

2302 (2) INVOLUNTARY OUTPATIENT PLACEMENT.-



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2303 (a) ~~1.~~ An individual ~~A patient~~ who is being recommended for
2304 involuntary outpatient placement by the administrator of the
2305 receiving facility where he or she ~~the patient~~ has been examined
2306 may be retained by the facility after adherence to the notice
2307 procedures provided in s. 394.4599.

2308 1. The recommendation must be supported by the opinion of a
2309 psychiatrist and the second opinion of a ~~clinical~~ psychologist
2310 or another psychiatrist, both of whom have personally examined
2311 the individual ~~patient~~ within the preceding 72 hours, that the
2312 criteria for involuntary outpatient placement are met. However,
2313 in a county having a population of fewer than 50,000, if the
2314 administrator certifies that a psychiatrist or clinical
2315 psychologist is not available to provide the second opinion, the
2316 second opinion may be provided by a ~~licensed~~ physician who has
2317 postgraduate training and experience in diagnosis and treatment
2318 of mental and nervous disorders or by a psychiatric nurse. Any
2319 second opinion authorized in this subparagraph may be conducted
2320 through a face-to-face examination, in person or by electronic
2321 means. Such recommendation must be entered on an involuntary
2322 outpatient placement certificate that authorizes the receiving
2323 facility to retain the individual ~~patient~~ pending completion of
2324 a hearing. The certificate shall be made a part of the patient's
2325 clinical record.

2326 2. If the individual ~~patient~~ has been stabilized and no
2327 longer meets the criteria for involuntary examination pursuant
2328 to s. 394.463(1), he or she ~~the patient~~ must be released from
2329 the receiving facility while awaiting the hearing for
2330 involuntary outpatient placement.

2331 3. Before filing a petition for involuntary outpatient



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2332 treatment, the administrator of the ~~a~~ receiving facility or a
2333 designated department representative must identify the service
2334 provider that will have primary responsibility for service
2335 provision under an order for involuntary outpatient placement,
2336 unless the individual ~~person~~ is otherwise participating in
2337 outpatient psychiatric treatment and is not in need of public
2338 financing for that treatment, in which case the individual, if
2339 eligible, may be ordered to involuntary treatment pursuant to
2340 the existing psychiatric treatment relationship.

2341 ~~4.3.~~ The service provider shall prepare a written proposed
2342 treatment plan in consultation with the individual being held
2343 ~~patient~~ or his or her ~~the patient's~~ guardian advocate, if
2344 appointed, for the court's consideration for inclusion in the
2345 involuntary outpatient placement order. The service provider
2346 shall ~~also~~ provide a copy of the proposed treatment plan to the
2347 individual ~~patient~~ and the administrator of the receiving
2348 facility. The treatment plan must specify the nature and extent
2349 of the individual's ~~patient's~~ mental illness or substance abuse
2350 impairment, address the reduction of symptoms that necessitate
2351 involuntary outpatient placement, and include measurable goals
2352 and objectives for the services and treatment that are provided
2353 to treat the individual's ~~person's~~ mental illness or substance
2354 abuse impairment and assist the individual ~~person~~ in living and
2355 functioning in the community or to prevent a relapse or
2356 deterioration. Service providers may select and supervise other
2357 providers ~~individuals~~ to implement specific aspects of the
2358 treatment plan. The services in the treatment plan must be
2359 deemed clinically appropriate by a physician, ~~clinical~~
2360 psychologist, psychiatric nurse, mental health counselor,



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2361 marriage and family therapist, or clinical social worker who
2362 consults with, or is employed or contracted by, the service
2363 provider. The service provider must certify to the court in the
2364 proposed treatment plan whether sufficient services for
2365 improvement and stabilization are currently available and
2366 whether the service provider agrees to provide those services.
2367 If the service provider certifies that the services in the
2368 proposed treatment plan are not available, the petitioner may
2369 not file the petition.

2370 (b) If an individual ~~a patient~~ in involuntary inpatient
2371 placement meets the criteria for involuntary outpatient
2372 placement, the administrator of the treatment facility may,
2373 before the expiration of the period during which the treatment
2374 facility is authorized to retain the individual ~~patient~~,
2375 recommend involuntary outpatient placement.

2376 1. The recommendation must be supported by the opinion of a
2377 psychiatrist and the second opinion of a ~~clinical~~ psychologist
2378 or another psychiatrist, both of whom have personally examined
2379 the individual ~~patient~~ within the preceding 72 hours, that the
2380 criteria for involuntary outpatient placement are met. However,
2381 in a county having a population of fewer than 50,000, if the
2382 administrator certifies that a psychiatrist or ~~clinical~~
2383 psychologist is not available to provide the second opinion, the
2384 second opinion may be provided by a licensed physician who has
2385 postgraduate training and experience in diagnosis and treatment
2386 of mental and nervous disorders or by a psychiatric nurse. Any
2387 second opinion authorized in this subparagraph may be conducted
2388 through a face-to-face examination, in person or by electronic
2389 means. Such recommendation must be entered on an involuntary



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2390 outpatient placement certificate, and the certificate must be
2391 made a part of the individual's ~~patient's~~ clinical record.

2392 ~~2.(e)1.~~ The administrator of the treatment facility shall
2393 provide a copy of the involuntary outpatient placement
2394 certificate and a copy of the state mental health discharge form
2395 to a department representative in the county where the
2396 individual ~~patient~~ will be residing. ~~For persons who are leaving~~
2397 ~~a state mental health treatment facility, the petition for~~
2398 ~~involuntary outpatient placement must be filed in the county~~
2399 ~~where the patient will be residing.~~

2400 ~~3.2.~~ The service provider that will have primary
2401 responsibility for service provision shall be identified by the
2402 designated department representative prior to the order for
2403 involuntary outpatient placement and must, before ~~prior to~~
2404 filing a petition for involuntary outpatient placement, certify
2405 to the court whether the services recommended in the
2406 individual's ~~patient's~~ discharge plan are available in the local
2407 community and whether the service provider agrees to provide
2408 those services. The service provider must develop with the
2409 individual ~~patient~~, or the patient's guardian advocate, if one
2410 is appointed, a treatment or service plan that addresses the
2411 needs identified in the discharge plan. The plan must be deemed
2412 to be clinically appropriate by a physician, ~~elinical~~
2413 psychologist, psychiatric nurse, mental health counselor,
2414 marriage and family therapist, or clinical social worker, ~~as~~
2415 ~~defined in this chapter~~, who consults with, or is employed or
2416 contracted by, the service provider.

2417 ~~3. If the service provider certifies that the services in~~
2418 ~~the proposed treatment or service plan are not available, the~~



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2419 ~~petitioner may not file the petition.~~

2420 (3) PETITION FOR INVOLUNTARY OUTPATIENT PLACEMENT.—

2421 (a) A petition for involuntary outpatient placement may be
2422 filed by:

2423 1. The administrator of a mental health receiving facility,
2424 an addictions receiving facility, or a detoxification facility;

2425 or

2426 2. The administrator of a treatment facility.

2427 (b) Each required criterion for involuntary outpatient
2428 placement must be alleged and substantiated in the petition for
2429 involuntary outpatient placement. A copy of the certificate
2430 recommending involuntary outpatient placement completed by a
2431 qualified professional specified in subsection (2) must be
2432 attached to the petition. A copy of the proposed treatment plan
2433 must be attached to the petition. Before the petition is filed,
2434 the service provider shall certify that the services in the
2435 proposed treatment plan are available. If the necessary services
2436 are not available in the ~~patient's~~ local community where the
2437 individual will reside ~~to respond to the person's individual~~
2438 ~~needs~~, the petition may not be filed.

2439 (c) ~~A~~ The petition for involuntary outpatient placement
2440 must be filed in the county where the individual who is the
2441 subject of the petition ~~patient~~ is located, unless the
2442 individual ~~patient~~ is being placed from a state treatment
2443 facility, in which case the petition must be filed in the county
2444 where the individual ~~patient~~ will reside. When the petition is
2445 ~~has been~~ filed, the clerk of the court shall provide copies of
2446 the petition and the proposed treatment plan to the department,
2447 the individual ~~patient~~, the individual's ~~patient's~~ guardian,



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2448 guardian advocate, health care surrogate or proxy, or
2449 representative, the state attorney, and the public defender or
2450 the individual's ~~patient's~~ private counsel. A fee may not be
2451 charged for filing a petition under this subsection.

2452 (4) APPOINTMENT OF COUNSEL.—Within 1 court working day
2453 after ~~the~~ filing of a petition for involuntary outpatient
2454 placement, the court shall appoint the public defender to
2455 represent the individual person who is the subject of the
2456 petition, unless the individual person is otherwise represented
2457 by counsel. The clerk of the court shall immediately notify the
2458 public defender of the appointment. The public defender shall
2459 represent the individual person until the petition is dismissed,
2460 the court order expires, or the individual patient is discharged
2461 from involuntary outpatient placement. An attorney who
2462 represents the individual patient shall have access to the
2463 individual patient, witnesses, and records relevant to the
2464 presentation of the individual's patient's case and shall
2465 represent the interests of the individual patient, regardless of
2466 the source of payment to the attorney. An attorney representing
2467 an individual in proceedings under this part shall advocate the
2468 individual's expressed desires and must be present and actively
2469 participate in all hearings on involuntary placement.

2470 (5) CONTINUANCE OF HEARING.—The individual patient is
2471 entitled, with the concurrence of the individual's patient's
2472 counsel, to at least one continuance of the hearing. The
2473 continuance shall be for a period of up to 4 weeks.

2474 (6) HEARING ON INVOLUNTARY OUTPATIENT PLACEMENT.—

2475 (a) ~~1.~~ The court shall hold the hearing on involuntary
2476 outpatient placement within 5 court working days after the



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2477 filing of the petition, unless a continuance is granted. The
2478 hearing shall be held in the county where the petition is filed,
2479 ~~shall~~ be as convenient to the individual who is the subject of
2480 the petition ~~patient~~ as is consistent with orderly procedure,
2481 and ~~shall~~ be conducted in physical settings not likely to be
2482 injurious to the individual's ~~patient's~~ condition. If the court
2483 finds that the individual's ~~patient's~~ attendance at the hearing
2484 is not consistent with the best interests of the individual
2485 ~~patient~~ and if the individual's ~~patient's~~ counsel does not
2486 object, the court may waive the presence of the individual
2487 ~~patient~~ from all or any portion of the hearing. The state
2488 attorney for the circuit in which the individual ~~patient~~ is
2489 located shall represent the state, rather than the petitioner,
2490 as the real party in interest in the proceeding. The state
2491 attorney shall have access to the individual's clinical record
2492 and witnesses and shall independently evaluate the allegations
2493 set forth in the petition for involuntary placement. If the
2494 allegations are substantiated, the state attorney shall
2495 prosecute the petition. If the allegations are not
2496 substantiated, the state attorney shall withdraw the petition.

2497 (b)2- The court may appoint a magistrate ~~master~~ to preside
2498 at the hearing. One of the professionals who executed the
2499 involuntary outpatient placement certificate shall be a witness.
2500 The individual who is the subject of the petition ~~patient~~ and
2501 his or her ~~the patient's~~ guardian, guardian advocate, health
2502 care surrogate or proxy, or representative shall be informed by
2503 the court of the right to an independent expert examination. If
2504 the individual ~~patient~~ cannot afford such an examination, the
2505 court shall provide ~~for~~ one. The independent expert's report is



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2506 ~~shall be~~ confidential and not discoverable, unless the expert is
2507 ~~to be~~ called as a witness for the individual patient at the
2508 hearing. The court shall allow testimony from persons
2509 ~~individuals~~, including family members, deemed by the court to be
2510 relevant ~~under state law~~, regarding the individual's person's
2511 prior history and how that ~~prior~~ history relates to the
2512 individual's person's current condition. The testimony in the
2513 hearing must be ~~given~~ under oath, and the proceedings must be
2514 recorded. The individual patient may refuse to testify at the
2515 hearing.

2516 (c) The court shall consider testimony and evidence
2517 regarding the competence of the individual being held to consent
2518 to treatment. If the court finds that the individual is
2519 incompetent to consent, it shall appoint a guardian advocate as
2520 provided in s. 394.4598.

2521 (7) COURT ORDER.—

2522 (a) ~~(b)~~1. If the court concludes that the individual who is
2523 the subject of the petition patient meets the criteria for
2524 involuntary outpatient placement under pursuant to subsection
2525 (1), the court shall issue an order for involuntary outpatient
2526 placement. The court order may shall be for a ~~period of~~ up to 6
2527 months. The order must specify the nature and extent of the
2528 individual's patient's mental illness or substance abuse
2529 impairment. The court order of the court and the treatment plan
2530 must shall be made part of the individual's patient's clinical
2531 record. The service provider shall discharge an individual a
2532 patient from involuntary outpatient placement when the order
2533 expires or any time the individual patient no longer meets the
2534 criteria for involuntary placement. Upon discharge, the service



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2535 provider shall send a certificate of discharge to the court.

2536 (b)2. The court may not order the department or the service
2537 provider to provide services if the program or service is not
2538 available in the ~~patient's~~ local community of the individual
2539 being served, if there is no space available in the program or
2540 service for the individual patient, or if funding is not
2541 available for the program or service. A copy of the order must
2542 be sent to the Agency for Health Care Administration by the
2543 service provider within 1 working day after it is received from
2544 the court. After the placement order is issued, the service
2545 provider and the individual patient may modify ~~provisions of~~ the
2546 treatment plan. For any material modification of the treatment
2547 plan to which the individual patient or the individual's
2548 ~~patient's~~ guardian advocate, if appointed, does agree, the
2549 service provider shall send notice of the modification to the
2550 court. Any material modifications of the treatment plan which
2551 are contested by the individual patient or the individual's
2552 ~~patient's~~ guardian advocate, if appointed, must be approved or
2553 disapproved by the court consistent with the requirements of
2554 subsection (2).

2555 (c)3. If, in the clinical judgment of a physician, the
2556 individual being served patient has failed or has refused to
2557 comply with the treatment ordered by the court, and, in the
2558 clinical judgment of the physician, efforts were made to solicit
2559 compliance and the individual patient may meet the criteria for
2560 involuntary examination, the individual a person may be brought
2561 to a receiving facility pursuant to s. 394.463 for involuntary
2562 examination. If, after examination, the individual patient does
2563 not meet the criteria for involuntary inpatient placement



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2564 pursuant to s. 394.467, the individual patient must be
2565 discharged from the receiving facility. The involuntary
2566 outpatient placement order remains ~~shall remain~~ in effect unless
2567 the service provider determines that the individual patient no
2568 longer meets the criteria for involuntary outpatient placement
2569 or until the order expires. The service provider must determine
2570 whether modifications should be made to the existing treatment
2571 plan and must attempt to continue to engage the individual
2572 ~~patient~~ in treatment. For any material modification of the
2573 treatment plan to which the individual patient or the
2574 individual's patient's guardian advocate, if appointed, agrees
2575 ~~does agree~~, the service provider shall send notice of the
2576 modification to the court. Any material modifications of the
2577 treatment plan which are contested by the individual patient or
2578 the individual's patient's guardian advocate, if appointed, must
2579 be approved or disapproved by the court consistent with the
2580 requirements of subsection (2).

2581 (d)(e) If, at any time before the conclusion of the initial
2582 hearing on involuntary outpatient placement, it appears to the
2583 court that the individual person does not meet the criteria for
2584 involuntary outpatient placement under this section but,
2585 ~~instead,~~ meets the criteria for involuntary inpatient placement,
2586 the court may order the individual person admitted for
2587 involuntary inpatient examination under s. 394.463. ~~If the~~
2588 ~~person instead meets the criteria for involuntary assessment,~~
2589 ~~protective custody, or involuntary admission pursuant to s.~~
2590 ~~397.675, the court may order the person to be admitted for~~
2591 ~~involuntary assessment for a period of 5 days pursuant to s.~~
2592 ~~397.6811. Thereafter, all proceedings shall be governed by~~



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2593 ~~chapter 397.~~

2594 ~~(d) At the hearing on involuntary outpatient placement, the~~
2595 ~~court shall consider testimony and evidence regarding the~~
2596 ~~patient's competence to consent to treatment. If the court finds~~
2597 ~~that the patient is incompetent to consent to treatment, it~~
2598 ~~shall appoint a guardian advocate as provided in s. 394.4598.~~
2599 ~~The guardian advocate shall be appointed or discharged in~~
2600 ~~accordance with s. 394.4598.~~

2601 (e) The administrator of the receiving facility, the
2602 detoxification facility, or the designated department
2603 representative shall provide a copy of the court order and
2604 adequate documentation of an individual's ~~a patient's~~ mental
2605 illness or substance abuse impairment to the service provider
2606 for involuntary outpatient placement. Such documentation must
2607 include any advance directives made by the individual ~~patient~~, a
2608 psychiatric evaluation of the individual ~~patient~~, and any
2609 evaluations of the individual ~~patient~~ performed by a ~~clinical~~
2610 psychologist or a clinical social worker.

2611 ~~(8) (7) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT~~
2612 ~~PLACEMENT.—~~

2613 ~~(a) 1.~~ If the individual ~~person~~ continues to meet the
2614 criteria for involuntary outpatient placement, the service
2615 provider shall, before the expiration of the period during which
2616 the placement ~~treatment~~ is ordered ~~for the person~~, file in the
2617 circuit court a petition for continued involuntary outpatient
2618 placement.

2619 ~~1.2.~~ The existing involuntary outpatient placement order
2620 remains in effect until disposition of ~~on~~ the petition for
2621 continued involuntary outpatient placement.



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2622 ~~2.3.~~ A certificate must ~~shall~~ be attached to the petition
2623 which includes a statement from the individual's ~~person's~~
2624 physician or ~~clinical~~ psychologist justifying the request, a
2625 brief description of the individual's ~~patient's~~ treatment during
2626 the time he or she was involuntarily placed, and a personalized
2627 ~~an individualized~~ plan of continued treatment.

2628 ~~3.4.~~ The service provider shall develop the ~~individualized~~
2629 plan of continued treatment in consultation with the individual
2630 ~~patient~~ or his or her ~~the patient's~~ guardian advocate, if
2631 appointed. When the petition has been filed, the clerk of the
2632 court shall provide copies of the certificate and the
2633 ~~individualized~~ plan of continued treatment to the department,
2634 the individual ~~patient~~, the individual's ~~patient's~~ guardian
2635 advocate, the state attorney, and the individual's ~~patient's~~
2636 private counsel or the public defender.

2637 (b) Within 1 court working day after the filing of a
2638 petition for continued involuntary outpatient placement, the
2639 court shall appoint the public defender to represent the
2640 individual ~~person~~ who is the subject of the petition, unless the
2641 individual ~~person~~ is otherwise represented by counsel. The clerk
2642 of the court shall immediately notify the public defender of
2643 such appointment. The public defender shall represent the
2644 individual ~~person~~ until the petition is dismissed, ~~or~~ the court
2645 order expires, or the individual ~~patient~~ is discharged from
2646 involuntary outpatient placement. Any attorney representing the
2647 individual ~~patient~~ shall have access to the individual ~~patient~~,
2648 witnesses, and records relevant to the presentation of the
2649 individual's ~~patient's~~ case and shall represent the interests of
2650 the individual ~~patient~~, regardless of the source of payment to



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2651 the attorney.

2652 (c) The court shall inform the individual who is the
2653 subject of the petition and his or her guardian, guardian
2654 advocate, health care surrogate or proxy, or representative of
2655 the individual's right to an independent expert examination. If
2656 the individual cannot afford such an examination, the court
2657 shall provide one.

2658 (d)~~(e)~~ Hearings on petitions for continued involuntary
2659 outpatient placement are ~~shall be~~ before the circuit court. The
2660 court may appoint a magistrate ~~master~~ to preside at the hearing.
2661 The procedures for obtaining an order pursuant to this paragraph
2662 must ~~shall~~ be in accordance with subsection (6), except that the
2663 time period included in paragraph (1)(e) is not applicable in
2664 determining the appropriateness of additional periods of
2665 involuntary outpatient placement.

2666 (e)~~(d)~~ Notice of the hearing shall be provided in
2667 accordance with ~~as set forth in~~ s. 394.4599. The individual
2668 being served ~~patient~~ and the individual's ~~patient's~~ attorney may
2669 agree to a period of continued outpatient placement without a
2670 court hearing.

2671 (f)~~(e)~~ The same procedure shall be repeated before the
2672 expiration of each additional period the individual being served
2673 ~~patient~~ is placed in treatment.

2674 (g)~~(f)~~ If the individual in involuntary outpatient
2675 placement ~~patient~~ has previously been found incompetent to
2676 consent to treatment, the court shall consider testimony and
2677 evidence regarding the individual's ~~patient's~~ competence.
2678 Section 394.4598 governs the discharge of the guardian advocate
2679 if the individual's ~~patient's~~ competency to consent to treatment



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2680 has been restored.

2681 Section 20. Effective on July 1, 2016, section 394.467,
2682 Florida Statutes, is amended to read:

2683 394.467 Involuntary inpatient placement.—

2684 (1) CRITERIA.—An individual ~~A person~~ may be placed in
2685 involuntary inpatient placement for treatment upon a finding of
2686 the court by clear and convincing evidence that:

2687 (a) He or she has a mental illness or substance abuse
2688 impairment ~~is mentally ill~~ and because of his or her mental
2689 illness or substance abuse impairment:

2690 1.a. He or she has refused voluntary placement for
2691 treatment after sufficient and conscientious explanation and
2692 disclosure of the purpose of placement for treatment; or

2693 b. He or she is unable to determine for himself or herself
2694 whether placement is necessary; and

2695 2.a. He or she is manifestly incapable of surviving alone
2696 or with the help of willing and responsible family or friends,
2697 including available alternative services, and, without
2698 treatment, is likely to suffer from neglect or refuse to care
2699 for himself or herself, and such neglect or refusal poses a real
2700 and present threat of substantial harm to his or her well-being;
2701 or

2702 b. There is substantial likelihood that in the near future
2703 he or she will inflict serious bodily harm on self or others
2704 ~~himself or herself or another person~~, as evidenced by recent
2705 behavior causing, attempting, or threatening such harm; and

2706 (b) All available less restrictive treatment alternatives
2707 that ~~which would~~ offer an opportunity for improvement of his or
2708 her condition have been judged to be inappropriate.



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2709 (2) ADMISSION TO A TREATMENT FACILITY.—An individual A
2710 ~~patient~~ may be retained by a mental health receiving facility,
2711 an addictions receiving facility, or a detoxification facility,
2712 or involuntarily placed in a treatment facility upon the
2713 recommendation of the administrator of the receiving facility
2714 where the individual patient has been examined and after
2715 adherence to the notice and hearing procedures provided in s.
2716 394.4599. The recommendation must be supported by the opinion of
2717 a psychiatrist and the second opinion of a ~~clinical~~ psychologist
2718 or another psychiatrist, both of whom have personally examined
2719 the individual patient within the preceding 72 hours, that the
2720 criteria for involuntary inpatient placement are met. However,
2721 in a county that has a population of fewer than 50,000, if the
2722 administrator certifies that a psychiatrist or ~~clinical~~
2723 psychologist is not available to provide the second opinion, the
2724 second opinion may be provided by a licensed physician who has
2725 postgraduate training and experience in diagnosis and treatment
2726 of mental and nervous disorders or by a psychiatric nurse. If
2727 the petition seeks placement for treatment of substance abuse
2728 impairment only and the individual is examined by an addictions
2729 receiving facility or detoxification facility, the first opinion
2730 may be provided by a physician, and the second opinion may be
2731 provided by a qualified professional with respect to substance
2732 abuse treatment. Any second opinion authorized in this
2733 subsection may be conducted through a face-to-face examination,
2734 in person or by electronic means. Such recommendation must ~~shall~~
2735 be entered on an involuntary inpatient placement certificate
2736 that authorizes the receiving facility to retain the individual
2737 being held patient pending transfer to a treatment facility or



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2738 completion of a hearing.

2739 (3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT.—The
2740 administrator of the mental health facility, addictions
2741 receiving facility, or detoxification facility shall file a
2742 petition for involuntary inpatient placement in the court in the
2743 county where the individual patient is located. Upon filing, the
2744 clerk of the court shall provide copies to the department, the
2745 individual patient, the individual's patient's guardian,
2746 guardian advocate, health care surrogate or proxy, or
2747 representative, and the state attorney and public defender of
2748 the judicial circuit in which the individual patient is located.
2749 A No fee may not shall be charged for the filing of a petition
2750 under this subsection.

2751 (4) APPOINTMENT OF COUNSEL.—Within 1 court working day
2752 after the filing of a petition for involuntary inpatient
2753 placement, the court shall appoint the public defender to
2754 represent the individual person who is the subject of the
2755 petition, unless the individual person is otherwise represented
2756 by counsel. The clerk of the court shall immediately notify the
2757 public defender of such appointment. Any attorney representing
2758 the individual patient shall have access to the individual
2759 patient, witnesses, and records relevant to the presentation of
2760 the individual's patient's case and shall represent the
2761 interests of the individual patient, regardless of the source of
2762 payment to the attorney.

2763 (a) An attorney representing an individual in proceedings
2764 under this part shall advocate the individual's expressed
2765 desires and must be present and actively participate in all
2766 hearings on involuntary placement.



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2767 (b) The state attorney for the judicial circuit in which
2768 the individual is located shall represent the state rather than
2769 the petitioning facility administrator as the real party in
2770 interest in the proceeding. The state attorney shall have access
2771 to the individual's clinical record and witnesses and shall
2772 independently evaluate the allegations set forth in the petition
2773 for involuntary placement. If the allegations are substantiated,
2774 the state attorney shall prosecute the petition. If the
2775 allegations are not substantiated, the state attorney shall
2776 withdraw the petition.

2777 (5) CONTINUANCE OF HEARING.—The individual patient is
2778 entitled, with the concurrence of the individual's patient's
2779 counsel, to at least one continuance of the hearing. The
2780 continuance shall be for ~~a period of~~ up to 4 weeks.

2781 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

2782 (a)~~4~~. The court shall hold the hearing on involuntary
2783 inpatient placement within 5 court working days after the
2784 petition is filed, unless a continuance is granted.

2785 1. The hearing shall be held in the county where the
2786 individual patient is located and shall be as convenient to the
2787 individual patient as may be consistent with orderly procedure
2788 and shall be conducted in physical settings not likely to be
2789 injurious to the individual's patient's condition. If the
2790 individual wishes to waive his or her court finds that the
2791 patient's attendance at the hearing, the court must determine
2792 that the attendance is knowingly, intelligently, and voluntarily
2793 being waived and is not consistent with the best interests of
2794 the patient, and the patient's counsel does not object, the
2795 court may waive the presence of the individual patient from all



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2796 or any portion of the hearing. ~~The state attorney for the~~
2797 ~~circuit in which the patient is located shall represent the~~
2798 ~~state, rather than the petitioning facility administrator, as~~
2799 ~~the real party in interest in the proceeding.~~

2800 2. The court may appoint a general or special magistrate to
2801 preside at the hearing. One of the two professionals who
2802 executed the involuntary inpatient placement certificate shall
2803 be a witness. The individual patient and the individual's
2804 patient's guardian, guardian advocate, health care surrogate or
2805 proxy, or representative shall be informed by the court of the
2806 right to an independent expert examination. If the individual
2807 patient cannot afford such an examination, the court shall
2808 provide for one. The independent expert's report is shall be
2809 confidential and not discoverable, unless the expert is to be
2810 called as a witness for the individual patient at the hearing.
2811 The testimony in the hearing must be given under oath, and the
2812 proceedings must be recorded. The individual patient may refuse
2813 to testify at the hearing.

2814 3. The court shall allow testimony from persons, including
2815 family members, deemed by the court to be relevant regarding the
2816 individual's prior history and how that prior history relates to
2817 the individual's current condition.

2818 (b) If the court concludes that the individual patient
2819 meets the criteria for involuntary inpatient placement, it shall
2820 order that the individual patient be transferred to a treatment
2821 facility or, if the individual patient is at a treatment
2822 facility, that the individual patient be retained there or be
2823 treated at any other appropriate mental health receiving
2824 facility, addictions receiving facility, detoxification



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2825 facility, or treatment facility, or that the individual patient
2826 receive services from such a facility ~~a receiving or treatment~~
2827 ~~facility,~~ on an involuntary basis, for up to 90 days ~~a period of~~
2828 ~~up to 6 months.~~ The order shall specify the nature and extent of
2829 the individual's patient's mental illness or substance abuse
2830 impairment. The court may not order an individual with traumatic
2831 brain injury or dementia who lacks a co-occurring mental illness
2832 to be involuntarily placed in a state treatment facility. The
2833 facility shall discharge the individual at ~~a patient~~ any time
2834 the individual patient no longer meets the criteria for
2835 involuntary inpatient placement, unless the individual patient
2836 has transferred to voluntary status.

2837 (c) If at any time before ~~prior to~~ the conclusion of the
2838 hearing on involuntary inpatient placement it appears to the
2839 court that the individual person does not meet the criteria for
2840 involuntary inpatient placement under this section, but instead
2841 meets the criteria for involuntary outpatient placement, the
2842 court may order the individual person evaluated for involuntary
2843 outpatient placement pursuant to s. 394.4655, and ~~the~~ petition
2844 and hearing procedures set forth in s. 394.4655 ~~shall~~ apply. ~~If~~
2845 ~~the person instead meets the criteria for involuntary~~
2846 ~~assessment, protective custody, or involuntary admission~~
2847 ~~pursuant to s. 397.675, then the court may order the person to~~
2848 ~~be admitted for involuntary assessment for a period of 5 days~~
2849 ~~pursuant to s. 397.6811. Thereafter, all proceedings shall be~~
2850 ~~governed by chapter 397.~~

2851 (d) At the hearing on involuntary inpatient placement, the
2852 court shall consider testimony and evidence regarding the
2853 individual's patient's competence to consent to treatment. If



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2854 the court finds that the individual patient is incompetent to
2855 consent to treatment, it shall appoint a guardian advocate as
2856 provided in s. 394.4598.

2857 (e) The administrator of the petitioning receiving facility
2858 shall provide a copy of the court order and adequate
2859 documentation of the individual's ~~a patient's~~ mental illness or
2860 substance abuse impairment to the administrator of a treatment
2861 facility if the individual ~~whenever a patient~~ is ordered for
2862 involuntary inpatient placement, whether by civil or criminal
2863 court. The documentation must ~~shall~~ include any advance
2864 directives made by the individual patient, a psychiatric
2865 evaluation of the individual patient, and any evaluations of the
2866 individual patient performed by a ~~clinical~~ psychologist, a
2867 marriage and family therapist, a mental health counselor, a
2868 substance abuse qualified professional or a clinical social
2869 worker. The administrator of a treatment facility may refuse
2870 admission to an individual ~~any patient~~ directed to its
2871 facilities on an involuntary basis, whether by civil or criminal
2872 court order, who is not accompanied at the same time by adequate
2873 orders and documentation.

2874 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT
2875 PLACEMENT.—

2876 (a) Hearings on petitions for continued involuntary
2877 inpatient placement shall be administrative hearings and shall
2878 be conducted in accordance with ~~the provisions of~~ s. 120.57(1),
2879 except that an ~~any~~ order entered by an ~~the~~ administrative law
2880 judge is ~~shall be~~ final and subject to judicial review in
2881 accordance with s. 120.68. Orders concerning an individual
2882 ~~patients~~ committed after successfully pleading not guilty by



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2883 reason of insanity are ~~shall be~~ governed by the ~~provisions of~~ s.
2884 916.15.

2885 (b) If the individual ~~patient~~ continues to meet the
2886 criteria for involuntary inpatient placement, the administrator
2887 shall, before ~~prior to~~ the expiration of the period ~~during which~~
2888 the ~~treatment~~ facility is authorized to retain the individual
2889 ~~patient~~, file a petition requesting authorization for continued
2890 involuntary inpatient placement. The request must ~~shall~~ be
2891 accompanied by a statement from the individual's ~~patient's~~
2892 physician or ~~clinical~~ psychologist justifying the request, a
2893 brief description of the individual's ~~patient's~~ treatment during
2894 the time he or she was involuntarily placed, and a personalized
2895 ~~an individualized~~ plan of continued treatment. Notice of the
2896 hearing must ~~shall~~ be provided as set forth in s. 394.4599. If
2897 at the hearing the administrative law judge finds that
2898 attendance at the hearing is not consistent with the
2899 individual's best interests ~~of the patient~~, the administrative
2900 law judge may waive the presence of the individual ~~patient~~ from
2901 all or any portion of the hearing, unless the individual
2902 ~~patient~~, through counsel, objects to the waiver of presence. The
2903 testimony in the hearing must be under oath, and the proceedings
2904 must be recorded.

2905 (c) Unless the individual ~~patient~~ is otherwise represented
2906 or is ineligible, he or she shall be represented at the hearing
2907 on the petition for continued involuntary inpatient placement by
2908 the public defender of the circuit in which the facility is
2909 located.

2910 (d) The Division of Administrative Hearings shall inform
2911 the individual and his or her guardian, guardian advocate,



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2912 health care surrogate or proxy, or representative of the right
2913 to an independent expert examination. If the individual cannot
2914 afford such an examination, the court shall provide one.

2915 (e)~~(d)~~ If at a hearing it is shown that the individual
2916 patient continues to meet the criteria for involuntary inpatient
2917 placement, the administrative law judge shall sign the order for
2918 continued involuntary inpatient placement for a period of up to
2919 90 days ~~not to exceed 6 months~~. The same procedure must ~~shall~~ be
2920 repeated prior to the expiration of each additional period the
2921 individual patient is retained.

2922 (f)~~(e)~~ If continued involuntary inpatient placement is
2923 necessary for an individual ~~a patient~~ admitted while serving a
2924 criminal sentence, but whose sentence is about to expire, or for
2925 a minor patient involuntarily placed ~~while a minor~~ but who is
2926 about to reach the age of 18, the administrator shall petition
2927 the administrative law judge for an order authorizing continued
2928 involuntary inpatient placement.

2929 (g)~~(f)~~ If the individual previously ~~patient~~ has been
2930 ~~previously~~ found incompetent to consent to treatment, the
2931 administrative law judge shall consider testimony and evidence
2932 regarding the individual's ~~patient's~~ competence. If the
2933 administrative law judge finds evidence that the individual
2934 ~~patient~~ is now competent to consent to treatment, the
2935 ~~administrative law~~ judge may issue a recommended order to the
2936 court that found the individual patient incompetent to consent
2937 to treatment that the individual's ~~patient's~~ competence be
2938 restored and that any guardian advocate previously appointed be
2939 discharged.

2940 (8) RETURN TO FACILITY ~~OF PATIENTS~~. -If an individual held



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2941 ~~When a patient at a treatment facility involuntarily under this~~
2942 ~~part leaves the facility without the administrator's~~
2943 ~~authorization, the administrator may authorize a search for, the~~
2944 ~~patient and the return of, the individual patient to the~~
2945 ~~facility. The administrator may request the assistance of a law~~
2946 ~~enforcement agency in the search for and return of the patient.~~

2947 Section 21. Effective July 1, 2016, section 394.4672,
2948 Florida Statutes, is amended to read:

2949 394.4672 Procedure for placement of veteran with federal
2950 agency.—

2951 (1) A facility owned, operated, or administered by the
2952 United States Department of Veterans Affairs which provides
2953 mental health services has authority as granted by the
2954 Department of Veterans' Affairs to:

2955 (a) Initiate and conduct involuntary examinations pursuant
2956 to s. 394.463.

2957 (b) Provide voluntary treatment pursuant to s. 394.4625.

2958 (c) Petition for involuntary inpatient placement pursuant
2959 to s. 394.467.

2960 (d) Provide involuntary inpatient placement pursuant to
2961 this part.

2962 ~~(2)(1) If a Whenever it is determined by the court~~
2963 ~~determines that an individual a person meets the criteria for~~
2964 ~~involuntary placement and he or she it appears that such person~~
2965 ~~is eligible for care or treatment by the United States~~
2966 ~~Department of Veterans Affairs or another other agency of the~~
2967 ~~United States Government, the court, upon receipt of a~~
2968 ~~certificate from the United States Department of Veterans~~
2969 ~~Affairs or such other agency showing that facilities are~~



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2970 available and that the individual ~~person~~ is eligible for care or
2971 treatment therein, may place that individual ~~person~~ with the
2972 United States Department of Veterans Affairs or other federal
2973 agency. The individual ~~person whose placement is sought~~ shall be
2974 personally served with notice of the pending placement
2975 proceeding in the manner as provided in this part., ~~and nothing~~
2976 ~~in~~ This section does not ~~shall~~ affect the individual's ~~his or~~
2977 ~~her~~ right to appear and be heard in the proceeding. Upon
2978 placement, the individual ~~is person shall be~~ subject to the
2979 ~~rules and~~ regulations of the United States Department of
2980 Veterans Affairs or other federal agency.

2981 (3) ~~(2)~~ The judgment or order of placement issued by a court
2982 of competent jurisdiction of another state or of the District of
2983 Columbia which places an individual, ~~placing a person~~ with the
2984 United States Department of Veterans Affairs or other federal
2985 agency for care or treatment has, ~~shall have~~ the same force and
2986 effect in this state as in the jurisdiction of the court
2987 entering the judgment or making the order., ~~and~~ The courts of
2988 the placing state or of the District of Columbia shall retain ~~be~~
2989 ~~deemed to have retained~~ jurisdiction of the individual ~~person~~ ~~so~~
2990 placed. Consent is hereby given to the application of the law of
2991 the placing state or district with respect to the authority of
2992 the chief officer of any facility of the United States
2993 Department of Veterans Affairs or other federal agency operated
2994 in this state to retain custody or to transfer, parole, or
2995 discharge the individual ~~person~~.

2996 (4) ~~(3)~~ Upon receipt of a certificate of the United States
2997 Department of Veterans Affairs or another ~~such other~~ federal
2998 agency that facilities are available for the care or treatment



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2999 of individuals who have mental illness or substance abuse
3000 impairment ~~mentally ill persons~~ and that an individual ~~the~~
3001 ~~person~~ is eligible for that care or treatment, the administrator
3002 of the receiving or treatment facility may ~~cause the~~ transfer of
3003 that individual ~~person~~ to the United States Department of
3004 Veterans Affairs or other federal agency. Upon ~~effecting~~ such
3005 transfer, the committing court shall be notified by the
3006 transferring agency. An individual may not ~~No person shall~~ be
3007 transferred ~~to the United States Department of Veterans Affairs~~
3008 ~~or other federal agency~~ if he or she is confined pursuant to the
3009 conviction of any felony or misdemeanor or if he or she has been
3010 acquitted of the charge solely on the ground of insanity, unless
3011 prior to transfer the court placing the individual ~~such person~~
3012 enters an order for the transfer after appropriate motion and
3013 hearing and without objection by the United States Department of
3014 Veterans Affairs.

3015 ~~(5)(4)~~ An individual ~~Any person~~ transferred as provided in
3016 this section ~~is shall be~~ deemed to be placed with the United
3017 States Department of Veterans Affairs or other federal agency
3018 pursuant to the original placement.

3019 Section 22. Section 394.47891, Florida Statutes, is amended
3020 to read:

3021 394.47891 Military veterans and servicemembers court
3022 programs.—The chief judge of each judicial circuit may establish
3023 a Military Veterans and Servicemembers Court Program under which
3024 veterans, as defined in s. 1.01, including veterans who were
3025 discharged or released under a general discharge, and
3026 servicemembers, as defined in s. 250.01, who are convicted of a
3027 criminal offense and who suffer from a military-related mental



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3028 illness, traumatic brain injury, substance abuse disorder, or
3029 psychological problem can be sentenced in accordance with
3030 chapter 921 in a manner that appropriately addresses the
3031 severity of the mental illness, traumatic brain injury,
3032 substance abuse disorder, or psychological problem through
3033 services tailored to the individual needs of the participant.
3034 Entry into any Military Veterans and Servicemembers Court
3035 Program must be based upon the sentencing court's assessment of
3036 the defendant's criminal history, military service, substance
3037 abuse treatment needs, mental health treatment needs,
3038 amenability to the services of the program, the recommendation
3039 of the state attorney and the victim, if any, and the
3040 defendant's agreement to enter the program.

3041 Section 23. Section 394.47892, Florida Statutes, is created
3042 to read:

3043 394.47892 Treatment-based mental health court programs.-

3044 (1) Each county may fund a treatment-based mental health
3045 court program under which individuals in the justice system
3046 assessed with a mental illness will be processed in such a
3047 manner as to appropriately address the severity of the
3048 identified mental health problem through treatment services
3049 tailored to the individual needs of the participant. The
3050 Legislature intends to encourage the Department of Corrections,
3051 the Department of Children and Families, the Department of
3052 Juvenile Justice, the Department of Health, the Department of
3053 Law Enforcement, the Department of Education, and such agencies,
3054 local governments, law enforcement agencies, other interested
3055 public or private sources, and individuals to support the
3056 creation and establishment of these problem-solving court



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3057 programs. Participation in the treatment-based mental health
3058 court programs does not divest any public or private agency of
3059 its responsibility for a child or adult, but enables these
3060 agencies to better meet their needs through shared
3061 responsibility and resources.

3062 (2) Entry into any pretrial treatment-based mental health
3063 court program is voluntary.

3064 (3) (a) Entry into any postadjudicatory treatment-based
3065 mental health court program as a condition of probation or
3066 community control pursuant to s. 948.01 or s. 948.06 must be
3067 based upon the sentencing court's assessment of the defendant's
3068 criminal history, mental health screening outcome, amenability
3069 to the services of the program, the recommendation of the state
3070 attorney and the victim, if any, and the defendant's agreement
3071 to enter the program.

3072 (b) An offender who is sentenced to a postadjudicatory
3073 treatment-based mental health court program and who, while a
3074 mental health court program participant, is the subject of a
3075 violation of probation or community control under s. 948.06
3076 shall have the violation of probation or community control heard
3077 by the judge presiding over the postadjudicatory treatment-based
3078 mental health court program. The judge shall dispose of any such
3079 violation, after a hearing on or admission of the violation, as
3080 he or she deems appropriate if the resulting sentence or
3081 conditions are lawful.

3082 (4) Treatment-based mental health court programs may
3083 include pretrial intervention programs as provided in s. 948.08,
3084 treatment-based mental health court programs authorized in
3085 chapter 39, postadjudicatory programs as provided in ss. 948.01



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3086 and 948.06, and review of the status of compliance or
3087 noncompliance of sentenced offenders through a treatment-based
3088 mental health court program.

3089 (5) Contingent upon an annual appropriation by the
3090 Legislature, each judicial circuit with a treatment-based mental
3091 health court program shall establish, at a minimum, one
3092 coordinator position for the treatment-based mental health court
3093 program within the state courts system to coordinate the
3094 responsibilities of the participating agencies and service
3095 providers. Each coordinator shall provide direct support to the
3096 treatment-based mental health court program by providing
3097 coordination between the multidisciplinary team and the
3098 judiciary, providing case management, monitoring compliance of
3099 the participants in the treatment-based mental health court
3100 program with court requirements, and providing program
3101 evaluation and accountability.

3102 (6) If a county chooses to fund a treatment-based mental
3103 health court program, the county must secure funding from
3104 sources other than the state for those costs not otherwise
3105 assumed by the state pursuant to s. 29.004. However, this does
3106 not preclude a county from using treatment and other service
3107 funding provided through state executive branch agencies.
3108 Counties may provide, by interlocal agreement, for the
3109 collective funding of these programs.

3110 (7) The chief judge of each judicial circuit may appoint an
3111 advisory committee for the treatment-based mental health court
3112 program. The committee shall be composed of the chief judge, or
3113 his or her designee, who shall serve as chair; the judge of the
3114 treatment-based mental health court program, if not otherwise



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3115 designated by the chief judge as his or her designee; the state
3116 attorney, or his or her designee; the public defender, or his or
3117 her designee; the treatment-based mental health court program
3118 coordinators; community representatives; treatment
3119 representatives; and any other persons the chair finds are
3120 appropriate.

3121 Section 24. Section 394.656, Florida Statutes, is amended
3122 to read:

3123 394.656 Criminal Justice, Mental Health, and Substance
3124 Abuse Reinvestment Grant Program.—

3125 (1) There is created within the Department of Children and
3126 Families the Criminal Justice, Mental Health, and Substance
3127 Abuse Reinvestment Grant Program. The purpose of the program is
3128 to provide funding to counties with which they can plan,
3129 implement, or expand initiatives that increase public safety,
3130 avert increased spending on criminal justice, and improve the
3131 accessibility and effectiveness of treatment services for adults
3132 and juveniles who have a mental illness, substance abuse
3133 disorder, or co-occurring mental health and substance abuse
3134 disorders and who are in, or at risk of entering, the criminal
3135 or juvenile justice systems.

3136 (2) The department shall establish a Criminal Justice,
3137 Mental Health, and Substance Abuse Statewide Grant Policy Review
3138 Committee. The committee shall include:

3139 (a) One representative of the Department of Children and
3140 Families;

3141 (b) One representative of the Department of Corrections;

3142 (c) One representative of the Department of Juvenile
3143 Justice;



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3144 (d) One representative of the Department of Elderly
3145 Affairs; ~~and~~
3146 (e) One representative of the Office of the State Courts
3147 Administrator;
3148 (f) One representative of the Department of Veterans'
3149 Affairs;
3150 (g) One representative of the Florida Sheriffs Association;
3151 (h) One representative of the Florida Police Chiefs
3152 Association;
3153 (i) One representative of the Florida Association of
3154 Counties;
3155 (j) One representative of the Florida Alcohol and Drug
3156 Abuse Association;
3157 (k) One representative of the Florida Association of
3158 Managing Entities;
3159 (l) One representative of the Florida Council for Community
3160 Mental Health; and
3161 (m) One administrator of a state-licensed limited mental
3162 health assisted living facility.
3163 (3) The committee shall serve as the advisory body to
3164 review policy and funding issues that help reduce the impact of
3165 persons with mental illnesses and substance use disorders on
3166 communities, criminal justice agencies, and the court system.
3167 The committee shall advise the department in selecting
3168 priorities for grants and investing awarded grant moneys.
3169 (4) The department shall create a grant review and
3170 selection committee that has experience in substance use and
3171 mental health disorders, community corrections, and law
3172 enforcement. To the extent possible, the ~~members of the~~



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3173 committee shall have expertise in ~~grant writing~~, grant
3174 reviewing~~7~~ and grant application scoring.

3175 (5) ~~(3)~~ (a) A county, or not-for-profit community provider,
3176 managing entity, or coordinated care organization designated by
3177 the county planning council or committee, as described in s.
3178 394.657, may apply for a 1-year planning grant or a 3-year
3179 implementation or expansion grant. The purpose of the grants is
3180 to demonstrate that investment in treatment efforts related to
3181 mental illness, substance abuse disorders, or co-occurring
3182 mental health and substance abuse disorders results in a reduced
3183 demand on the resources of the judicial, corrections, juvenile
3184 detention, and health and social services systems.

3185 (b) To be eligible to receive a 1-year planning grant or a
3186 3-year implementation or expansion grant:~~7~~

3187 1. A county applicant must have a county planning council
3188 or committee that is in compliance with the membership
3189 requirements set forth in this section.

3190 2. A not-for-profit community provider, managing entity, or
3191 coordinated care organization must be designated by the county
3192 planning council or committee and have written authorization to
3193 submit an application. A not-for-profit community provider,
3194 managing entity, or coordinated care organization must have
3195 written authorization for each application it submits.

3196 (c) The department may award a 3-year implementation or
3197 expansion grant to an applicant who has not received a 1-year
3198 planning grant.

3199 (d) The department may require an applicant to conduct
3200 sequential intercept mapping for a project. For purposes of this
3201 paragraph, the term "sequential intercept mapping" means a



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3202 process for reviewing a local community's mental health,
3203 substance abuse, criminal justice, and related systems and
3204 identifying points of interceptions where interventions may be
3205 made to prevent an individual with a substance use disorder or
3206 mental illness from deeper involvement in the criminal justice
3207 system.

3208 (6)-(4) The grant review and selection committee shall
3209 select the grant recipients and notify the department of
3210 Children and Families in writing of the recipients' names of the
3211 applicants who have been selected by the committee to receive a
3212 grant. Contingent upon the availability of funds and upon
3213 notification by the review committee of those applicants
3214 approved to receive planning, implementation, or expansion
3215 grants, the department ~~of Children and Families~~ may transfer
3216 funds appropriated for the grant program to a selected grant
3217 recipient ~~any county awarded a grant.~~

3218 Section 25. Paragraph (a) of subsection (1) of section
3219 394.875, Florida Statutes, is amended to read:

3220 394.875 Crisis stabilization units, residential treatment
3221 facilities, and residential treatment centers for children and
3222 adolescents; authorized services; license required.-

3223 (1) (a) The purpose of a crisis stabilization unit is to
3224 stabilize and redirect a client to the most appropriate and
3225 least restrictive community setting available, consistent with
3226 the client's needs. Crisis stabilization units may screen,
3227 assess, and admit for stabilization persons who present
3228 themselves to the unit and persons who are brought to the unit
3229 under s. 394.463. Clients may be provided 24-hour observation,
3230 medication prescribed by a physician or psychiatrist, and other



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3231 appropriate services. Crisis stabilization units shall provide
3232 services regardless of the client's ability to pay ~~and shall be~~
3233 ~~limited in size to a maximum of 30 beds.~~

3234 Section 26. Section 765.4015, Florida Statutes, is created
3235 to read:

3236 765.4015 Short title.—Sections 765.402–765.411 may be cited
3237 as the “Jennifer Act.”

3238 Section 27. Section 765.402, Florida Statutes, is created
3239 to read:

3240 765.402 Legislative findings.—

3241 (1) The Legislature recognizes that an individual with
3242 capacity has the ability to control decisions relating to his or
3243 her own mental health care or substance abuse treatment. The
3244 Legislature finds that:

3245 (a) Substance abuse and some mental illnesses cause
3246 individuals to fluctuate between capacity and incapacity;

3247 (b) During periods when an individual's capacity is
3248 unclear, the individual may be unable to provide informed
3249 consent necessary to access needed treatment;

3250 (c) Early treatment may prevent an individual from becoming
3251 so ill that involuntary treatment is necessary; and

3252 (d) Individuals with substance abuse impairment or mental
3253 illness need an established procedure to express their
3254 instructions and preferences for treatment and provide advance
3255 consent to or refusal of treatment. This procedure should be
3256 less expensive and less restrictive than guardianship.

3257 (2) The Legislature further recognizes that:

3258 (a) A mental health or substance abuse treatment advance
3259 directive must provide the individual with a full range of



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3260 choices.

3261 (b) For a mental health or substance abuse directive to be
3262 an effective tool, individuals must be able to choose how they
3263 want their directives to be applied, including the right of
3264 revocation, during periods when they are incompetent to consent
3265 to treatment.

3266 (c) There must be a clear process so that treatment
3267 providers can abide by an individual's treatment choices.

3268 Section 28. Section 765.403, Florida Statutes, is created
3269 to read:

3270 765.403 Definitions.—As used in this part, the term:

3271 (1) "Adult" means any individual who has attained the age
3272 of majority or is an emancipated minor.

3273 (2) "Capacity" means that an adult has not been found to be
3274 incapacitated pursuant to s. 394.463.

3275 (3) "Health care facility" means a hospital, nursing home,
3276 hospice, home health agency, or health maintenance organization
3277 licensed in this state, or any facility subject to part I of
3278 chapter 394.

3279 (4) "Incapacity" or "incompetent" means an adult who is:

3280 (a) Unable to understand the nature, character, and
3281 anticipated results of proposed treatment or alternatives or the
3282 recognized serious possible risks, complications, and
3283 anticipated benefits of treatments and alternatives, including
3284 nontreatment;

3285 (b) Physically or mentally unable to communicate a willful
3286 and knowing decision about mental health care or substance abuse
3287 treatment;

3288 (c) Unable to communicate his or her understanding or



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3289 treatment decisions; or

3290 (d) Determined incompetent pursuant to s. 394.463.

3291 (5) "Informed consent" means consent voluntarily given by a
3292 person after a sufficient explanation and disclosure of the
3293 subject matter involved to enable that person to have a general
3294 understanding of the treatment or procedure and the medically
3295 acceptable alternatives, including the substantial risks and
3296 hazards inherent in the proposed treatment or procedures or
3297 nontreatment, and to make knowing mental health care or
3298 substance abuse treatment decisions without coercion or undue
3299 influence.

3300 (6) "Interested person" means, for the purposes of this
3301 chapter, any person who may reasonably be expected to be
3302 affected by the outcome of the particular proceeding involved,
3303 including anyone interested in the welfare of an incapacitated
3304 person.

3305 (7) "Mental health or substance abuse treatment advance
3306 directive" means a written document in which the principal makes
3307 a declaration of instructions or preferences or appoints a
3308 surrogate to make decisions on behalf of the principal regarding
3309 the principal's mental health or substance abuse treatment, or
3310 both.

3311 (8) "Mental health professional" means a psychiatrist,
3312 psychologist, psychiatric nurse, or social worker, and such
3313 other mental health professionals licensed pursuant to chapter
3314 458, chapter 459, chapter 464, chapter 490, or chapter 491.

3315 (9) "Principal" means a competent adult who executes a
3316 mental health or substance abuse treatment advance directive and
3317 on whose behalf mental health care or substance abuse treatment



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3318 decisions are to be made.

3319 (10) "Surrogate" means any competent adult expressly
3320 designated by a principal to make mental health care or
3321 substance abuse treatment decisions on behalf of the principal
3322 as set forth in the principal's mental health or substance abuse
3323 treatment advance directive or self-binding arrangement as those
3324 terms are defined in this part.

3325 Section 29. Section 765.405, Florida Statutes, is created
3326 to read:

3327 765.405 Mental health or substance abuse treatment advance
3328 directive; execution; allowable provisions.-

3329 (1) An adult with capacity may execute a mental health or
3330 substance abuse treatment advance directive.

3331 (2) A directive executed in accordance with this section is
3332 presumed to be valid. The inability to honor one or more
3333 provisions of a directive does not affect the validity of the
3334 remaining provisions.

3335 (3) A directive may include any provision relating to
3336 mental health or substance abuse treatment or the care of the
3337 principal. Without limitation, a directive may include:

3338 (a) The principal's preferences and instructions for mental
3339 health or substance abuse treatment.

3340 (b) Consent to specific types of mental health or substance
3341 abuse treatment.

3342 (c) Refusal to consent to specific types of mental health
3343 or substance abuse treatment.

3344 (d) Descriptions of situations that may cause the principal
3345 to experience a mental health or substance abuse crisis.

3346 (e) Suggested alternative responses that may supplement or



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3347 be in lieu of direct mental health or substance abuse treatment,
3348 such as treatment approaches from other providers.

3349 (f) The principal's nomination of a guardian, limited
3350 guardian, or guardian advocate as provided chapter 744.

3351 (4) A directive may be combined with or be independent of a
3352 nomination of a guardian, other durable power of attorney, or
3353 other advance directive.

3354 Section 30. Section 765.406, Florida Statutes, is created
3355 to read:

3356 765.406 Execution of a mental health or substance abuse
3357 advance directive; effective date; expiration.-

3358 (1) A directive must:

3359 (a) Be in writing.

3360 (b) Contain language that clearly indicates that the
3361 principal intends to create a directive.

3362 (c) Be dated and signed by the principal or, if the
3363 principal is unable to sign, at the principal's direction in the
3364 principal's presence.

3365 (d) Be witnessed by two adults, each of whom must declare
3366 that he or she personally knows the principal and was present
3367 when the principal dated and signed the directive, and that the
3368 principal did not appear to be incapacitated or acting under
3369 fraud, undue influence, or duress. The person designated as the
3370 surrogate may not act as a witness to the execution of the
3371 document designating the mental health or substance abuse care
3372 treatment surrogate. At least one person who acts as a witness
3373 must be neither the principal's spouse nor his or her blood
3374 relative.

3375 (2) A directive is valid upon execution, but all or part of



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3376 the directive may take effect at a later date as designated by
3377 the principal in the directive.

3378 (3) A directive may:

3379 (a) Be revoked, in whole or in part, pursuant to s.
3380 765.407; or

3381 (b) Expire under its own terms.

3382 (4) A directive does not or may not:

3383 (a) Create an entitlement to mental health, substance
3384 abuse, or medical treatment or supersede a determination of
3385 medical necessity.

3386 (b) Obligate any health care provider, professional person,
3387 or health care facility to pay the costs associated with the
3388 treatment requested.

3389 (c) Obligate a health care provider, professional person,
3390 or health care facility to be responsible for the nontreatment
3391 or personal care of the principal or the principal's personal
3392 affairs outside the scope of services the facility normally
3393 provides.

3394 (d) Replace or supersede any will or testamentary document
3395 or supersede the provision of intestate succession.

3396 Section 31. Section 765.407, Florida Statutes, is created
3397 to read:

3398 765.407 Revocation; waiver.—

3399 (1) A principal with capacity may, by written statement of
3400 the principal or at the principal's direction in the principal's
3401 presence, revoke a directive in whole or in part.

3402 (2) The principal shall provide a copy of his or her
3403 written statement of revocation to his or her agent, if any, and
3404 to each health care provider, professional person, or health



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3405 care facility that received a copy of the directive from the
3406 principal.

3407 (3) The written statement of revocation is effective as to
3408 a health care provider, professional person, or health care
3409 facility upon receipt. The professional person, health care
3410 provider, or health care facility, or persons acting under their
3411 direction, shall make the statement of revocation part of the
3412 principal's medical record.

3413 (4) A directive also may:

3414 (a) Be revoked, in whole or in part, expressly or to the
3415 extent of any inconsistency, by a subsequent directive; or

3416 (b) Be superseded or revoked by a court order, including
3417 any order entered in a criminal matter. The individual's family,
3418 the health care facility, the attending physician, or any other
3419 interested person who may be directly affected by the
3420 surrogate's decision concerning any health care may seek
3421 expedited judicial intervention pursuant to rule 5.900 of the
3422 Florida Probate Rules, if that person believes:

3423 1. The surrogate's decision is not in accord with the
3424 individual's known desires;

3425 2. The advance directive is ambiguous, or the individual
3426 has changed his or her mind after execution of the advance
3427 directive;

3428 3. The surrogate was improperly designated or appointed, or
3429 the designation of the surrogate is no longer effective or has
3430 been revoked;

3431 4. The surrogate has failed to discharge duties, or
3432 incapacity or illness renders the surrogate incapable of
3433 discharging duties;



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3434 5. The surrogate has abused powers; or
3435 6. The individual has sufficient capacity to make his or
3436 her own health care decisions.
3437 (5) A directive that would have otherwise expired but is
3438 effective because the principal is incapacitated remains
3439 effective until the principal is no longer incapacitated unless
3440 the principal elected to be able to revoke while incapacitated
3441 and has revoked the directive.
3442 (6) When a principal with capacity consents to treatment
3443 that differs from, or refuses treatment consented to in, his or
3444 her directive, the consent or refusal constitutes a waiver of a
3445 particular provision and does not constitute a revocation of the
3446 provision or the directive unless that principal also revokes
3447 the provision or directive.
3448 Section 32. Section 765.410, Florida Statutes, is created
3449 to read:
3450 765.410 Immunity from liability; weight of proof;
3451 presumption.—
3452 (1) A health care facility, provider, or other person who
3453 acts under the direction of a health care facility or provider
3454 is not subject to criminal prosecution or civil liability, and
3455 may not be deemed to have engaged in unprofessional conduct, as
3456 a result of carrying out a mental health care or substance abuse
3457 treatment decision made in accordance with this section. The
3458 surrogate who makes a mental health care or substance abuse
3459 treatment decision on a principal's behalf, pursuant to this
3460 section, is not subject to criminal prosecution or civil
3461 liability for such action.
3462 (2) This section applies unless it is shown by a



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3463 preponderance of the evidence that the person authorizing or
3464 carrying out a mental health or substance abuse treatment
3465 decision did not, in good faith, comply with this section.

3466 Section 33. Section 765.411, Florida Statutes, is created
3467 to read:

3468 765.411 Recognition of mental health and substance abuse
3469 treatment advance directive executed in another state.—A mental
3470 health or substance abuse treatment advance directive executed
3471 in another state in compliance with the law of that state is
3472 validly executed for the purposes of this chapter.

3473 Section 34. Section 916.185, Florida Statutes, is created
3474 to read:

3475 916.185 Forensic Hospital Diversion Pilot Program.—

3476 (1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds
3477 that many jail inmates who have serious mental illnesses and who
3478 are committed to state forensic mental health treatment
3479 facilities for restoration of competency to proceed could be
3480 served more effectively and at less cost in community-based
3481 alternative programs. The Legislature further finds that many
3482 individuals who have serious mental illnesses and who have been
3483 discharged from state forensic mental health treatment
3484 facilities could avoid recidivism in the criminal justice and
3485 forensic mental health systems if they received specialized
3486 treatment in the community. Therefore, it is the intent of the
3487 Legislature to create the Forensic Hospital Diversion Pilot
3488 Program to serve individuals who have mental illnesses or co-
3489 occurring mental illnesses and substance use disorders and who
3490 are admitted to or are at risk of entering state forensic mental
3491 health treatment facilities, prisons, jails, or state civil



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3492 mental health treatment facilities.

3493 (2) DEFINITIONS.—As used in this section, the term:

3494 (a) "Best practices" means treatment services that
3495 incorporate the most effective and acceptable interventions
3496 available in the care and treatment of individuals who are
3497 diagnosed as having mental illnesses or co-occurring mental
3498 illnesses and substance use disorders.

3499 (b) "Community forensic system" means the community mental
3500 health and substance use forensic treatment system, including
3501 the comprehensive set of services and supports provided to
3502 individuals involved in or at risk of becoming involved in the
3503 criminal justice system.

3504 (c) "Evidence-based practices" means interventions and
3505 strategies that, based on the best available empirical research,
3506 demonstrate effective and efficient outcomes in the care and
3507 treatment of individuals who are diagnosed as having mental
3508 illnesses or co-occurring mental illnesses and substance use
3509 disorders.

3510 (3) CREATION.—There is created a Forensic Hospital
3511 Diversion Pilot Program to provide, when appropriate,
3512 competency-restoration and community-reintegration services in
3513 locked residential treatment facilities, based on considerations
3514 of public safety, the needs of the individual, and available
3515 resources.

3516 (a) The department shall implement a Forensic Hospital
3517 Diversion Pilot Program in Alachua, Broward, Escambia,
3518 Hillsborough, and Miami-Dade Counties, in conjunction with the
3519 Eighth Judicial Circuit, the Seventeenth Judicial Circuit, the
3520 First Judicial Circuit, the Thirteenth Judicial Circuit, and the



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3521 Eleventh Judicial Circuit, respectively, which shall be modeled
3522 after the Miami-Dade Forensic Alternative Center, taking into
3523 account local needs and subject to the availability of local
3524 resources.

3525 (b) In creating and implementing the program, the
3526 department shall include a comprehensive continuum of care and
3527 services which uses evidence-based practices and best practices
3528 to treat individuals who have mental health and co-occurring
3529 substance use disorders.

3530 (c) The department and the respective judicial circuits
3531 shall implement this section within available resources. State
3532 funding may be made available through a specific appropriation.

3533 (4) ELIGIBILITY.—Participation in the Forensic Hospital
3534 Diversion Pilot Program is limited to individuals who:

3535 (a) Are 18 years of age or older;

3536 (b) Are charged with a felony of the second degree or a
3537 felony of the third degree;

3538 (c) Do not have a significant history of violent criminal
3539 offenses;

3540 (d) Have been adjudicated incompetent to proceed to trial
3541 or not guilty by reason of insanity under this part;

3542 (e) Meet public safety and treatment criteria established
3543 by the department for placement in a community setting; and

3544 (f) Would be admitted to a state mental health treatment
3545 facility if not for the availability of the Forensic Hospital
3546 Diversion Pilot Program.

3547 (5) TRAINING.—The Legislature encourages the Florida
3548 Supreme Court, in consultation and cooperation with the Task
3549 Force on Substance Abuse and Mental Health Issues in the Courts,



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3550 to develop educational training on the community forensic system
3551 for judges in the pilot program areas.

3552 (6) RULEMAKING.—The department may adopt rules to
3553 administer this section.

3554 (7) REPORT.—The Office of Program Policy Analysis and
3555 Government Accountability shall review and evaluate the Forensic
3556 Hospital Diversion Pilot Program and submit a report to the
3557 Governor, the President of the Senate, and the Speaker of the
3558 House of Representatives by December 31, 2016. The report shall
3559 examine the efficiency and cost-effectiveness of providing
3560 forensic mental health services in secure, outpatient,
3561 community-based settings. In addition, the report shall examine
3562 the impact of the Forensic Hospital Diversion Pilot Program on
3563 public health and safety.

3564 Section 35. Section 944.805, Florida Statutes, is created
3565 to read:

3566 944.805 Nonviolent offender reentry program.—

3567 (1) As used in this section, the term:

3568 (a) "Department" means the Department of Corrections.

3569 (b) "Nonviolent offender" means an offender whose primary
3570 offense is a felony of the third degree, who is not the subject
3571 of a domestic violence injunction currently in force, and who
3572 has never been convicted of:

3573 1. A forcible felony as defined in s. 776.08;

3574 2. An offense specified in s. 775.082(9)(a)1.r., regardless
3575 of prior incarceration or release;

3576 3. An offense described in chapter 847;

3577 4. An offense under chapter 827;

3578 5. Any offense specified in s. 784.07, s. 784.074, s.



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3579 784.075, s. 784.076, s. 784.08, s. 784.083, or s. 784.085;

3580 6. Any offense involving the possession or use of a
3581 firearm;

3582 7. A capital felony or a felony of the first or second
3583 degree;

3584 8. Any offense that requires a person to register as a
3585 sexual offender pursuant to s. 943.0435.

3586 (2) (a) The department shall develop and administer a
3587 reentry program for nonviolent offenders. The reentry program
3588 must include prison-based substance abuse treatment, general
3589 education development and adult basic education courses,
3590 vocational training, training in decisionmaking and personal
3591 development, and other rehabilitation programs.

3592 (b) The reentry program is intended to divert nonviolent
3593 offenders from long periods of incarceration when a reduced
3594 period of incarceration supplemented by participation in
3595 intensive substance abuse treatment and rehabilitative
3596 programming could produce the same deterrent effect, protect the
3597 public, rehabilitate the offender, and reduce recidivism.

3598 (c) The nonviolent offender must serve at least 6 months in
3599 the reentry program. The offender may not count any portion of
3600 his or her sentence served before placement in the reentry
3601 program as progress toward program completion.

3602 (d) A reentry program may be operated in a secure area in
3603 or adjacent to a correctional institution.

3604 (3) The department shall screen offenders committed to the
3605 department for eligibility to participate in the reentry program
3606 using the criteria in this section. To be eligible, an offender
3607 must be a nonviolent offender, must have served at least one-



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3608 half of his or her original sentence, and must have been
3609 identified as needing substance abuse treatment.

3610 (4) In addition, the department must consider the following
3611 factors when selecting participants for the reentry program:

3612 (a) The offender's history of disciplinary reports.

3613 (b) The offender's criminal history.

3614 (c) The severity of the offender's addiction.

3615 (d) The offender's history of criminal behavior related to
3616 substance abuse.

3617 (e) Whether the offender has participated or requested to
3618 participate in any general educational development certificate
3619 program or other educational, technical, work, vocational, or
3620 self-rehabilitation program.

3621 (f) The results of any risk assessment of the offender.

3622 (g) The outcome of all past participation of the offender
3623 in substance abuse treatment programs.

3624 (h) The possible rehabilitative benefits that substance
3625 abuse treatment, educational programming, vocational training,
3626 and other rehabilitative programming might have on the offender.

3627 (i) The likelihood that the offender's participation in the
3628 program will produce the same deterrent effect, protect the
3629 public, save taxpayer dollars, and prevent or delay recidivism
3630 to an equal or greater extent than completion of the sentence
3631 previously imposed.

3632 (5) (a) If an offender volunteers to participate in the
3633 reentry program, meets the eligibility criteria, and is selected
3634 by the department based on the considerations in subsection (4)
3635 and if space is available in the reentry program, the department
3636 may request the sentencing court to approve the offender's



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3637 participation in the reentry program. The request must be made
3638 in writing, must include a brief summation of the department's
3639 evaluation under subsection (4), and must identify the documents
3640 or other information upon which the evaluation is based. The
3641 request and all accompanying documents may be delivered to the
3642 sentencing court electronically.

3643 (b)1. The department shall notify the state attorney that
3644 the offender is being considered for placement in the reentry
3645 program. The notice must include a copy of all documents
3646 provided with the request to the court. The notice and all
3647 accompanying documents may be delivered to the state attorney
3648 electronically and may take the form of a copy of an electronic
3649 delivery made to the sentencing court.

3650 2. The notice must also state that the state attorney may
3651 notify the sentencing court in writing of any objection he or
3652 she may have to placement of the nonviolent offender in the
3653 reentry program. Such notification must be made within 15 days
3654 after receipt of the notice by the state attorney from the
3655 department. Regardless of whether an objection is raised, the
3656 state attorney may provide the sentencing court with any
3657 information supplemental or contrary to the information provided
3658 by the department which may assist the court in its
3659 determination.

3660 (c) In determining whether to approve a nonviolent offender
3661 for participation in the reentry program, the sentencing court
3662 may consider any facts that the court considers relevant,
3663 including, but not limited to, the criteria listed in subsection
3664 (4); the original sentencing report and any evidence admitted in
3665 a previous sentencing proceeding; the offender's record of



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3666 arrests without conviction for crimes; any other evidence of
3667 allegations of unlawful conduct or the use of violence by the
3668 offender; the offender's family ties, length of residence in the
3669 community, employment history, and mental condition; the
3670 likelihood that participation in the program will produce the
3671 same deterrent effect, rehabilitate the offender, and prevent or
3672 delay recidivism to an equal or greater extent than completion
3673 of the sentence previously imposed; and the likelihood that the
3674 offender will engage again in criminal conduct.

3675 (d) The sentencing court shall notify the department in
3676 writing of the court's decision to approve or disapprove the
3677 requested placement of the nonviolent offender no later than 30
3678 days after the court receives the department's request to place
3679 the offender in the reentry program. If the court approves the
3680 placement, the notification must list the factors upon which the
3681 court relied in making its determination.

3682 (6) After the nonviolent offender is admitted to the
3683 reentry program, he or she shall undergo a complete substance
3684 abuse assessment to determine his or her substance abuse
3685 treatment needs. The offender shall also receive an educational
3686 assessment, which must be accomplished using the Test of Adult
3687 Basic Education or any other testing instrument approved by the
3688 Department of Education. Each offender who has not obtained a
3689 high school diploma shall be enrolled in an adult education
3690 program designed to aid the offender in improving his or her
3691 academic skills and earning a high school diploma. Additional
3692 assessments of the offender's vocational skills and future
3693 career education shall be provided to the offender as needed. A
3694 periodic reevaluation shall be made to assess the progress of



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3695 each offender.

3696 (7) (a) If a nonviolent offender in the reentry program
3697 becomes unmanageable, the department may revoke the offender's
3698 gain-time and place the offender in disciplinary confinement in
3699 accordance with department rule. Except as provided in paragraph
3700 (b), the offender shall be readmitted to the reentry program
3701 after completing the ordered discipline. Any period during which
3702 the offender cannot participate in the reentry program must be
3703 excluded from the specified time requirements in the reentry
3704 program.

3705 (b) The department may terminate an offender from the
3706 reentry program if:

3707 1. The offender commits or threatens to commit a violent
3708 act;

3709 2. The department determines that the offender cannot
3710 participate in the reentry program because of the offender's
3711 medical condition;

3712 3. The offender's sentence is modified or expires;

3713 4. The department reassigns the offender's classification
3714 status; or

3715 5. The department determines that removing the offender
3716 from the reentry program is in the best interest of the offender
3717 or the security of the reentry program facility.

3718 (8) (a) The department shall submit a report to the
3719 sentencing court at least 30 days before the nonviolent offender
3720 is scheduled to complete the reentry program. The report must
3721 describe the offender's performance in the reentry program and
3722 certify whether the performance is satisfactory. The court may
3723 schedule a hearing to consider any modification to the imposed



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3724 sentence. Notwithstanding the eligibility criteria contained in
3725 s. 948.20, if the offender's performance is satisfactory to the
3726 department and the court, the court shall issue an order
3727 modifying the sentence imposed and placing the offender on drug
3728 offender probation, as described in s. 948.20(2), subject to the
3729 department's certification of the offender's successful
3730 completion of the remainder of the reentry program. The term of
3731 drug offender probation must not be less than the remaining time
3732 the offender would have served in prison had he or she not
3733 participated in the program. A condition of drug offender
3734 probation may include electronic monitoring or placement in a
3735 community residential or nonresidential licensed substance abuse
3736 treatment facility under the jurisdiction of the department or
3737 the Department of Children and Families or any public or private
3738 entity providing such services. The order must include findings
3739 that the offender's performance is satisfactory, that the
3740 requirements for resentencing under this section are satisfied,
3741 and that public safety will not be compromised. If the
3742 nonviolent offender violates the conditions of drug offender
3743 probation, the court may revoke probation and impose any
3744 sentence that it might have originally imposed. An offender may
3745 not be released from the custody of the department under this
3746 section except pursuant to a judicial order modifying his or her
3747 sentence.

3748 (b) If an offender released pursuant to paragraph (a)
3749 intends to reside in a county that has established a
3750 postadjudicatory drug court program as described in s. 397.334,
3751 the sentencing court may require the offender to successfully
3752 complete the postadjudicatory drug court program as a condition



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3753 of drug offender probation. The original sentencing court shall
3754 relinquish jurisdiction of the offender's case to the
3755 postadjudicatory drug court program until the offender is no
3756 longer active in the program, the case is returned to the
3757 sentencing court due to the offender's termination from the
3758 program for failure to comply with the terms of the program, or
3759 the offender's sentence is completed. An offender who is
3760 transferred to a postadjudicatory drug court program shall
3761 comply with all conditions and orders of the program.

3762 (9) The department shall implement the reentry program to
3763 the fullest extent feasible within available resources.

3764 (10) The department may enter into performance-based
3765 contracts with qualified individuals, agencies, or corporations
3766 for the provision of any or all of the services for the reentry
3767 program. However, an offender may not be released from the
3768 custody of the department under this section except pursuant to
3769 a judicial order modifying a sentence.

3770 (11) A nonviolent offender in the reentry program is
3771 subject to rules of conduct established by the department and
3772 may have sanctions imposed, including loss of privileges,
3773 restrictions, disciplinary confinement, alteration of release
3774 plans, or other program modifications in keeping with the nature
3775 and gravity of the program violation. Administrative or
3776 protective confinement, as necessary, may be imposed.

3777 (12) This section does not create or confer any right to
3778 any offender to placement in the reentry program or any right to
3779 placement or early release under supervision of any type. An
3780 inmate does not have a cause of action under this section
3781 against the department, a court, or the state attorney related



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3782 to the reentry program.

3783 (13) The department may establish a system of incentives
3784 within the reentry program which the department may use to
3785 promote participation in rehabilitative programs and the orderly
3786 operation of institutions and facilities.

3787 (14) The department shall develop a system for tracking
3788 recidivism, including, but not limited to, rearrests and
3789 recommitment of nonviolent offenders who successfully complete
3790 the reentry program, and shall report the recidivism rate in the
3791 annual report required under this section.

3792 (15) The department shall submit an annual report to the
3793 Governor, the President of the Senate, and the Speaker of the
3794 House of Representatives detailing the extent of implementation
3795 of the reentry program and the number of participants who are
3796 selected by the department, the number of participants who are
3797 approved by the court, and the number of participants who
3798 successfully complete the program. The report must include a
3799 reasonable estimate or description of the additional public
3800 costs incurred and any public funds saved with respect to each
3801 participant, a brief description of each sentence modification,
3802 and a brief description of the subsequent criminal history, if
3803 any, of each participant following any modification of sentence
3804 under this section. The report must also include future goals
3805 and any recommendations that the department has for future
3806 legislative action.

3807 (16) The department shall adopt rules as necessary to
3808 administer the reentry program.

3809 (17) Nothing in this section is severable from the
3810 remaining provisions of this section. If any subsection of this



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3811 section is determined by any state or federal court to be not
3812 fully enforceable, this section shall stand repealed in its
3813 entirety.

3814 Section 36. Paragraph (a) of subsection (7) of section
3815 948.08, Florida Statutes, is amended to read:

3816 948.08 Pretrial intervention program.—

3817 (7) (a) Notwithstanding any provision of this section, a
3818 person who is charged with a felony, other than a felony listed
3819 in s. 948.06(8)(c), and identified as a veteran, as defined in
3820 s. 1.01, including a veteran who was discharged or released
3821 under a general discharge, or servicemember, as defined in s.
3822 250.01, who suffers from a military service-related mental
3823 illness, traumatic brain injury, substance abuse disorder, or
3824 psychological problem, is eligible for voluntary admission into
3825 a pretrial veterans' treatment intervention program approved by
3826 the chief judge of the circuit, upon motion of either party or
3827 the court's own motion, except:

3828 1. If a defendant was previously offered admission to a
3829 pretrial veterans' treatment intervention program at any time
3830 before trial and the defendant rejected that offer on the
3831 record, the court may deny the defendant's admission to such a
3832 program.

3833 2. If a defendant previously entered a court-ordered
3834 veterans' treatment program, the court may deny the defendant's
3835 admission into the pretrial veterans' treatment program.

3836 Section 37. Paragraph (a) of subsection (2) of section
3837 948.16, Florida Statutes, is amended to read:

3838 948.16 Misdemeanor pretrial substance abuse education and
3839 treatment intervention program; misdemeanor pretrial veterans'



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3840 treatment intervention program.-

3841 (2) (a) A veteran, as defined in s. 1.01, including a
3842 veteran who was discharged or released under a general
3843 discharge, or servicemember, as defined in s. 250.01, who
3844 suffers from a military service-related mental illness,
3845 traumatic brain injury, substance abuse disorder, or
3846 psychological problem, and who is charged with a misdemeanor is
3847 eligible for voluntary admission into a misdemeanor pretrial
3848 veterans' treatment intervention program approved by the chief
3849 judge of the circuit, for a period based on the program's
3850 requirements and the treatment plan for the offender, upon
3851 motion of either party or the court's own motion. However, the
3852 court may deny the defendant admission into a misdemeanor
3853 pretrial veterans' treatment intervention program if the
3854 defendant has previously entered a court-ordered veterans'
3855 treatment program.

3856 Section 38. Section 948.21, Florida Statutes, is amended to
3857 read:

3858 948.21 Condition of probation or community control;
3859 military servicemembers and veterans.-

3860 (1) Effective for a probationer or community controllee
3861 whose crime was committed on or after July 1, 2012, and who is a
3862 veteran, as defined in s. 1.01, or servicemember, as defined in
3863 s. 250.01, who suffers from a military service-related mental
3864 illness, traumatic brain injury, substance abuse disorder, or
3865 psychological problem, the court may, in addition to any other
3866 conditions imposed, impose a condition requiring the probationer
3867 or community controllee to participate in a treatment program
3868 capable of treating the probationer or community controllee's



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3869 mental illness, traumatic brain injury, substance abuse
3870 disorder, or psychological problem.

3871 (2) Effective for a probationer or community controllee
3872 whose crime was committed on or after July 1, 2015, and who is a
3873 veteran, as defined in s. 1.01, including a veteran who was
3874 discharged or released under a general discharge, or a
3875 servicemember, as defined in s. 250.01, who suffers from a
3876 military service-related mental illness, traumatic brain injury,
3877 substance abuse disorder, or psychological problem, the court
3878 may impose, in addition to any other conditions imposed, a
3879 condition requiring the probationer or community controllee to
3880 participate in a treatment program established to treat the
3881 probationer or community controllee's mental illness, traumatic
3882 brain injury, substance abuse disorder, or psychological
3883 problem.

3884 (3) The court shall give preference to treatment programs
3885 for which the probationer or community controllee is eligible
3886 through the United States Department of Veterans Affairs or the
3887 Florida Department of Veterans' Affairs. The Department of
3888 Corrections is not required to spend state funds to implement
3889 this section.

3890 Section 39. Paragraph (1) is added to subsection (3) of
3891 section 1002.20, Florida Statutes, to read:

3892 1002.20 K-12 student and parent rights.—Parents of public
3893 school students must receive accurate and timely information
3894 regarding their child's academic progress and must be informed
3895 of ways they can help their child to succeed in school. K-12
3896 students and their parents are afforded numerous statutory
3897 rights including, but not limited to, the following:



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3898 (3) HEALTH ISSUES.—

3899 (1) Notification of involuntary examinations.—The public
3900 school principal or the principal's designee shall immediately
3901 notify the parent of a student who is removed from school,
3902 school transportation, or a school-sponsored activity and taken
3903 to a receiving facility for an involuntary examination pursuant
3904 to s. 394.463. The principal or the principal's designee may
3905 delay notification for no more than 24 hours after the student
3906 is removed from school if the principal or designee deems the
3907 delay to be in the student's best interest and if a report has
3908 been submitted to the central abuse hotline, pursuant to s.
3909 39.201, based upon knowledge or suspicion of abuse, abandonment,
3910 or neglect. Each district school board shall develop a policy
3911 and procedures for notification under this paragraph.

3912 Section 40. Paragraph (q) is added to subsection (9) of
3913 section 1002.33, Florida Statutes, to read:

3914 1002.33 Charter schools.—

3915 (9) CHARTER SCHOOL REQUIREMENTS.—

3916 (q) The charter school principal or the principal's
3917 designee shall immediately notify the parent of a student who is
3918 removed from school, school transportation, or a school-
3919 sponsored activity and taken to a receiving facility for an
3920 involuntary examination pursuant to s. 394.463. The principal or
3921 the principal's designee may delay notification for no more than
3922 24 hours after the student is removed from school if the
3923 principal or designee deems the delay to be in the student's
3924 best interest and if a report has been submitted to the central
3925 abuse hotline, pursuant to s. 39.201, based upon knowledge or
3926 suspicion of abuse, abandonment, or neglect. Each charter school



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3927 governing board shall develop a policy and procedures for
3928 notification under this paragraph.

3929 Section 41. Effective July 1, 2016, paragraph (a) of
3930 subsection (3) of section 39.407, Florida Statutes, is amended
3931 to read:

3932 39.407 Medical, psychiatric, and psychological examination
3933 and treatment of child; physical, mental, or substance abuse
3934 examination of person with or requesting child custody.—

3935 (3) (a) 1. Except as otherwise provided in subparagraph (b) 1.
3936 or paragraph (e), before the department provides psychotropic
3937 medications to a child in its custody, the prescribing physician
3938 shall attempt to obtain express and informed consent, as defined
3939 in s. 394.455(13) ~~s. 394.455(9)~~ and as described in s.

3940 394.459(4)(a) ~~s. 394.459(3)(a)~~, from the child's parent or legal
3941 guardian. The department must take steps necessary to facilitate
3942 the inclusion of the parent in the child's consultation with the
3943 physician. However, if the parental rights of the parent have
3944 been terminated, the parent's location or identity is unknown or
3945 cannot reasonably be ascertained, or the parent declines to give
3946 express and informed consent, the department may, after
3947 consultation with the prescribing physician, seek court
3948 authorization to provide the psychotropic medications to the
3949 child. Unless parental rights have been terminated and if it is
3950 possible to do so, the department shall continue to involve the
3951 parent in the decisionmaking process regarding the provision of
3952 psychotropic medications. If, at any time, a parent whose
3953 parental rights have not been terminated provides express and
3954 informed consent to the provision of a psychotropic medication,
3955 the requirements of this section that the department seek court



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3956 authorization do not apply to that medication until such time as
3957 the parent no longer consents.

3958 2. Any time the department seeks a medical evaluation to
3959 determine the need to initiate or continue a psychotropic
3960 medication for a child, the department must provide to the
3961 evaluating physician all pertinent medical information known to
3962 the department concerning that child.

3963 Section 42. Effective July 1, 2016, subsection (2) of
3964 section 394.4612, Florida Statutes, is amended to read:

3965 394.4612 Integrated adult mental health crisis
3966 stabilization and addictions receiving facilities.—

3967 (2) An integrated mental health crisis stabilization unit
3968 and addictions receiving facility may provide services under
3969 this section to adults who are 18 years of age or older and who
3970 fall into one ~~or more~~ of the following categories:

3971 (a) An adult meeting the requirements for voluntary
3972 admission for mental health treatment under s. 394.4625.

3973 (b) An adult meeting the criteria for involuntary
3974 examination for mental illness under s. 394.463.

3975 (c) An adult qualifying for voluntary admission for
3976 substance abuse treatment under s. 394.4625 ~~s. 397.601~~.

3977 (d) An adult meeting the criteria for involuntary admission
3978 for substance abuse impairment under s. 394.463 ~~s. 397.675~~.

3979 Section 43. Effective July 1, 2016, paragraphs (a) and (c)
3980 of subsection (3) of section 394.495, Florida Statutes, are
3981 amended to read:

3982 394.495 Child and adolescent mental health system of care;
3983 programs and services.—

3984 (3) Assessments must be performed by:



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3985 (a) A professional as defined in s. 394.455(6), (31), (34),
3986 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~;

3987 (c) A person who is under the direct supervision of a
3988 professional as defined in s. 394.455(6), (31), (34), (35), or
3989 (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a professional
3990 licensed under chapter 491.

3991
3992 The department shall adopt by rule statewide standards for
3993 mental health assessments, which must be based on current
3994 relevant professional and accreditation standards.

3995 Section 44. Effective July 1, 2016, subsection (6) of
3996 section 394.496, Florida Statutes, is amended to read:

3997 394.496 Service planning.—

3998 (6) A professional as defined in s. 394.455(6), (31), (34),
3999 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a
4000 professional licensed under chapter 491 must be included among
4001 those persons developing the services plan.

4002 Section 45. Effective July 1, 2016, subsection (2) of
4003 section 394.499, Florida Statutes, is amended to read:

4004 394.499 Integrated children's crisis stabilization
4005 unit/juvenile addictions receiving facility services.—

4006 (2) Children eligible to receive integrated children's
4007 crisis stabilization unit/juvenile addictions receiving facility
4008 services include:

4009 (a) A person under 18 years of age for whom voluntary
4010 application is made by his or her guardian, if such person is
4011 found to show evidence of mental illness and to be suitable for
4012 treatment pursuant to s. 394.4625. A person under 18 years of
4013 age may be admitted for integrated facility services only after



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4014 a hearing to verify that the consent to admission is voluntary.

4015 (b) A person under 18 years of age who may be taken to a
4016 receiving facility for involuntary examination, if there is
4017 reason to believe that he or she is mentally ill and because of
4018 his or her mental illness, pursuant to s. 394.463:

4019 1. Has refused voluntary examination after conscientious
4020 explanation and disclosure of the purpose of the examination; or

4021 2. Is unable to determine for himself or herself whether
4022 examination is necessary; and

4023 a. Without care or treatment is likely to suffer from
4024 neglect or refuse to care for himself or herself; such neglect
4025 or refusal poses a real and present threat of substantial harm
4026 to his or her well-being; and it is not apparent that such harm
4027 may be avoided through the help of willing family members or
4028 friends or the provision of other services; or

4029 b. There is a substantial likelihood that without care or
4030 treatment he or she will cause serious bodily harm to himself or
4031 herself or others in the near future, as evidenced by recent
4032 behavior.

4033 (c) A person under 18 years of age who wishes to enter
4034 treatment for substance abuse and applies to a service provider
4035 for voluntary admission, pursuant to s. 394.4625(1)(a) ~~s.~~
4036 ~~397.601~~.

4037 ~~(d) A person under 18 years of age who meets the criteria~~
4038 ~~for involuntary admission because there is good faith reason to~~
4039 ~~believe the person is substance abuse impaired pursuant to s.~~
4040 ~~397.675 and, because of such impairment:~~

4041 1. ~~Has lost the power of self-control with respect to~~
4042 ~~substance use; and~~



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4043 ~~2.a. Has inflicted, or threatened or attempted to inflict,~~
4044 ~~or unless admitted is likely to inflict, physical harm on~~
4045 ~~himself or herself or another; or~~

4046 ~~b. Is in need of substance abuse services and, by reason of~~
4047 ~~substance abuse impairment, his or her judgment has been so~~
4048 ~~impaired that the person is incapable of appreciating his or her~~
4049 ~~need for such services and of making a rational decision in~~
4050 ~~regard thereto; however, mere refusal to receive such services~~
4051 ~~does not constitute evidence of lack of judgment with respect to~~
4052 ~~his or her need for such services.~~

4053 ~~(d)(e)~~ A person under 18 years of age who meets the
4054 criteria for examination or admission under paragraph (b) ~~or~~
4055 ~~paragraph (d)~~ and has a coexisting mental health and substance
4056 abuse disorder.

4057 Section 46. Effective July 1, 2016, subsection (18) of
4058 section 394.67, Florida Statutes, is amended to read:

4059 394.67 Definitions.—As used in this part, the term:

4060 (18) "Person who is experiencing an acute substance abuse
4061 crisis" means a child, adolescent, or adult who is experiencing
4062 a medical or emotional crisis because of the use of alcoholic
4063 beverages or any psychoactive or mood-altering substance. The
4064 term includes an individual who meets the criteria for
4065 involuntary admission specified in s. 394.463 ~~s. 397.675~~.

4066 Section 47. Effective July 1, 2016, subsection (2) of
4067 section 394.674, Florida Statutes, is amended to read:

4068 394.674 Eligibility for publicly funded substance abuse and
4069 mental health services; fee collection requirements.—

4070 (2) Crisis services, as defined in s. 394.67, must, within
4071 the limitations of available state and local matching resources,



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4072 be available to each person who is eligible for services under
4073 subsection (1), regardless of the person's ability to pay for
4074 such services. A person who is experiencing a mental health
4075 crisis and who does not meet the criteria for involuntary
4076 examination under s. 394.463(1), or a person who is experiencing
4077 a substance abuse crisis and who does not meet the involuntary
4078 admission criteria in s. 394.463 ~~s. 397.675~~, must contribute to
4079 the cost of his or her care and treatment pursuant to the
4080 sliding fee scale developed under subsection (4), unless
4081 charging a fee is contraindicated because of the crisis
4082 situation.

4083 Section 48. Effective July 1, 2016, subsection (6) of
4084 section 394.9085, Florida Statutes, is amended to read:

4085 394.9085 Behavioral provider liability.—

4086 (6) For purposes of this section, the terms "detoxification
4087 services," "addictions receiving facility," and "receiving
4088 facility" have the same meanings as those provided in ss.
4089 397.311(18)(a)4., 397.311(18)(a)1., and 394.455(27) ~~394.455(26)~~,
4090 respectively.

4091 Section 49. Effective July 1, 2016, subsection (11) and
4092 paragraph (a) of subsection (18) of section 397.311, Florida
4093 Statutes, are amended to read:

4094 397.311 Definitions.—As used in this chapter, except part
4095 VIII, the term:

4096 (11) "Habitual abuser" means a person who is brought to the
4097 attention of law enforcement for being substance impaired, who
4098 meets the criteria for involuntary admission in s.394.463 ~~s.~~
4099 ~~397.675~~, and who has been taken into custody for such impairment
4100 three or more times during the preceding 12 months.



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4101 (18) Licensed service components include a comprehensive
4102 continuum of accessible and quality substance abuse prevention,
4103 intervention, and clinical treatment services, including the
4104 following services:

4105 (a) "Clinical treatment" means a professionally directed,
4106 deliberate, and planned regimen of services and interventions
4107 that are designed to reduce or eliminate the misuse of drugs and
4108 alcohol and promote a healthy, drug-free lifestyle. As defined
4109 by rule, "clinical treatment services" include, but are not
4110 limited to, the following licensable service components:

4111 1. "Addictions receiving facility" is a secure, acute care
4112 facility that provides, at a minimum, detoxification and
4113 stabilization services and is operated 24 hours per day, 7 days
4114 per week; and is designated by the department to serve
4115 individuals found to be substance use impaired as described in
4116 s. 394.463 ~~s. 397.675~~ who meet the placement criteria for this
4117 component.

4118 2. "Day or night treatment" is a service provided in a
4119 nonresidential environment, with a structured schedule of
4120 treatment and rehabilitative services.

4121 3. "Day or night treatment with community housing" means a
4122 program intended for individuals who can benefit from living
4123 independently in peer community housing while participating in
4124 treatment services for a minimum of 5 hours a day for a minimum
4125 of 25 hours per week.

4126 4. "Detoxification" is a service involving subacute care
4127 that is provided on an inpatient or an outpatient basis to
4128 assist individuals to withdraw from the physiological and
4129 psychological effects of substance abuse and who meet the



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4130 placement criteria for this component.

4131 5. "Intensive inpatient treatment" includes a planned
4132 regimen of evaluation, observation, medical monitoring, and
4133 clinical protocols delivered through an interdisciplinary team
4134 approach provided 24-hours-per-day ~~24 hours per day~~, 7-days-per-
4135 week ~~7 days per week~~, in a highly structured, live-in
4136 environment.

4137 6. "Intensive outpatient treatment" is a service that
4138 provides individual or group counseling in a more structured
4139 environment, is of higher intensity and duration than outpatient
4140 treatment, and is provided to individuals who meet the placement
4141 criteria for this component.

4142 7. "Medication-assisted treatment for opiate addiction" is
4143 a service that uses methadone or other medication as authorized
4144 by state and federal law, in combination with medical,
4145 rehabilitative, and counseling services in the treatment of
4146 individuals who are dependent on opioid drugs.

4147 8. "Outpatient treatment" is a service that provides
4148 individual, group, or family counseling by appointment during
4149 scheduled operating hours for individuals who meet the placement
4150 criteria for this component.

4151 9. "Residential treatment" is a service provided in a
4152 structured live-in environment within a nonhospital setting on a
4153 24-hours-per-day, 7-days-per-week basis, and is intended for
4154 individuals who meet the placement criteria for this component.

4155 Section 50. Effective July 1, 2016, paragraph (b) of
4156 subsection (2) of section 397.702, Florida Statutes, is amended
4157 to read:

4158 397.702 Authorization of local ordinances for treatment of



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4159 habitual abusers in licensed secure facilities.-

4160 (2) Ordinances for the treatment of habitual abusers must
4161 provide:

4162 (b) That when seeking treatment of a habitual abuser, the
4163 county or municipality, through an officer or agent specified in
4164 the ordinance, must file with the court a petition which alleges
4165 the following information about the alleged habitual abuser (the
4166 respondent):

4167 1. The name, address, age, and gender of the respondent.

4168 2. The name of any spouse, adult child, other relative, or
4169 guardian of the respondent, if known to the petitioner, and the
4170 efforts, if any, by the petitioner, ~~if any~~, to ascertain this
4171 information.

4172 3. The name of the petitioner, the name of the person who
4173 has physical custody of the respondent, and the current location
4174 of the respondent.

4175 4. That the respondent has been taken into custody for
4176 impairment in a public place, or has been arrested for an
4177 offense committed while impaired, three or more times during the
4178 preceding 12 months.

4179 5. Specific facts indicating that the respondent meets the
4180 criteria for involuntary admission in s. 394.463 ~~s. 397.675~~.

4181 6. Whether the respondent was advised of his or her right
4182 to be represented by counsel and to request that the court
4183 appoint an attorney if he or she is unable to afford one, and
4184 whether the respondent indicated to petitioner his or her desire
4185 to have an attorney appointed.

4186 Section 51. Section 402.3057, Florida Statutes, is amended
4187 to read:



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4188 402.3057 Persons not required to be refingerprinted or
4189 rescreened.—Any provision of law to the contrary
4190 notwithstanding, human resource personnel who have been
4191 fingerprinted or screened pursuant to chapters 393, 394, 397,
4192 402, and 409, and teachers and noninstructional personnel who
4193 have been fingerprinted pursuant to chapter 1012, who have not
4194 been unemployed for more than 90 days thereafter, and who under
4195 the penalty of perjury attest to the completion of such
4196 fingerprinting or screening and to compliance with the
4197 provisions of this section and the standards for good moral
4198 character as contained in such provisions as ss. 110.1127(2)(c),
4199 393.0655(1), ~~394.457(6)~~, 397.451, 402.305(2), and 409.175(6),
4200 shall not be required to be refingerprinted or rescreened in
4201 order to comply with any caretaker screening or fingerprinting
4202 requirements.

4203 Section 52. Section 409.1757, Florida Statutes, is amended
4204 to read:

4205 409.1757 Persons not required to be refingerprinted or
4206 rescreened.—Any law to the contrary notwithstanding, human
4207 resource personnel who have been fingerprinted or screened
4208 pursuant to chapters 393, 394, 397, 402, and this chapter,
4209 teachers who have been fingerprinted pursuant to chapter 1012,
4210 and law enforcement officers who meet the requirements of s.
4211 943.13, who have not been unemployed for more than 90 days
4212 thereafter, and who under the penalty of perjury attest to the
4213 completion of such fingerprinting or screening and to compliance
4214 with this section and the standards for good moral character as
4215 contained in such provisions as ss. 110.1127(2)(c), 393.0655(1),
4216 ~~394.457(6)~~, 397.451, 402.305(2), 409.175(6), and 943.13(7), are



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4217 not required to be refingerprinted or rescreened in order to
4218 comply with any caretaker screening or fingerprinting
4219 requirements.

4220 Section 53. Effective July 1, 2016, paragraph (b) of
4221 subsection (1) of section 409.972, Florida Statutes, is amended
4222 to read:

4223 409.972 Mandatory and voluntary enrollment.—

4224 (1) The following Medicaid-eligible persons are exempt from
4225 mandatory managed care enrollment required by s. 409.965, and
4226 may voluntarily choose to participate in the managed medical
4227 assistance program:

4228 (b) Medicaid recipients residing in residential commitment
4229 facilities operated through the Department of Juvenile Justice
4230 or mental health treatment facilities as defined by s.
4231 394.455(47) ~~s. 394.455(32)~~.

4232 Section 54. Effective July 1, 2016, subsection (7) of
4233 section 744.704, Florida Statutes, is amended to read:

4234 744.704 Powers and duties.—

4235 (7) A public guardian shall not commit a ward to a mental
4236 health treatment facility, as defined in s. 394.455(47) ~~s.~~
4237 ~~394.455(32)~~, without an involuntary placement proceeding as
4238 provided by law.

4239 Section 55. Effective July 1, 2016, paragraph (a) of
4240 subsection (2) of section 790.065, Florida Statutes, is amended
4241 to read:

4242 790.065 Sale and delivery of firearms.—

4243 (2) Upon receipt of a request for a criminal history record
4244 check, the Department of Law Enforcement shall, during the
4245 licensee's call or by return call, forthwith:



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4246 (a) Review any records available to determine if the
4247 potential buyer or transferee:
4248 1. Has been convicted of a felony and is prohibited from
4249 receipt or possession of a firearm pursuant to s. 790.23;
4250 2. Has been convicted of a misdemeanor crime of domestic
4251 violence, and therefore is prohibited from purchasing a firearm;
4252 3. Has had adjudication of guilt withheld or imposition of
4253 sentence suspended on any felony or misdemeanor crime of
4254 domestic violence unless 3 years have elapsed since probation or
4255 any other conditions set by the court have been fulfilled or
4256 expunction has occurred; or
4257 4. Has been adjudicated mentally defective or has been
4258 committed to a mental institution by a court or as provided in
4259 sub-sub-subparagraph b.(II), and as a result is prohibited by
4260 state or federal law from purchasing a firearm.
4261 a. As used in this subparagraph, "adjudicated mentally
4262 defective" means a determination by a court that a person, as a
4263 result of marked subnormal intelligence, or mental illness,
4264 incompetency, condition, or disease, is a danger to himself or
4265 herself or to others or lacks the mental capacity to contract or
4266 manage his or her own affairs. The phrase includes a judicial
4267 finding of incapacity under s. 744.331(6)(a), an acquittal by
4268 reason of insanity of a person charged with a criminal offense,
4269 and a judicial finding that a criminal defendant is not
4270 competent to stand trial.
4271 b. As used in this subparagraph, "committed to a mental
4272 institution" means:
4273 (I) Involuntary commitment, commitment for mental
4274 defectiveness or mental illness, and commitment for substance



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4275 abuse. The phrase includes involuntary inpatient placement as
4276 defined in s. 394.467, involuntary outpatient placement as
4277 defined in s. 394.4655, involuntary assessment and stabilization
4278 under s. 394.463(2)(g) ~~s. 397.6818~~, or ~~and~~ involuntary substance
4279 abuse treatment under s. 394.463 ~~s. 397.6957~~, but does not
4280 include a person in a mental institution for observation or
4281 discharged from a mental institution based upon the initial
4282 review by the physician or a voluntary admission to a mental
4283 institution; or

4284 (II) Notwithstanding sub-sub-subparagraph (I), voluntary
4285 admission to a mental institution for outpatient or inpatient
4286 treatment of a person who had an involuntary examination under
4287 s. 394.463, where each of the following conditions have been
4288 met:

4289 (A) An examining physician found that the person is an
4290 imminent danger to himself or herself or others.

4291 (B) The examining physician certified that if the person
4292 did not agree to voluntary treatment, a petition for involuntary
4293 outpatient or inpatient treatment would have been filed under s.
4294 394.463(2)(g) ~~s. 394.463(2)(i)4.~~, or the examining physician
4295 certified that a petition was filed and the person subsequently
4296 agreed to voluntary treatment prior to a court hearing on the
4297 petition.

4298 (C) Before agreeing to voluntary treatment, the person
4299 received written notice of that finding and certification, and
4300 written notice that as a result of such finding, he or she may
4301 be prohibited from purchasing a firearm, and may not be eligible
4302 to apply for or retain a concealed weapon or firearms license
4303 under s. 790.06 and the person acknowledged such notice in



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4304 writing, in substantially the following form:

4305

4306 "I understand that the doctor who examined me believes I am
4307 a danger to myself or to others. I understand that if I do not
4308 agree to voluntary treatment, a petition will be filed in court
4309 to require me to receive involuntary treatment. I understand
4310 that if that petition is filed, I have the right to contest it.
4311 In the event a petition has been filed, I understand that I can
4312 subsequently agree to voluntary treatment prior to a court
4313 hearing. I understand that by agreeing to voluntary treatment in
4314 either of these situations, I may be prohibited from buying
4315 firearms and from applying for or retaining a concealed weapons
4316 or firearms license until I apply for and receive relief from
4317 that restriction under Florida law."

4318

4319 (D) A judge or a magistrate has, pursuant to sub-sub-
4320 subparagraph c.(II), reviewed the record of the finding,
4321 certification, notice, and written acknowledgment classifying
4322 the person as an imminent danger to himself or herself or
4323 others, and ordered that such record be submitted to the
4324 department.

4325 c. In order to check for these conditions, the department
4326 shall compile and maintain an automated database of persons who
4327 are prohibited from purchasing a firearm based on court records
4328 of adjudications of mental defectiveness or commitments to
4329 mental institutions.

4330 (I) Except as provided in sub-sub-subparagraph (II), clerks
4331 of court shall submit these records to the department within 1
4332 month after the rendition of the adjudication or commitment.



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4333 Reports shall be submitted in an automated format. The reports
4334 must, at a minimum, include the name, along with any known alias
4335 or former name, the sex, and the date of birth of the subject.

4336 (II) For persons committed to a mental institution pursuant
4337 to sub-sub-subparagraph b.(II), within 24 hours after the
4338 person's agreement to voluntary admission, a record of the
4339 finding, certification, notice, and written acknowledgment must
4340 be filed by the administrator of the receiving or treatment
4341 facility, as defined in s. 394.455, with the clerk of the court
4342 for the county in which the involuntary examination under s.
4343 394.463 occurred. No fee shall be charged for the filing under
4344 this sub-sub-subparagraph. The clerk must present the records to
4345 a judge or magistrate within 24 hours after receipt of the
4346 records. A judge or magistrate is required and has the lawful
4347 authority to review the records ex parte and, if the judge or
4348 magistrate determines that the record supports the classifying
4349 of the person as an imminent danger to himself or herself or
4350 others, to order that the record be submitted to the department.
4351 If a judge or magistrate orders the submittal of the record to
4352 the department, the record must be submitted to the department
4353 within 24 hours.

4354 d. A person who has been adjudicated mentally defective or
4355 committed to a mental institution, as those terms are defined in
4356 this paragraph, may petition the circuit court that made the
4357 adjudication or commitment, or the court that ordered that the
4358 record be submitted to the department pursuant to sub-sub-
4359 subparagraph c.(II), for relief from the firearm disabilities
4360 imposed by such adjudication or commitment. A copy of the
4361 petition shall be served on the state attorney for the county in



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4362 which the person was adjudicated or committed. The state
4363 attorney may object to and present evidence relevant to the
4364 relief sought by the petition. The hearing on the petition may
4365 be open or closed as the petitioner may choose. The petitioner
4366 may present evidence and subpoena witnesses to appear at the
4367 hearing on the petition. The petitioner may confront and cross-
4368 examine witnesses called by the state attorney. A record of the
4369 hearing shall be made by a certified court reporter or by court-
4370 approved electronic means. The court shall make written findings
4371 of fact and conclusions of law on the issues before it and issue
4372 a final order. The court shall grant the relief requested in the
4373 petition if the court finds, based on the evidence presented
4374 with respect to the petitioner's reputation, the petitioner's
4375 mental health record and, if applicable, criminal history
4376 record, the circumstances surrounding the firearm disability,
4377 and any other evidence in the record, that the petitioner will
4378 not be likely to act in a manner that is dangerous to public
4379 safety and that granting the relief would not be contrary to the
4380 public interest. If the final order denies relief, the
4381 petitioner may not petition again for relief from firearm
4382 disabilities until 1 year after the date of the final order. The
4383 petitioner may seek judicial review of a final order denying
4384 relief in the district court of appeal having jurisdiction over
4385 the court that issued the order. The review shall be conducted
4386 de novo. Relief from a firearm disability granted under this
4387 sub-subparagraph has no effect on the loss of civil rights,
4388 including firearm rights, for any reason other than the
4389 particular adjudication of mental defectiveness or commitment to
4390 a mental institution from which relief is granted.



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4391 e. Upon receipt of proper notice of relief from firearm
4392 disabilities granted under sub-subparagraph d., the department
4393 shall delete any mental health record of the person granted
4394 relief from the automated database of persons who are prohibited
4395 from purchasing a firearm based on court records of
4396 adjudications of mental defectiveness or commitments to mental
4397 institutions.

4398 f. The department is authorized to disclose data collected
4399 pursuant to this subparagraph to agencies of the Federal
4400 Government and other states for use exclusively in determining
4401 the lawfulness of a firearm sale or transfer. The department is
4402 also authorized to disclose this data to the Department of
4403 Agriculture and Consumer Services for purposes of determining
4404 eligibility for issuance of a concealed weapons or concealed
4405 firearms license and for determining whether a basis exists for
4406 revoking or suspending a previously issued license pursuant to
4407 s. 790.06(10). When a potential buyer or transferee appeals a
4408 nonapproval based on these records, the clerks of court and
4409 mental institutions shall, upon request by the department,
4410 provide information to help determine whether the potential
4411 buyer or transferee is the same person as the subject of the
4412 record. Photographs and any other data that could confirm or
4413 negate identity must be made available to the department for
4414 such purposes, notwithstanding any other provision of state law
4415 to the contrary. Any such information that is made confidential
4416 or exempt from disclosure by law shall retain such confidential
4417 or exempt status when transferred to the department.

4418 Section 56. Effective July 1, 2016, section 397.601,
4419 Florida Statutes, which composes part IV of chapter 397, Florida



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4420 Statutes, is repealed.

4421 Section 57. Effective July 1, 2016, sections 397.675,
4422 397.6751, 397.6752, 397.6758, 397.6759, 397.677, 397.6771,
4423 397.6772, 397.6773, 397.6774, 397.6775, 397.679, 397.6791,
4424 397.6793, 397.6795, 397.6797, 397.6798, 397.6799, 397.681,
4425 397.6811, 397.6814, 397.6815, 397.6818, 397.6819, 397.6821,
4426 397.6822, 397.693, 397.695, 397.6951, 397.6955, 397.6957,
4427 397.697, 397.6971, 397.6975, and 397.6977, Florida Statutes,
4428 which compose part V of chapter 397, Florida Statutes, are
4429 repealed.

4430 Section 58. For the purpose of incorporating the amendment
4431 made by this act to section 394.4599, Florida Statutes, in a
4432 reference thereto, subsection (1) of section 394.4685, Florida
4433 Statutes, is reenacted to read:

4434 394.4685 Transfer of patients among facilities.—

4435 (1) TRANSFER BETWEEN PUBLIC FACILITIES.—

4436 (a) A patient who has been admitted to a public receiving
4437 facility, or the family member, guardian, or guardian advocate
4438 of such patient, may request the transfer of the patient to
4439 another public receiving facility. A patient who has been
4440 admitted to a public treatment facility, or the family member,
4441 guardian, or guardian advocate of such patient, may request the
4442 transfer of the patient to another public treatment facility.
4443 Depending on the medical treatment or mental health treatment
4444 needs of the patient and the availability of appropriate
4445 facility resources, the patient may be transferred at the
4446 discretion of the department. If the department approves the
4447 transfer of an involuntary patient, notice according to the
4448 provisions of s. 394.4599 shall be given prior to the transfer



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4449 by the transferring facility. The department shall respond to
4450 the request for transfer within 2 working days after receipt of
4451 the request by the facility administrator.

4452 (b) When required by the medical treatment or mental health
4453 treatment needs of the patient or the efficient utilization of a
4454 public receiving or public treatment facility, a patient may be
4455 transferred from one receiving facility to another, or one
4456 treatment facility to another, at the department's discretion,
4457 or, with the express and informed consent of the patient or the
4458 patient's guardian or guardian advocate, to a facility in
4459 another state. Notice according to the provisions of s. 394.4599
4460 shall be given prior to the transfer by the transferring
4461 facility. If prior notice is not possible, notice of the
4462 transfer shall be provided as soon as practicable after the
4463 transfer.

4464 Section 59. For the purpose of incorporating the amendment
4465 made by this act to section 394.4599, Florida Statutes, in a
4466 reference thereto, subsection (2) of section 394.469, Florida
4467 Statutes, is reenacted to read:

4468 394.469 Discharge of involuntary patients.—

4469 (2) NOTICE.—Notice of discharge or transfer of a patient
4470 shall be given as provided in s. 394.4599.

4471 Section 60. Subsection (18) of section 394.455, Florida
4472 Statutes, is amended to read:

4473 394.455 Definitions.—As used in this part, unless the
4474 context clearly requires otherwise, the term:

4475 (18) "Mental illness" means an impairment of the mental or
4476 emotional processes that exercise conscious control of one's
4477 actions or of the ability to perceive or understand reality,



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4478 which impairment substantially interferes with the person's
4479 ability to meet the ordinary demands of living. For the purposes
4480 of this part, the term does not include a developmental
4481 disability as defined in chapter 393, dementia, traumatic brain
4482 injuries, intoxication, or conditions manifested only by
4483 antisocial behavior or substance abuse impairment.

4484 Section 61. Subsections (1), (4), (5), and (6) of section
4485 394.492, Florida Statutes, are amended to read:

4486 394.492 Definitions.—As used in ss. 394.490–394.497, the
4487 term:

4488 (1) "Adolescent" means a person who is at least 13 years of
4489 age but under ~~18~~ 21 years of age.

4490 (4) "Child or adolescent at risk of emotional disturbance"
4491 means a person under ~~18~~ 21 years of age who has an increased
4492 likelihood of becoming emotionally disturbed because of risk
4493 factors that include, but are not limited to:

- 4494 (a) Being homeless.
- 4495 (b) Having a family history of mental illness.
- 4496 (c) Being physically or sexually abused or neglected.
- 4497 (d) Abusing alcohol or other substances.
- 4498 (e) Being infected with human immunodeficiency virus (HIV).
- 4499 (f) Having a chronic and serious physical illness.
- 4500 (g) Having been exposed to domestic violence.
- 4501 (h) Having multiple out-of-home placements.

4502 (5) "Child or adolescent who has an emotional disturbance"
4503 means a person under 21 ~~18~~ years of age who is diagnosed with a
4504 mental, emotional, or behavioral disorder of sufficient duration
4505 to meet one of the diagnostic categories specified in the most
4506 recent edition of the Diagnostic and Statistical Manual of the



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4507 American Psychiatric Association, but who does not exhibit
4508 behaviors that substantially interfere with or limit his or her
4509 role or ability to function in the family, school, or community.
4510 The emotional disturbance must not be considered to be a
4511 temporary response to a stressful situation. The term does not
4512 include a child or adolescent who meets the criteria for
4513 involuntary placement under s. 394.467(1).

4514 (6) "Child or adolescent who has a serious emotional
4515 disturbance or mental illness" means a person under ~~18~~ 21 years
4516 of age who:

4517 (a) Is diagnosed as having a mental, emotional, or
4518 behavioral disorder that meets one of the diagnostic categories
4519 specified in the most recent edition of the Diagnostic and
4520 Statistical Manual of Mental Disorders of the American
4521 Psychiatric Association; and

4522 (b) Exhibits behaviors that substantially interfere with or
4523 limit his or her role or ability to function in the family,
4524 school, or community, which behaviors are not considered to be a
4525 temporary response to a stressful situation.

4526
4527 The term includes a child or adolescent who meets the criteria
4528 for involuntary placement under s. 394.467(1).

4529 Section 62. Section 394.761, Florida Statutes, is created
4530 to read:

4531 394.761 Revenue maximization.—The agency and the department
4532 shall develop a plan to obtain federal approval for increasing
4533 the availability of federal Medicaid funding for behavioral
4534 health care. The plan must give preference to quality
4535 improvement organizations as defined in the Social Security Act,



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4536 42 U.S.C. s. 1320c-1. Increased funding will be used to advance
4537 the goal of improved integration of behavioral health and
4538 primary care services through development and effective
4539 implementation of coordinated care organizations as described in
4540 s. 394.9082(3). The agency and the department shall submit the
4541 written plan to the President of the Senate and the Speaker of
4542 the House of Representatives no later than November 1, 2015. The
4543 plan shall identify the amount of general revenue funding
4544 appropriated for mental health and substance abuse services
4545 which is eligible to be used as state Medicaid match. The plan
4546 must evaluate alternative uses of increased Medicaid funding,
4547 including expansion of Medicaid eligibility for the severely and
4548 persistently mentally ill; increased reimbursement rates for
4549 behavioral health services; adjustments to the capitation rate
4550 for Medicaid enrollees with chronic mental illness and substance
4551 use disorders; supplemental payments to mental health and
4552 substance abuse providers through a designated state health
4553 program or other mechanisms; and innovative programs for
4554 incentivizing improved outcomes for behavioral health
4555 conditions. The plan shall identify the advantages and
4556 disadvantages of each alternative and assess the potential of
4557 each for achieving improved integration of services. The plan
4558 shall identify the types of federal approvals necessary to
4559 implement each alternative and project a timeline for
4560 implementation.

4561 Section 63. Effective upon this act becoming law, section
4562 394.9082, Florida Statutes, is amended to read:

4563 394.9082 Behavioral health managing entities.—

4564 (1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds



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4565 that untreated behavioral health disorders constitute major
4566 health problems for residents of this state, are a major
4567 economic burden to the citizens of this state, and substantially
4568 increase demands on the state's juvenile and adult criminal
4569 justice systems, the child welfare system, and health care
4570 systems. The Legislature finds that behavioral health disorders
4571 respond to appropriate treatment, rehabilitation, and supportive
4572 intervention. The Legislature finds that the state's return on
4573 its ~~it has made a substantial long-term~~ investment in the
4574 funding of the community-based behavioral health prevention and
4575 treatment service systems and facilities can be enhanced by
4576 integration of these services with primary care ~~in order to~~
4577 ~~provide critical emergency, acute care, residential, outpatient,~~
4578 ~~and rehabilitative and recovery-based services.~~ The Legislature
4579 finds that local communities have also made substantial
4580 investments in behavioral health services, contracting with
4581 safety net providers who by mandate and mission provide
4582 specialized services to vulnerable and hard-to-serve populations
4583 and have strong ties to local public health and public safety
4584 agencies. The Legislature finds that a regional management
4585 structure that facilitates a comprehensive and cohesive system
4586 of coordinated care for ~~places the responsibility for publicly~~
4587 ~~financed~~ behavioral health treatment and prevention services
4588 ~~within a single private, nonprofit entity at the local level~~
4589 will improve ~~promote improved~~ access to care, promote service
4590 continuity, and provide for more efficient and effective
4591 delivery of substance abuse and mental health services. The
4592 Legislature finds that streamlining administrative processes
4593 will create cost efficiencies and provide flexibility to better



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4594 match available services to consumers' identified needs.

4595 (2) DEFINITIONS.—As used in this section, the term:

4596 (a) "Behavioral health services" means mental health
4597 services and substance abuse prevention and treatment services
4598 as defined in this chapter and chapter 397 which are provided
4599 using state and federal funds.

4600 ~~(b) "Decisionmaking model" means a comprehensive management~~
4601 ~~information system needed to answer the following management~~
4602 ~~questions at the federal, state, regional, circuit, and local~~
4603 ~~provider levels: who receives what services from which providers~~
4604 ~~with what outcomes and at what costs?~~

4605 (b)(e) "Geographic area" means a county, circuit, ~~regional,~~
4606 or a region as described in s. 409.966 ~~multiregional area in~~
4607 ~~this state.~~

4608 (c) "Managed behavioral health organization" means a
4609 Medicaid managed care organization currently under contract with
4610 the Medicaid managed medical assistance program in this state
4611 pursuant to part IV, including a managed care organization
4612 operating as a behavioral health specialty plan.

4613 (d)(e) "Managing entity" means a corporation that is
4614 ~~organized in this state, is designated or filed as a nonprofit~~
4615 ~~organization under s. 501(c)(3) of the Internal Revenue Code,~~
4616 ~~and is under contract to~~ selected by the department to execute
4617 the administrative duties specified in subsection (5) to
4618 facilitate the ~~manage the day-to-day operational~~ delivery of
4619 behavioral health services through ~~an organized~~ a coordinated
4620 system of care.

4621 (e)(f) "Provider networks" mean the direct service agencies
4622 ~~that are under contract with a managing entity to provide~~



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4623 behavioral health services. and that together constitute The
4624 provider network may also include noncontracted providers as
4625 partners in the delivery of coordinated care and a comprehensive
4626 array of emergency, acute care, residential, outpatient,
4627 recovery support, and consumer support services.

4628 ~~(3) SERVICE DELIVERY STRATEGIES.~~ The department may work
4629 through managing entities to develop service delivery strategies
4630 that will improve the coordination, integration, and management
4631 of the delivery of behavioral health services to people who have
4632 mental or substance use disorders. It is the intent of the
4633 Legislature that a well-managed service delivery system will
4634 increase access for those in need of care, improve the
4635 coordination and continuity of care for vulnerable and high-risk
4636 populations, and redirect service dollars from restrictive care
4637 settings to community-based recovery services.

4638 ~~(3)(4) CONTRACT FOR SERVICES.~~

4639 (a) The department must may contract for the purchase and
4640 management of behavioral health services with community-based
4641 organizations to serve as managing entities. The department may
4642 require a managing entity to contract for specialized services
4643 that are not currently part of the managing entity's network if
4644 the department determines that to do so is in the best interests
4645 of consumers of services. The secretary shall determine the
4646 schedule for phasing in contracts with managing entities. The
4647 managing entities shall, at a minimum, be accountable for the
4648 operational oversight of the delivery of behavioral health
4649 services funded by the department and for the collection and
4650 submission of the required data pertaining to these contracted
4651 services. A managing entity shall serve a geographic area



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4652 designated by the department. The geographic area must be of
4653 sufficient size in population, funding, and services ~~and have~~
4654 ~~enough public funds for behavioral health services~~ to allow for
4655 flexibility and ~~maximum~~ efficiency.

4656 ~~(b) The operating costs of the managing entity contract~~
4657 ~~shall be funded through funds from the department and any~~
4658 ~~savings and efficiencies achieved through the implementation of~~
4659 ~~managing entities when realized by their participating provider~~
4660 ~~network agencies. The department recognizes that managing~~
4661 ~~entities will have infrastructure development costs during~~
4662 ~~start-up so that any efficiencies to be realized by providers~~
4663 ~~from consolidation of management functions, and the resulting~~
4664 ~~savings, will not be achieved during the early years of~~
4665 ~~operation. The department shall negotiate a reasonable and~~
4666 ~~appropriate administrative cost rate with the managing entity.~~
4667 ~~The Legislature intends that reduced local and state contract~~
4668 ~~management and other administrative duties passed on to the~~
4669 ~~managing entity allows funds previously allocated for these~~
4670 ~~purposes to be proportionately reduced and the savings used to~~
4671 ~~purchase the administrative functions of the managing entity.~~
4672 ~~Policies and procedures of the department for monitoring~~
4673 ~~contracts with managing entities shall include provisions for~~
4674 ~~eliminating duplication of the department's and the managing~~
4675 ~~entities' contract management and other administrative~~
4676 ~~activities in order to achieve the goals of cost effectiveness~~
4677 ~~and regulatory relief. To the maximum extent possible, provider-~~
4678 ~~monitoring activities shall be assigned to the managing entity.~~

4679 ~~(c) Contracting and payment mechanisms for services must~~
4680 ~~promote clinical and financial flexibility and responsiveness~~



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4681 ~~and must allow different categorical funds to be integrated at~~
4682 ~~the point of service. The contracted service array must be~~
4683 ~~determined by using public input, needs assessment, and~~
4684 ~~evidence-based and promising best practice models. The~~
4685 ~~department may employ care management methodologies, prepaid~~
4686 ~~capitation, and case rate or other methods of payment which~~
4687 ~~promote flexibility, efficiency, and accountability.~~

4688 (b) The primary contractual responsibilities of the
4689 managing entity are administrative and fiscal management duties
4690 necessary to comply with federal requirements for the Substance
4691 Abuse and Mental Health Services grant and to enter into
4692 subcontracts with behavioral health service providers using
4693 funds appropriated by the Legislature for this purpose.

4694 Additional duties of the managing entity include:

4695 1. Assessing community needs for behavioral health
4696 services;

4697 2. Collecting and reporting data, including use of a unique
4698 identifier developed by the department to facilitate consumer
4699 care coordination;

4700 3. Monitoring provider performance through application of
4701 nationally recognized standards;

4702 4. Promoting quality improvement through dissemination of
4703 evidence informed practices;

4704 5. Facilitating effective provider relationships and
4705 arrangements that support coordinated service delivery and
4706 continuity of care; and

4707 6. Advising the department on ways to improve behavioral
4708 health outcomes.

4709 (c) No later than July 1, 2016, the department shall revise



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4710 contracts with all current managing entities. The revised
4711 contract shall be for a term of 5 years with an option to renew
4712 for an additional 5 years. The revised contract will be
4713 performance based, which means the contract establishes a
4714 limited number of measurable outcomes, sets timelines for
4715 achievement of those outcomes that are characterized by specific
4716 milestones, and establishes a schedule of penalties scaled to
4717 the nature and significance of the performance failure. Such
4718 penalties may include a corrective action plan, liquidated
4719 damages, or termination of the contract.

4720 (d) The revised contract must establish a clear and
4721 consistent framework for managing limited resources to serve
4722 priority populations identified in federal regulations and state
4723 law.

4724 (e) In developing the revised contract, the department must
4725 consult with current managing entities, behavioral health
4726 service providers, and the Legislature.

4727 (f) The revised contract will incorporate a plan prepared
4728 by the managing entity that describes how the managing entity
4729 and the provider network in the region will earn, no later than
4730 July 1, 2019, the designation of coordinated care organization
4731 pursuant to subsection (5).

4732 (g) The department may terminate a contract with a managing
4733 entity for causes specified in the contract or for failure to
4734 earn designation as a coordinated care organization in
4735 accordance with the plan approved by the department.

4736 (h) When necessary due to contract termination or the
4737 expiration of the allowable contract term, the department will
4738 issue an invitation to negotiate in order to select an



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4739 organization to serve as a managing entity. Qualified bidders
4740 include managing entities, managed behavioral health
4741 organizations or nonprofit organizations with experience
4742 managing integrated provider networks specializing in behavioral
4743 health services. The department shall consider the input and
4744 recommendations of the provider network when selecting a new
4745 contractor. The invitation to negotiate shall specify the
4746 criteria and the relative weight of the criteria that will be
4747 used in selecting the new contractor. The department must
4748 consider all of the following factors:

4749 1. Experience serving persons with mental health and
4750 substance use disorders.

4751 2. Establishment of community partnerships with behavioral
4752 health providers.

4753 3. Demonstrated organizational capabilities for network
4754 management functions.

4755 4. Capability to integrate behavioral health with primary
4756 care services.

4757 (i) When the contractor serving as the managing entity
4758 changes, the department is responsible for developing and
4759 implementing a transition plan that ensures continuity of care
4760 for patients receiving behavioral health services.

4761 ~~(4)-(5) GOALS.-The goal of the service delivery strategies~~
4762 ~~is to provide a design for an effective coordination,~~
4763 ~~integration, and management approach for delivering effective~~
4764 ~~behavioral health services to persons who are experiencing a~~
4765 ~~mental health or substance abuse crisis, who have a disabling~~
4766 ~~mental illness or a substance use or co-occurring disorder, and~~
4767 ~~require extended services in order to recover from their~~



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4768 ~~illness, or who need brief treatment or longer-term supportive~~
4769 ~~interventions to avoid a crisis or disability. Other goals~~
4770 ~~include~~ The department must develop and incorporate into the
4771 revised contract with the managing entities, measureable outcome
4772 standards that address the following goals:

4773 (a) The provider network in the region delivers effective,
4774 quality services that are evidence-informed, coordinated, and
4775 integrated with primary care services and other programs such as
4776 vocational rehabilitation, education, child welfare, juvenile
4777 justice, and criminal justice.

4778 (b)(a) Behavioral health services supported with public
4779 funds are accountable to the public and responsive to local
4780 needs ~~Improving accountability for a local system of behavioral~~
4781 ~~health care services to meet performance outcomes and standards~~
4782 ~~through the use of reliable and timely data.~~

4783 (c)(b) Interactions and relationships among members of the
4784 provider network are supported by the managing entity in order
4785 to effectively coordinate services and provide continuity of
4786 care for priority populations ~~Enhancing the continuity of care~~
4787 ~~for all children, adolescents, and adults who enter the publicly~~
4788 ~~funded behavioral health service system.~~

4789 ~~(c) Preserving the "safety net" of publicly funded~~
4790 ~~behavioral health services and providers, and recognizing and~~
4791 ~~ensuring continued local contributions to these services, by~~
4792 ~~establishing locally designed and community-monitored systems of~~
4793 ~~care.~~

4794 ~~(d) Providing early diagnosis and treatment interventions~~
4795 ~~to enhance recovery and prevent hospitalization.~~

4796 ~~(e) Improving the assessment of local needs for behavioral~~



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4797 ~~health services.~~

4798 ~~(f) Improving the overall quality of behavioral health~~
4799 ~~services through the use of evidence based, best practice, and~~
4800 ~~promising practice models.~~

4801 ~~(g) Demonstrating improved service integration between~~
4802 ~~behavioral health programs and other programs, such as~~
4803 ~~vocational rehabilitation, education, child welfare, primary~~
4804 ~~health care, emergency services, juvenile justice, and criminal~~
4805 ~~justice.~~

4806 ~~(h) Providing for additional testing of creative and~~
4807 ~~flexible strategies for financing behavioral health services to~~
4808 ~~enhance individualized treatment and support services.~~

4809 ~~(i) Promoting cost effective quality care.~~

4810 ~~(j) Working with the state to coordinate admissions and~~
4811 ~~discharges from state civil and forensic hospitals and~~
4812 ~~coordinating admissions and discharges from residential~~
4813 ~~treatment centers.~~

4814 ~~(k) Improving the integration, accessibility, and~~
4815 ~~dissemination of behavioral health data for planning and~~
4816 ~~monitoring purposes.~~

4817 ~~(l) Promoting specialized behavioral health services to~~
4818 ~~residents of assisted living facilities.~~

4819 ~~(m) Working with the state and other stakeholders to reduce~~
4820 ~~the admissions and the length of stay for dependent children in~~
4821 ~~residential treatment centers.~~

4822 ~~(n) Providing services to adults and children with co-~~
4823 ~~occurring disorders of mental illnesses and substance abuse~~
4824 ~~problems.~~

4825 ~~(o) Providing services to elder adults in crisis or at-risk~~



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4826 ~~for placement in a more restrictive setting due to a serious~~
4827 ~~mental illness or substance abuse.~~

4828 (5) COORDINATED CARE ORGANIZATIONS.—

4829 (a) Managing entities may earn designation as coordinated
4830 care organizations by developing and implementing a plan that
4831 enables the members of the provider network, including those
4832 under contract to the managing entity as well as other
4833 noncontracted community service providers, to work together to
4834 improve outcomes for individuals with mental health and
4835 substance use disorders. The plan must:

4836 1. Assess working relationships among providers of a
4837 comprehensive range of services as described in subsection (6)
4838 and propose strategies for improving access to care for priority
4839 populations;

4840 2. Identify gaps in the current system of care and propose
4841 methods for improving continuity and effectiveness of care;

4842 3. Assess current methods and capabilities for consumer
4843 care coordination and propose enhancements to increase the
4844 number of individuals served and the effectiveness of care
4845 coordination services; and

4846 4. Result from a collaborative effort of providers in the
4847 region that is facilitated and documented by the managing
4848 entity.

4849 (b) In order to earn designation as a coordinated care
4850 organization, the managing entity must document working
4851 relationships among providers established through written
4852 coordination agreements that define common protocols for intake
4853 and assessment, create methods of data sharing, institute joint
4854 operational procedures, provide for integrated care planning and



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4855 case management, and initiate cooperative evaluation procedures.

4856 (c) After earning designation, the managing entity must
4857 maintain this status by documenting the ongoing use and
4858 continuous improvement of the coordination methods specified in
4859 the written agreements.

4860 (d) Before designating a managing entity as a coordinated
4861 care organization, the department must seek input from the
4862 providers and other community stakeholders to assess the
4863 effectiveness of entity's coordination efforts.

4864 ~~(6) ESSENTIAL ELEMENTS.—It is the intent of the Legislature~~
4865 ~~that the department may plan for and enter into contracts with~~
4866 ~~managing entities to manage care in geographical areas~~
4867 ~~throughout the state~~ A comprehensive range of services includes
4868 the following essential elements:

4869 1. A centralized receiving facility or a coordinated
4870 receiving system consisting of written agreements and
4871 operational policies that support efficient methods of triaging
4872 patients to appropriate providers.

4873 2. Crisis services, including mobile response teams and
4874 crisis stabilization units.

4875 3. Case management and consumer care coordination.

4876 4. Outpatient services.

4877 5. Residential services.

4878 6. Hospital inpatient care.

4879 7. Aftercare and other postdischarge services.

4880 8. Recovery support, including housing assistance and
4881 support for competitive employment, educational attainment,
4882 independent living skills development, family support and
4883 education, and wellness management and self-care.



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4884 9. Medical services necessary for coordination of
4885 behavioral health services with primary care.

4886 10. Prevention and outreach services.

4887 11. Medication-assisted treatment.

4888 12. Detoxification services.

4889 ~~(a) The managing entity must demonstrate the ability of its~~
4890 ~~network of providers to comply with the pertinent provisions of~~
4891 ~~this chapter and chapter 397 and to ensure the provision of~~
4892 ~~comprehensive behavioral health services. The network of~~
4893 ~~providers must include, but need not be limited to, community~~
4894 ~~mental health agencies, substance abuse treatment providers, and~~
4895 ~~best practice consumer services providers.~~

4896 ~~(b) The department shall terminate its mental health or~~
4897 ~~substance abuse provider contracts for services to be provided~~
4898 ~~by the managing entity at the same time it contracts with the~~
4899 ~~managing entity.~~

4900 ~~(c) The managing entity shall ensure that its provider~~
4901 ~~network is broadly conceived. All mental health or substance~~
4902 ~~abuse treatment providers currently under contract with the~~
4903 ~~department shall be offered a contract by the managing entity.~~

4904 ~~(d) The department may contract with managing entities to~~
4905 ~~provide the following core functions:~~

4906 ~~1. Financial accountability.~~

4907 ~~2. Allocation of funds to network providers in a manner~~
4908 ~~that reflects the department's strategic direction and plans.~~

4909 ~~3. Provider monitoring to ensure compliance with federal~~
4910 ~~and state laws, rules, and regulations.~~

4911 ~~4. Data collection, reporting, and analysis.~~

4912 ~~5. Operational plans to implement objectives of the~~



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4913 ~~department's strategic plan.~~
4914 ~~6. Contract compliance.~~
4915 ~~7. Performance management.~~
4916 ~~8. Collaboration with community stakeholders, including~~
4917 ~~local government.~~
4918 ~~9. System of care through network development.~~
4919 ~~10. Consumer care coordination.~~
4920 ~~11. Continuous quality improvement.~~
4921 ~~12. Timely access to appropriate services.~~
4922 ~~13. Cost-effectiveness and system improvements.~~
4923 ~~14. Assistance in the development of the department's~~
4924 ~~strategic plan.~~
4925 ~~15. Participation in community, circuit, regional, and~~
4926 ~~state planning.~~
4927 ~~16. Resource management and maximization, including pursuit~~
4928 ~~of third-party payments and grant applications.~~
4929 ~~17. Incentives for providers to improve quality and access.~~
4930 ~~18. Liaison with consumers.~~
4931 ~~19. Community needs assessment.~~
4932 ~~20. Securing local matching funds.~~
4933 ~~(c) The managing entity shall ensure that written~~
4934 ~~cooperative agreements are developed and implemented among the~~
4935 ~~criminal and juvenile justice systems, the local community-based~~
4936 ~~care network, and the local behavioral health providers in the~~
4937 ~~geographic area which define strategies and alternatives for~~
4938 ~~diverting people who have mental illness and substance abuse~~
4939 ~~problems from the criminal justice system to the community.~~
4940 ~~These agreements must also address the provision of appropriate~~
4941 ~~services to persons who have behavioral health problems and~~



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4942 ~~leave the criminal justice system.~~

4943 ~~(f) Managing entities must collect and submit data to the~~
4944 ~~department regarding persons served, outcomes of persons served,~~
4945 ~~and the costs of services provided through the department's~~
4946 ~~contract. The department shall evaluate managing entity services~~
4947 ~~based on consumer-centered outcome measures that reflect~~
4948 ~~national standards that can dependably be measured. The~~
4949 ~~department shall work with managing entities to establish~~
4950 ~~performance standards related to:~~

4951 ~~1. The extent to which individuals in the community receive~~
4952 ~~services.~~

4953 ~~2. The improvement of quality of care for individuals~~
4954 ~~served.~~

4955 ~~3. The success of strategies to divert jail, prison, and~~
4956 ~~forensic facility admissions.~~

4957 ~~4. Consumer and family satisfaction.~~

4958 ~~5. The satisfaction of key community constituents such as~~
4959 ~~law enforcement agencies, juvenile justice agencies, the courts,~~
4960 ~~the schools, local government entities, hospitals, and others as~~
4961 ~~appropriate for the geographical area of the managing entity.~~

4962 ~~(g) The Agency for Health Care Administration may establish~~
4963 ~~a certified match program, which must be voluntary. Under a~~
4964 ~~certified match program, reimbursement is limited to the federal~~
4965 ~~Medicaid share to Medicaid-enrolled strategy participants. The~~
4966 ~~agency may take no action to implement a certified match program~~
4967 ~~unless the consultation provisions of chapter 216 have been met.~~
4968 ~~The agency may seek federal waivers that are necessary to~~
4969 ~~implement the behavioral health service delivery strategies.~~

4970 (7) MANAGING ENTITY REQUIREMENTS.—The department may adopt



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4971 rules and contractual standards related to ~~and a process for~~ the
4972 qualification and operation of managing entities which are
4973 based, in part, on the following criteria:

4974 (a) As of the execution of the revised contract, the
4975 department must verify that each A managing entity's governing
4976 board meets the requirements of this section. ~~governance~~
4977 ~~structure shall be representative and shall, at a minimum,~~
4978 ~~include consumers and family members, appropriate community~~
4979 ~~stakeholders and organizations, and providers of substance abuse~~
4980 ~~and mental health services as defined in this chapter and~~
4981 ~~chapter 397. If there are one or more private-receiving~~
4982 ~~facilities in the geographic coverage area of a managing entity,~~
4983 ~~the managing entity shall have one representative for the~~
4984 ~~private-receiving facilities as an ex officio member of its~~
4985 ~~board of directors.~~

4986 1. The composition of the board must be broadly
4987 representative of the community and include consumers and family
4988 members, community organizations that do not contract with the
4989 managing entity, local governments, area law enforcement
4990 agencies, business leaders, community-based care lead agency
4991 representatives, health care professionals, and representatives
4992 of health care facilities. Representatives of local governments,
4993 including counties, school boards, sheriffs, and independent
4994 hospital taxing districts may, however, serve as voting members
4995 even if they contract with the managing entity.

4996 2. The managing entity must establish a technical advisory
4997 panel consisting of providers of mental health and substance
4998 abuse services that selects at least one member to serve as an
4999 ex officio member of the governing board.



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5000 (b) The managing entity must create a transparent process
5001 for nomination and selection of board members and must adopt a
5002 procedure for establishing staggered term limits with ensures
5003 that no individual serves more than 8 consecutive years on the
5004 board ~~A managing entity that was originally formed primarily by~~
5005 ~~substance abuse or mental health providers must present and~~
5006 ~~demonstrate a detailed, consensus approach to expanding its~~
5007 ~~provider network and governance to include both substance abuse~~
5008 ~~and mental health providers.~~

5009 ~~(c) A managing entity must submit a network management plan~~
5010 ~~and budget in a form and manner determined by the department.~~
5011 ~~The plan must detail the means for implementing the duties to be~~
5012 ~~contracted to the managing entity and the efficiencies to be~~
5013 ~~anticipated by the department as a result of executing the~~
5014 ~~contract. The department may require modifications to the plan~~
5015 ~~and must approve the plan before contracting with a managing~~
5016 ~~entity. The department may contract with a managing entity that~~
5017 ~~demonstrates readiness to assume core functions, and may~~
5018 ~~continue to add functions and responsibilities to the managing~~
5019 ~~entity's contract over time as additional competencies are~~
5020 ~~developed as identified in paragraph (g). Notwithstanding other~~
5021 ~~provisions of this section, the department may continue and~~
5022 ~~expand managing entity contracts if the department determines~~
5023 ~~that the managing entity meets the requirements specified in~~
5024 ~~this section.~~

5025 ~~(d) Notwithstanding paragraphs (b) and (c), a managing~~
5026 ~~entity that is currently a fully integrated system providing~~
5027 ~~mental health and substance abuse services, Medicaid, and child~~
5028 ~~welfare services is permitted to continue operating under its~~



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5029 ~~current governance structure as long as the managing entity can~~
5030 ~~demonstrate to the department that consumers, other~~
5031 ~~stakeholders, and network providers are included in the planning~~
5032 ~~process.~~

5033 (c)~~(e)~~ Managing entities shall operate in a transparent
5034 manner, providing public access to information, notice of
5035 meetings, and opportunities for broad public participation in
5036 decisionmaking. The managing entity's network management plan
5037 must detail policies and procedures that ensure transparency.

5038 (d)~~(f)~~ Before contracting with a managing entity, the
5039 department must perform an onsite readiness review of a managing
5040 entity to determine its operational capacity to satisfactorily
5041 perform the duties to be contracted.

5042 (e)~~(g)~~ The department shall engage community stakeholders,
5043 including providers and managing entities under contract with
5044 the department, in the development of objective standards to
5045 measure the competencies of managing entities and their
5046 readiness to assume the responsibilities described in this
5047 section, and the outcomes to hold them accountable.

5048 ~~(8) DEPARTMENT RESPONSIBILITIES. With the introduction of~~
5049 ~~managing entities to monitor department-contracted providers'~~
5050 ~~day-to-day operations, the department and its regional and~~
5051 ~~circuit offices will have increased ability to focus on broad~~
5052 ~~systemic substance abuse and mental health issues. After the~~
5053 ~~department enters into a managing entity contract in a~~
5054 ~~geographic area, the regional and circuit offices of the~~
5055 ~~department in that area shall direct their efforts primarily to~~
5056 ~~monitoring the managing entity contract, including negotiation~~
5057 ~~of system quality improvement goals each contract year, and~~



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5058 ~~review of the managing entity's plans to execute department~~
5059 ~~strategic plans; carrying out statutorily mandated licensure~~
5060 ~~functions; conducting community and regional substance abuse and~~
5061 ~~mental health planning; communicating to the department the~~
5062 ~~local needs assessed by the managing entity; preparing~~
5063 ~~department strategic plans; coordinating with other state and~~
5064 ~~local agencies; assisting the department in assessing local~~
5065 ~~trends and issues and advising departmental headquarters on~~
5066 ~~local priorities; and providing leadership in disaster planning~~
5067 ~~and preparation.~~

5068 (8)~~(9)~~ FUNDING FOR MANAGING ENTITIES.-

5069 (a) A contract established between the department and a
5070 managing entity under this section shall be funded by general
5071 revenue, other applicable state funds, or applicable federal
5072 funding sources. A managing entity may carry forward documented
5073 unexpended state funds from one fiscal year to the next;
5074 however, the cumulative amount carried forward may not exceed 8
5075 percent of the total contract. Any unexpended state funds in
5076 excess of that percentage must be returned to the department.
5077 The funds carried forward may not be used in a way that would
5078 create increased recurring future obligations or for any program
5079 or service that is not currently authorized under the existing
5080 contract with the department. Expenditures of funds carried
5081 forward must be separately reported to the department. Any
5082 unexpended funds that remain at the end of the contract period
5083 shall be returned to the department. Funds carried forward may
5084 be retained through contract renewals and new procurements as
5085 long as the same managing entity is retained by the department.

5086 (b) The method of payment for a fixed-price contract with a



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5087 managing entity must provide for a 2-month advance payment at
5088 the beginning of each fiscal year and equal monthly payments
5089 thereafter.

5090 ~~(10) REPORTING. Reports of the department's activities,~~
5091 ~~progress, and needs in achieving the goal of contracting with~~
5092 ~~managing entities in each circuit and region statewide must be~~
5093 ~~submitted to the appropriate substantive and appropriations~~
5094 ~~committees in the Senate and the House of Representatives on~~
5095 ~~January 1 and July 1 of each year until the full transition to~~
5096 ~~managing entities has been accomplished statewide.~~

5097 ~~(9)(11) RULES.-The department may shall adopt rules to~~
5098 ~~administer this section and, as necessary, to further specify~~
5099 ~~requirements of managing entities.~~

5100 (10) CRISIS STABILIZATION SERVICES UTILIZATION DATABASE.-
5101 The department shall develop, implement, and maintain standards
5102 under which a managing entity shall collect utilization data
5103 from all public receiving facilities situated within its
5104 geographic service area. As used in this subsection, the term
5105 "public receiving facility" means an entity that meets the
5106 licensure requirements of and is designated by the department to
5107 operate as a public receiving facility under s. 394.875 and that
5108 is operating as a licensed crisis stabilization unit.

5109 (a) The department shall develop standards and protocols
5110 for managing entities and public receiving facilities to use in
5111 the collection, storage, transmittal, and analysis of data. The
5112 standards and protocols must allow for compatibility of data and
5113 data transmittal between public receiving facilities, managing
5114 entities, and the department for the implementation and
5115 requirements of this subsection. The department shall require



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5116 managing entities contracted under this section to comply with
5117 this subsection by August 1, 2015.

5118 (b) A managing entity shall require a public receiving
5119 facility within its provider network to submit data to the
5120 managing entity, in real time or at least daily, for:

5121 1. All admissions and discharges of clients receiving
5122 public receiving facility services who qualify as indigent, as
5123 defined in s. 394.4787; and

5124 2. A current active census of total licensed beds, the
5125 number of beds purchased by the department, the number of
5126 clients qualifying as indigent occupying those beds, and the
5127 total number of unoccupied licensed beds regardless of funding.

5128 (c) A managing entity shall require a public receiving
5129 facility within its provider network to submit data, on a
5130 monthly basis, to the managing entity which aggregates the daily
5131 data submitted under paragraph (b). The managing entity shall
5132 reconcile the data in the monthly submission to the data
5133 received by the managing entity under paragraph (b) to check for
5134 consistency. If the monthly aggregate data submitted by a public
5135 receiving facility under this paragraph is inconsistent with the
5136 daily data submitted under paragraph (b), the managing entity
5137 shall consult with the public receiving facility to make
5138 corrections as necessary to ensure accurate data.

5139 (d) A managing entity shall require a public receiving
5140 facility within its provider network to submit data, on an
5141 annual basis, to the managing entity which aggregates the data
5142 submitted and reconciled under paragraph (c). The managing
5143 entity shall reconcile the data in the annual submission to the
5144 data received and reconciled by the managing entity under



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5145 paragraph (c) to check for consistency. If the annual aggregate
5146 data submitted by a public receiving facility under this
5147 paragraph is inconsistent with the data received and reconciled
5148 under paragraph (c), the managing entity shall consult with the
5149 public receiving facility to make corrections as necessary to
5150 ensure accurate data.

5151 (e) After ensuring accurate data under paragraphs (c) and
5152 (d), the managing entity shall submit the data to the department
5153 on a monthly and an annual basis. The department shall create a
5154 statewide database for the data described under paragraph (b)
5155 and submitted under this paragraph for the purpose of analyzing
5156 the payments for and the use of crisis stabilization services
5157 funded under the Baker Act on a statewide basis and on an
5158 individual public receiving facility basis.

5159 (f) The department shall adopt rules to administer this
5160 subsection.

5161 (g) The department shall submit a report by January 31,
5162 2016, and annually thereafter, to the Governor, the President of
5163 the Senate, and the Speaker of the House of Representatives
5164 which provides details on the implementation of this subsection,
5165 including the status of the data collection process and a
5166 detailed analysis of the data collected under this subsection.

5167 Section 64. For the 2015-2016 fiscal year, the sum of
5168 \$175,000 in nonrecurring funds from the Alcohol, Drug Abuse, and
5169 Mental Health Trust Fund is appropriated to the Department of
5170 Children and Families to implement s. 394.9082(10).

5171 Section 65. Section 397.402, Florida Statutes, is created
5172 to read:

5173 397.402 Single, consolidated licensure.— The department and



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5174 the Agency for Health Care Administration shall develop a plan
5175 for modifying licensure statutes and rules to provide options
5176 for a single, consolidated license for a provider that offers
5177 multiple types of mental health and substance abuse services
5178 regulated under chapters 394 and 397. The plan shall identify
5179 options for license consolidation within the department and
5180 within the agency, and shall identify interagency license
5181 consolidation options. The department and the agency shall
5182 submit the plan to the Governor, the President of the Senate,
5183 and the Speaker of the House of Representatives by November 1,
5184 2015.

5185 Section 66. Present paragraphs (d) through (m) of
5186 subsection (2) of section 409.967, Florida Statutes, are
5187 redesignated as paragraphs (e) through (n), respectively, and a
5188 new paragraph (d) is added to that subsection, to read:

5189 409.967 Managed care plan accountability.—

5190 (2) The agency shall establish such contract requirements
5191 as are necessary for the operation of the statewide managed care
5192 program. In addition to any other provisions the agency may deem
5193 necessary, the contract must require:

5194 (d) Quality care.—Managed care plans shall provide, or
5195 contract for the provision of, care coordination to facilitate
5196 the appropriate delivery of behavioral health care services in
5197 the least restrictive setting with treatment and recovery
5198 capabilities that address the needs of the patient. Services
5199 shall be provided in a manner that integrates behavioral health
5200 services and primary care. Plans shall be required to achieve
5201 specific behavioral health outcome standards, established by the
5202 agency in consultation with the Department of Children and



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5203 Families.
5204 Section 67. Subsection (5) is added to section 409.973,
5205 Florida Statutes, to read:
5206 409.973 Benefits.—
5207 (5) INTEGRATED BEHAVIORAL HEALTH INITIATIVE.—Each plan
5208 operating in the managed medical assistance program shall work
5209 with the managing entity in its service area to establish
5210 specific organizational supports and service protocols that
5211 enhance the integration and coordination of primary care and
5212 behavioral health services for Medicaid recipients. Progress in
5213 this initiative will be measured using the integration framework
5214 and core measures developed by the Agency for Healthcare
5215 Research and Quality.
5216 Section 68. Section 394.4674, Florida Statutes, is
5217 repealed.
5218 Section 69. Section 394.4985, Florida Statutes, is
5219 repealed.
5220 Section 70. Section 394.745, Florida Statutes, is repealed.
5221 Section 71. Section 397.331, Florida Statutes, is repealed.
5222 Section 72. Section 397.333, Florida Statutes, is repealed.
5223 Section 73. Section 397.801, Florida Statutes, is repealed.
5224 Section 74. Section 397.811, Florida Statutes, is repealed.
5225 Section 75. Section 397.821, Florida Statutes, is repealed.
5226 Section 76. Section 397.901, Florida Statutes, is repealed.
5227 Section 77. Section 397.93, Florida Statutes, is repealed.
5228 Section 78. Section 397.94, Florida Statutes, is repealed.
5229 Section 79. Section 397.951, Florida Statutes, is repealed.
5230 Section 80. Section 397.97, Florida Statutes, is repealed.
5231 Section 81. Section 491.0045, Florida Statutes is amended



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5232 to read:

5233 491.0045 Intern registration; requirements.—

5234 (1) ~~Effective January 1, 1998,~~ An individual who has not
5235 satisfied ~~intends to practice in Florida to satisfy the~~
5236 postgraduate or post-master's level experience requirements, as
5237 specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register
5238 as an intern in the profession for which he or she is seeking
5239 licensure prior to commencing the post-master's experience
5240 requirement or an individual who intends to satisfy part of the
5241 required graduate-level practicum, internship, or field
5242 experience, outside the academic arena for any profession, must
5243 register as an intern in the profession for which he or she is
5244 seeking licensure prior to commencing the practicum, internship,
5245 or field experience.

5246 (2) The department shall register as a clinical social
5247 worker intern, marriage and family therapist intern, or mental
5248 health counselor intern each applicant who the board certifies
5249 has:

5250 (a) Completed the application form and remitted a
5251 nonrefundable application fee not to exceed \$200, as set by
5252 board rule;

5253 (b)1. Completed the education requirements as specified in
5254 s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for which
5255 he or she is applying for licensure, if needed; and

5256 2. Submitted an acceptable supervision plan, as determined
5257 by the board, for meeting the practicum, internship, or field
5258 work required for licensure that was not satisfied in his or her
5259 graduate program.

5260 (c) Identified a qualified supervisor.



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5261 (3) An individual registered under this section must remain
5262 under supervision while practicing under registered intern
5263 status until he or she is in receipt of a license or a letter
5264 from the department stating that he or she is licensed to
5265 practice the profession for which he or she applied.

5266 ~~(4) An individual who has applied for intern registration~~
5267 ~~on or before December 31, 2001, and has satisfied the education~~
5268 ~~requirements of s. 491.005 that are in effect through December~~
5269 ~~31, 2000, will have met the educational requirements for~~
5270 ~~licensure for the profession for which he or she has applied.~~

5271 ~~(4)(5) An individual who fails~~ Individuals who have
5272 ~~commenced the experience requirement as specified in s.~~
5273 ~~491.005(1)(c), (3)(c), or (4)(c) but failed to register as~~
5274 ~~required by subsection (1) shall register with the department~~
5275 ~~before January 1, 2000. Individuals who fail to comply with this~~
5276 section may subsection shall not be granted a license under this
5277 chapter, and any time spent by the individual completing the
5278 experience requirement as specified in s. 491.005(1)(c), (3)(c),
5279 or (4)(c) before prior to registering as an intern does shall
5280 not count toward completion of the such requirement.

5281 (5) An intern registration is valid for 5 years.

5282 (6) Any registration issued on or before March 31, 2016,
5283 expires March 31, 2021, and may not be renewed or reissued. Any
5284 registration issued after March 31, 2016, expires 60 months
5285 after the date it is issued. A subsequent intern registration
5286 may not be issued unless the candidate has passed the theory and
5287 practice examination described in s. 491.005(1)(d), (3)(d), and
5288 (4)(d).

5289 (7) An individual who has held a provisional license issued



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5290 by the board may not apply for an intern registration in the
5291 same profession.

5292 Section 82. Subsection (15) of section 397.321, Florida
5293 Statutes, is amended to read:

5294 397.321 Duties of the department.—The department shall:

5295 (15) Appoint a substance abuse impairment coordinator to
5296 represent the department in efforts initiated by the statewide
5297 substance abuse impairment prevention and treatment coordinator
5298 ~~established in s. 397.801~~ and to assist the statewide
5299 coordinator in fulfilling the responsibilities of that position.

5300 Section 83. Subsection (1) of section 397.98, Florida
5301 Statutes, is amended to read:

5302 397.98 Children's substance abuse services; utilization
5303 management.—

5304 (1) Utilization management shall be an integral part of
5305 each Children's Network of Care Demonstration Model ~~as described~~
5306 ~~under s. 397.97~~. The utilization management process shall
5307 include procedures for analyzing the allocation and use of
5308 resources by the purchasing agent. Such procedures shall
5309 include:

5310 (a) Monitoring the appropriateness of admissions to
5311 residential services or other levels of care as determined by
5312 the department.

5313 (b) Monitoring the duration of care.

5314 (c) Developing profiles of network providers which describe
5315 their patterns of delivering care.

5316 (d) Authorizing care for high-cost services.

5317 Section 84. Paragraph (e) of subsection (3) of section
5318 409.966, Florida Statutes, is amended to read:



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5319 409.966 Eligible plans; selection.—

5320 (3) QUALITY SELECTION CRITERIA.—

5321 (e) To ensure managed care plan participation in Regions 1
5322 and 2, the agency shall award an additional contract to each
5323 plan with a contract award in Region 1 or Region 2. Such
5324 contract shall be in any other region in which the plan
5325 submitted a responsive bid and negotiates a rate acceptable to
5326 the agency. If a plan that is awarded an additional contract
5327 pursuant to this paragraph is subject to penalties pursuant to
5328 s. 409.967(2)(i) ~~s. 409.967(2)(h)~~ for activities in Region 1 or
5329 Region 2, the additional contract is automatically terminated
5330 180 days after the imposition of the penalties. The plan must
5331 reimburse the agency for the cost of enrollment changes and
5332 other transition activities.

5333 Section 85. Paragraph (a) of subsection (5) of section
5334 943.031, Florida Statutes, is amended to read:

5335 943.031 Florida Violent Crime and Drug Control Council.—

5336 (5) DUTIES OF COUNCIL.—Subject to funding provided to the
5337 department by the Legislature, the council shall provide advice
5338 and make recommendations, as necessary, to the executive
5339 director of the department.

5340 (a) The council may advise the executive director on the
5341 feasibility of undertaking initiatives which include, but are
5342 not limited to, the following:

5343 1. Establishing a program that provides grants to criminal
5344 justice agencies that develop and implement effective violent
5345 crime prevention and investigative programs and which provides
5346 grants to law enforcement agencies for the purpose of drug
5347 control, criminal gang, and illicit money laundering



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5348 | investigative efforts or task force efforts that are determined
5349 | by the council to significantly contribute to achieving the
5350 | state's goal of reducing drug-related crime, that represent
5351 | significant criminal gang investigative efforts, that represent
5352 | a significant illicit money laundering investigative effort, or
5353 | that otherwise significantly support statewide strategies
5354 | developed by the Statewide Drug Policy Advisory Council
5355 | ~~established under s. 397.333~~, subject to the limitations
5356 | provided in this section. The grant program may include an
5357 | innovations grant program to provide startup funding for new
5358 | initiatives by local and state law enforcement agencies to
5359 | combat violent crime or to implement drug control, criminal
5360 | gang, or illicit money laundering investigative efforts or task
5361 | force efforts by law enforcement agencies, including, but not
5362 | limited to, initiatives such as:
5363 | a. Providing enhanced community-oriented policing.
5364 | b. Providing additional undercover officers and other
5365 | investigative officers to assist with violent crime
5366 | investigations in emergency situations.
5367 | c. Providing funding for multiagency or statewide drug
5368 | control, criminal gang, or illicit money laundering
5369 | investigative efforts or task force efforts that cannot be
5370 | reasonably funded completely by alternative sources and that
5371 | significantly contribute to achieving the state's goal of
5372 | reducing drug-related crime, that represent significant criminal
5373 | gang investigative efforts, that represent a significant illicit
5374 | money laundering investigative effort, or that otherwise
5375 | significantly support statewide strategies developed by the
5376 | Statewide Drug Policy Advisory Council ~~established under s.~~



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5377 ~~397.333.~~
5378 2. Expanding the use of automated biometric identification
5379 systems at the state and local levels.
5380 3. Identifying methods to prevent violent crime.
5381 4. Identifying methods to enhance multiagency or statewide
5382 drug control, criminal gang, or illicit money laundering
5383 investigative efforts or task force efforts that significantly
5384 contribute to achieving the state's goal of reducing drug-
5385 related crime, that represent significant criminal gang
5386 investigative efforts, that represent a significant illicit
5387 money laundering investigative effort, or that otherwise
5388 significantly support statewide strategies developed by the
5389 Statewide Drug Policy Advisory Council ~~established under s.~~
5390 ~~397.333.~~
5391 5. Enhancing criminal justice training programs that
5392 address violent crime, drug control, illicit money laundering
5393 investigative techniques, or efforts to control and eliminate
5394 criminal gangs.
5395 6. Developing and promoting crime prevention services and
5396 educational programs that serve the public, including, but not
5397 limited to:
5398 a. Enhanced victim and witness counseling services that
5399 also provide crisis intervention, information referral,
5400 transportation, and emergency financial assistance.
5401 b. A well-publicized rewards program for the apprehension
5402 and conviction of criminals who perpetrate violent crimes.
5403 7. Enhancing information sharing and assistance in the
5404 criminal justice community by expanding the use of community
5405 partnerships and community policing programs. Such expansion may



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5406 include the use of civilian employees or volunteers to relieve
5407 law enforcement officers of clerical work in order to enable the
5408 officers to concentrate on street visibility within the
5409 community.

5410 Section 86. Subsection (1) of section 943.042, Florida
5411 Statutes, is amended to read:

5412 943.042 Violent Crime Investigative Emergency and Drug
5413 Control Strategy Implementation Account.—

5414 (1) There is created a Violent Crime Investigative
5415 Emergency and Drug Control Strategy Implementation Account
5416 within the Department of Law Enforcement Operating Trust Fund.
5417 The account shall be used to provide emergency supplemental
5418 funds to:

5419 (a) State and local law enforcement agencies that are
5420 involved in complex and lengthy violent crime investigations, or
5421 matching funding to multiagency or statewide drug control or
5422 illicit money laundering investigative efforts or task force
5423 efforts that significantly contribute to achieving the state's
5424 goal of reducing drug-related crime, that represent a
5425 significant illicit money laundering investigative effort, or
5426 that otherwise significantly support statewide strategies
5427 developed by the Statewide Drug Policy Advisory Council
5428 ~~established under s. 397.333;~~

5429 (b) State and local law enforcement agencies that are
5430 involved in violent crime investigations which constitute a
5431 significant emergency within the state; or

5432 (c) Counties that demonstrate a significant hardship or an
5433 inability to cover extraordinary expenses associated with a
5434 violent crime trial.



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5435 Section 87. For the purpose of incorporating the amendment
5436 made by this act to section 394.492, Florida Statutes, in a
5437 reference thereto, paragraph (a) of subsection (6) of section
5438 39.407, Florida Statutes, is reenacted to read:

5439 39.407 Medical, psychiatric, and psychological examination
5440 and treatment of child; physical, mental, or substance abuse
5441 examination of person with or requesting child custody.—

5442 (6) Children who are in the legal custody of the department
5443 may be placed by the department, without prior approval of the
5444 court, in a residential treatment center licensed under s.
5445 394.875 or a hospital licensed under chapter 395 for residential
5446 mental health treatment only pursuant to this section or may be
5447 placed by the court in accordance with an order of involuntary
5448 examination or involuntary placement entered pursuant to s.
5449 394.463 or s. 394.467. All children placed in a residential
5450 treatment program under this subsection must have a guardian ad
5451 litem appointed.

5452 (a) As used in this subsection, the term:

5453 1. "Residential treatment" means placement for observation,
5454 diagnosis, or treatment of an emotional disturbance in a
5455 residential treatment center licensed under s. 394.875 or a
5456 hospital licensed under chapter 395.

5457 2. "Least restrictive alternative" means the treatment and
5458 conditions of treatment that, separately and in combination, are
5459 no more intrusive or restrictive of freedom than reasonably
5460 necessary to achieve a substantial therapeutic benefit or to
5461 protect the child or adolescent or others from physical injury.

5462 3. "Suitable for residential treatment" or "suitability"
5463 means a determination concerning a child or adolescent with an



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5464 emotional disturbance as defined in s. 394.492(5) or a serious
5465 emotional disturbance as defined in s. 394.492(6) that each of
5466 the following criteria is met:

5467 a. The child requires residential treatment.

5468 b. The child is in need of a residential treatment program
5469 and is expected to benefit from mental health treatment.

5470 c. An appropriate, less restrictive alternative to
5471 residential treatment is unavailable.

5472 Section 88. For the purpose of incorporating the amendment
5473 made by this act to section 394.492, Florida Statutes, in a
5474 reference thereto, subsection (21) of section 394.67, Florida
5475 Statutes, is reenacted to read:

5476 394.67 Definitions.—As used in this part, the term:

5477 (21) "Residential treatment center for children and
5478 adolescents" means a 24-hour residential program, including a
5479 therapeutic group home, which provides mental health services to
5480 emotionally disturbed children or adolescents as defined in s.
5481 394.492(5) or (6) and which is a private for-profit or not-for-
5482 profit corporation licensed by the agency which offers a variety
5483 of treatment modalities in a more restrictive setting.

5484 Section 89. For the purpose of incorporating the amendment
5485 made by this act to section 394.492, Florida Statutes, in a
5486 reference thereto, paragraph (b) of subsection (1) of section
5487 394.674, Florida Statutes, is reenacted to read:

5488 394.674 Eligibility for publicly funded substance abuse and
5489 mental health services; fee collection requirements.—

5490 (1) To be eligible to receive substance abuse and mental
5491 health services funded by the department, an individual must be
5492 a member of at least one of the department's priority



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5493 populations approved by the Legislature. The priority
5494 populations include:

5495 (b) For children's mental health services:

5496 1. Children who are at risk of emotional disturbance as
5497 defined in s. 394.492(4).

5498 2. Children who have an emotional disturbance as defined in
5499 s. 394.492(5).

5500 3. Children who have a serious emotional disturbance as
5501 defined in s. 394.492(6).

5502 4. Children diagnosed as having a co-occurring substance
5503 abuse and emotional disturbance or serious emotional
5504 disturbance.

5505 Section 90. For the purpose of incorporating the amendment
5506 made by this act to section 394.492, Florida Statutes, in a
5507 reference thereto, subsection (1) of section 394.676, Florida
5508 Statutes, is reenacted to read:

5509 394.676 Indigent psychiatric medication program.—

5510 (1) Within legislative appropriations, the department may
5511 establish the indigent psychiatric medication program to
5512 purchase psychiatric medications for persons as defined in s.
5513 394.492(5) or (6) or pursuant to s. 394.674(1), who do not
5514 reside in a state mental health treatment facility or an
5515 inpatient unit.

5516 Section 91. For the purpose of incorporating the amendment
5517 made by this act to section 394.492, Florida Statutes, in a
5518 reference thereto, paragraph (c) of subsection (2) of section
5519 409.1676, Florida Statutes, is reenacted to read:

5520 409.1676 Comprehensive residential group care services to
5521 children who have extraordinary needs.—



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5522 (2) As used in this section, the term:
5523 (c) "Serious behavioral problems" means behaviors of
5524 children who have been assessed by a licensed master's-level
5525 human-services professional to need at a minimum intensive
5526 services but who do not meet the criteria of s. 394.492(7). A
5527 child with an emotional disturbance as defined in s. 394.492(5)
5528 or (6) may be served in residential group care unless a
5529 determination is made by a mental health professional that such
5530 a setting is inappropriate. A child having a serious behavioral
5531 problem must have been determined in the assessment to have at
5532 least one of the following risk factors:
5533 1. An adjudication of delinquency and be on conditional
5534 release status with the Department of Juvenile Justice.
5535 2. A history of physical aggression or violent behavior
5536 toward self or others, animals, or property within the past
5537 year.
5538 3. A history of setting fires within the past year.
5539 4. A history of multiple episodes of running away from home
5540 or placements within the past year.
5541 5. A history of sexual aggression toward other youth.
5542 Section 92. For the purpose of incorporating the amendment
5543 made by this act to section 394.492, Florida Statutes, in a
5544 reference thereto, paragraph (b) of subsection (1) of section
5545 409.1677, Florida Statutes, is reenacted to read:
5546 409.1677 Model comprehensive residential services
5547 programs.—
5548 (1) As used in this section, the term:
5549 (b) "Serious behavioral problems" means behaviors of
5550 children who have been assessed by a licensed master's-level



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5551 human-services professional to need at a minimum intensive
5552 services but who do not meet the criteria of s. 394.492(6) or
5553 (7). A child with an emotional disturbance as defined in s.
5554 394.492(5) may be served in residential group care unless a
5555 determination is made by a mental health professional that such
5556 a setting is inappropriate.

5557 Section 93. Except as otherwise expressly provided in this
5558 act, this act shall take effect July 1, 2015.

5559

5560 ===== T I T L E A M E N D M E N T =====

5561 And the title is amended as follows:

5562 Delete everything before the enacting clause
5563 and insert:

5564 An act relating to mental health and substance abuse;
5565 providing a directive to the Division of Law Revision
5566 and Information; amending ss. 29.004, 39.001, 39.507,
5567 and 39.521, F.S.; conforming provisions to changes
5568 made by the act; amending s. 381.0056, F.S.; revising
5569 the definition of the term "emergency health needs";
5570 requiring school health services plans to include
5571 notification requirements when a student is removed
5572 from school, school transportation, or a school-
5573 sponsored activity for involuntary examination;
5574 amending s. 394.453, F.S.; providing legislative
5575 intent regarding the development of programs related
5576 to substance abuse impairment by the Department of
5577 Children and Families; expanding legislative intent
5578 related to a guarantee of dignity and human rights to
5579 all individuals who are admitted to substance abuse



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5580 treatment facilities; amending s. 394.455, F.S.;

5581 defining and redefining terms; deleting terms;

5582 amending s. 394.457, F.S.; adding substance abuse

5583 services as a program focus for which the Department

5584 of Children and Families is responsible; deleting a

5585 requirement that the department establish minimum

5586 standards for personnel employed in mental health

5587 programs and provide orientation and training

5588 materials; amending s. 394.4573, F.S.; deleting a

5589 term; adding substance abuse care as an element of the

5590 continuity of care management system that the

5591 department must establish; deleting duties and

5592 measures of performance of the department regarding

5593 the continuity of care management system; amending s.

5594 394.459, F.S.; extending a right to dignity to all

5595 individuals held for examination or admitted for

5596 mental health or substance abuse treatment; providing

5597 procedural requirements that must be followed to

5598 detain without consent an individual who has a

5599 substance abuse impairment but who has not been

5600 charged with a criminal offense; providing that

5601 individuals held for examination or admitted for

5602 treatment at a facility have a right to certain

5603 evaluation and treatment procedures; removing

5604 provisions regarding express and informed consent for

5605 medical procedures requiring the use of a general

5606 anesthetic or electroconvulsive treatment; requiring

5607 facilities to have written procedures for reporting

5608 events that place individuals receiving services at



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5609 risk of harm; requiring service providers to provide
5610 information concerning advance directives to
5611 individuals receiving services; amending s. 394.4597,
5612 F.S.; specifying certain persons who are prohibited
5613 from being selected as an individual's representative;
5614 providing certain rights to representatives; amending
5615 s. 394.4598, F.S.; specifying certain persons who are
5616 prohibited from being appointed as an individual's
5617 guardian advocate; providing guidelines for decisions
5618 of guardian advocates; amending s. 394.4599, F.S.;
5619 including health care surrogates and proxies as
5620 individuals who may act on behalf of an individual
5621 involuntarily admitted to a facility; requiring a
5622 receiving facility to give notice immediately of the
5623 whereabouts of a minor who is being held involuntarily
5624 to the minor's parent, guardian, caregiver, or
5625 guardian advocate; providing circumstances when
5626 notification may be delayed; requiring the receiving
5627 facility to make continuous attempts to notify;
5628 authorizing the receiving facility to seek assistant
5629 from law enforcement under certain circumstances;
5630 requiring the receiving facility to document
5631 notification attempts in the minor's clinical record;
5632 amending s. 394.4615, F.S.; adding a condition under
5633 which the clinical record of an individual must be
5634 released to the state attorney; providing for the
5635 release of information from the clinical record to law
5636 enforcement agencies under certain circumstances;
5637 amending s. 394.462, F.S.; providing that a person in



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5638 custody for a felony other than a forcible felony must
5639 be transported to the nearest receiving facility for
5640 examination; providing that a law enforcement officer
5641 may transport an individual meeting the criteria for
5642 voluntary admission to a mental health receiving
5643 facility, addictions receiving facility, or
5644 detoxification facility at the individual's request;
5645 amending s. 394.4625, F.S.; providing criteria for the
5646 examination and treatment of an individual who is
5647 voluntarily admitted to a facility; providing criteria
5648 for the release or discharge of the individual;
5649 providing that a voluntarily admitted individual who
5650 is released or discharged and who is currently charged
5651 with a crime shall be returned to the custody of a law
5652 enforcement officer; providing procedures for
5653 transferring an individual to voluntary status and
5654 involuntary status; amending s. 394.463, F.S.;
5655 providing for the involuntary examination of a person
5656 for a substance abuse impairment; providing for the
5657 transportation of an individual for an involuntary
5658 examination; providing that a certificate for an
5659 involuntary examination must contain certain
5660 information; providing criteria and procedures for the
5661 release of an individual held for involuntary
5662 examination from receiving or treatment facilities;
5663 amending s. 394.4655, F.S.; adding substance abuse
5664 impairment as a condition to which criteria for
5665 involuntary outpatient placement apply; providing
5666 guidelines for an attorney representing an individual



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5667 subject to proceedings for involuntary outpatient
5668 placement; providing guidelines for the state attorney
5669 in prosecuting a petition for involuntary placement;
5670 requiring the court to consider certain information
5671 when determining whether to appoint a guardian
5672 advocate for the individual; requiring the court to
5673 inform the individual and his or her representatives
5674 of the individual's right to an independent expert
5675 examination with regard to proceedings for involuntary
5676 outpatient placement; amending s. 394.467, F.S.;
5677 adding substance abuse impairment as a condition to
5678 which criteria for involuntary inpatient placement
5679 apply; adding addictions receiving facilities and
5680 detoxification facilities as identified receiving
5681 facilities; providing for first and second medical
5682 opinions in proceedings for placement for treatment of
5683 substance abuse impairment; providing guidelines for
5684 attorney representation of an individual subject to
5685 proceedings for involuntary inpatient placement;
5686 providing guidelines for the state attorney in
5687 prosecuting a petition for involuntary placement;
5688 setting standards for the court to accept a waiver of
5689 the individual's rights; requiring the court to
5690 consider certain testimony regarding the individual's
5691 prior history in proceedings; requiring the Division
5692 of Administrative Hearings to inform the individual
5693 and his or her representatives of the right to an
5694 independent expert examination; amending s. 394.4672,
5695 F.S.; providing authority of facilities of the United



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5696 States Department of Veterans Affairs to conduct
5697 certain examinations and provide certain treatments;
5698 amending s. 394.47891, F.S.; expanding eligibility
5699 criteria for military veterans' and servicemembers'
5700 court programs; creating s. 394.47892, F.S.;
5701 authorizing counties to fund treatment-based mental
5702 health court programs; providing legislative intent;
5703 providing that pretrial program participation is
5704 voluntary; specifying criteria that a court must
5705 consider before sentencing a person to a
5706 postadjudicatory treatment-based mental health court
5707 program; requiring a judge presiding over a
5708 postadjudicatory treatment-based mental health court
5709 program to hear a violation of probation or community
5710 control under certain circumstances; providing that
5711 treatment-based mental health court programs may
5712 include specified programs; requiring a judicial
5713 circuit with a treatment-based mental health court
5714 program to establish a coordinator position, subject
5715 to annual appropriation by the Legislature; providing
5716 county funding requirements for treatment-based mental
5717 health court programs; authorizing the chief judge of
5718 a judicial circuit to appoint an advisory committee
5719 for the treatment-based mental health court program;
5720 specifying membership of the committee; amending s.
5721 394.656, F.S.; renaming the Criminal Justice, Mental
5722 Health, and Substance Abuse Statewide Grant Review
5723 Committee as the Criminal Justice, Mental Health, and
5724 Substance Abuse Statewide Grant Policy Committee;



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5725 providing additional members of the committee;
5726 providing duties of the committee; providing
5727 additional qualifications for committee members;
5728 directing the Department of Children and Families to
5729 create a grant review and selection committee;
5730 providing duties of the committee; authorizing a
5731 designated not-for-profit community provider, managing
5732 entity, or coordinated care organization to apply for
5733 certain grants; providing eligibility requirements;
5734 defining the term "sequential intercept mapping": ;
5735 removing provisions relating to applications for
5736 certain planning grants; amending s. 394.875, F.S. ;
5737 removing a limitation on the number of beds in crisis
5738 stabilization units; creating s. 765.4015, F.S. ;
5739 providing a short title; creating s. 765.402, F.S. ;
5740 providing legislative findings; creating s. 765.403,
5741 F.S. ; defining terms; creating s. 765.405, F.S. ;
5742 authorizing an adult with capacity to execute a mental
5743 health or substance abuse treatment advance directive;
5744 providing a presumption of validity if certain
5745 requirements are met; specifying provisions that an
5746 advance directive may include; creating s. 765.406,
5747 F.S. ; providing for execution of the mental health or
5748 substance abuse treatment advance directive;
5749 establishing requirements for a valid mental health or
5750 substance abuse treatment advance directive; providing
5751 that a mental health or substance abuse treatment
5752 advance directive is valid upon execution even if a
5753 part of the advance directive takes effect at a later



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5754 date; allowing a mental health or substance abuse
5755 treatment advance directive to be revoked, in whole or
5756 in part, or to expire under its own terms; specifying
5757 that a mental health or substance abuse treatment
5758 advance directive does not or may not serve specified
5759 purposes; creating s. 765.407, F.S.; providing
5760 circumstances under which a mental health or substance
5761 abuse treatment advance directive may be revoked;
5762 providing circumstances under which a principal may
5763 waive specific directive provisions without revoking
5764 the advance directive; creating s. 765.410, F.S.;
5765 prohibiting criminal prosecution of a health care
5766 facility, provider, or surrogate who acts pursuant to
5767 a mental health or substance abuse treatment decision;
5768 providing applicability; creating s. 765.411, F.S.;
5769 providing for recognition of a mental health and
5770 substance abuse treatment advance directive executed
5771 in another state if it complies with the laws of this
5772 state; creating s. 916.185, F.S.; providing
5773 legislative findings and intent; defining terms;
5774 creating the Forensic Hospital Diversion Pilot
5775 Program; requiring the Department of Children and
5776 Families to implement a Forensic Hospital Diversion
5777 Pilot Program in five specified judicial circuits;
5778 providing eligibility criteria for participation in
5779 the pilot program; providing legislative intent
5780 concerning the training of judges; authorizing the
5781 department to adopt rules; directing the Office of
5782 Program Policy Analysis and Government Accountability



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5783 to submit a report to the Governor and the Legislature
5784 by a certain date; creating s. 944.805, F.S.; defining
5785 the terms "department" and "nonviolent offender";
5786 requiring the Department of Corrections to develop and
5787 administer a reentry program for nonviolent offenders
5788 which is intended to divert nonviolent offenders from
5789 long periods of incarceration; requiring that the
5790 program include intensive substance abuse treatment
5791 and rehabilitation programs; providing for the minimum
5792 length of service in the program; providing that any
5793 portion of a sentence before placement in the program
5794 does not count as progress toward program completion;
5795 identifying permissible locations for the operation of
5796 a reentry program; specifying eligibility criteria for
5797 a nonviolent offender's participation in the reentry
5798 program; requiring the department to screen and select
5799 eligible offenders for the program based on specified
5800 considerations; requiring the department to notify a
5801 nonviolent offender's sentencing court to obtain
5802 approval before the nonviolent offender is placed in
5803 the reentry program; requiring the department to
5804 notify the state attorney that an offender is being
5805 considered for placement in the program; authorizing
5806 the state attorney to file objections to placing the
5807 offender in the reentry program within a specified
5808 period; authorizing the sentencing court to consider
5809 certain factors when deciding whether to approve an
5810 offender for placement in a reentry program; requiring
5811 the sentencing court to notify the department of the



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5812 court's decision to approve or disapprove the
5813 requested placement within a specified period;
5814 requiring a nonviolent offender to undergo an
5815 educational assessment and a complete substance abuse
5816 assessment if admitted into the reentry program;
5817 requiring an offender to be enrolled in an adult
5818 education program in specified circumstances;
5819 requiring that assessments of vocational skills and
5820 future career education be provided to an offender;
5821 requiring that certain reevaluation be made
5822 periodically; providing that a participating
5823 nonviolent offender is subject to the disciplinary
5824 rules of the department; specifying the reasons for
5825 which an offender may be terminated from the reentry
5826 program; requiring that the department submit a report
5827 to the sentencing court at least 30 days before a
5828 nonviolent offender is scheduled to complete the
5829 reentry program; specifying the issues to be addressed
5830 in the report; authorizing a court to schedule a
5831 hearing to consider any modification to an imposed
5832 sentence; requiring the sentencing court to issue an
5833 order modifying the sentence imposed and placing a
5834 nonviolent offender on drug offender probation if the
5835 nonviolent offender's performance is satisfactory;
5836 authorizing the court to revoke probation and impose
5837 the original sentence in specified circumstances;
5838 authorizing the court to require an offender to
5839 complete a postadjudicatory drug court program in
5840 specified circumstances; directing the department to



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5841 implement the reentry program using available
5842 resources; authorizing the department to enter into
5843 contracts with qualified individuals, agencies, or
5844 corporations for services for the reentry program;
5845 requiring offenders to abide by department conduct
5846 rules; authorizing the department to impose
5847 administrative or protective confinement as necessary;
5848 providing that the section does not create a right to
5849 placement in the reentry program or any right to
5850 placement or early release under supervision of any
5851 type; providing that the section does not create a
5852 cause of action related to the program; authorizing
5853 the department to establish a system of incentives
5854 within the reentry program which the department may
5855 use to promote participation in rehabilitative
5856 programs and the orderly operation of institutions and
5857 facilities; requiring the department to develop a
5858 system for tracking recidivism, including, but not
5859 limited to, rearrests and recommitment of nonviolent
5860 offenders who successfully complete the reentry
5861 program, and to report on recidivism in an annual
5862 report; requiring the department to submit an annual
5863 report to the Governor and Legislature detailing the
5864 extent of implementation of the reentry program,
5865 specifying requirements for the report; requiring the
5866 department to adopt rules; providing that specified
5867 provisions are not severable; amending s. 948.08,
5868 F.S.; expanding the definition of the term "veteran"
5869 for purposes of eligibility requirements for a



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5870 pretrial intervention program; amending s. 948.16,
5871 F.S.; expanding the definition of the term "veteran"
5872 for purposes of eligibility requirements for a
5873 misdemeanor pretrial veterans' treatment intervention
5874 program; amending s. 948.21, F.S.; authorizing a court
5875 to impose certain conditions on certain probationers
5876 or community controllees; amending ss. 1002.20 and
5877 1002.33, F.S.; requiring public school and charter
5878 school principals or their designees to provide notice
5879 of the whereabouts of a student removed from school,
5880 school transportation, or a school-sponsored activity
5881 for involuntary examination; providing circumstances
5882 under which notification may be delayed; requiring
5883 district school boards and charter school governing
5884 boards to develop notification policies and
5885 procedures; amending ss. 39.407, 394.4612, 394.495,
5886 394.496, 394.499, 394.67, 394.674, 394.9085, 397.311,
5887 397.702, 402.3057, 409.1757, 409.972, 744.704, and
5888 790.065, F.S.; conforming cross-references; repealing
5889 s. 397.601, F.S., relating to voluntary admissions;
5890 repealing s. 397.675, F.S., relating to criteria for
5891 involuntary admissions, including protective custody,
5892 emergency admission, and other involuntary assessment,
5893 involuntary treatment, and alternative involuntary
5894 assessment for minors, for purposes of assessment and
5895 stabilization, and for involuntary treatment;
5896 repealing s. 397.6751, F.S., relating to service
5897 provider responsibilities regarding involuntary
5898 admissions; repealing s. 397.6752, F.S., relating to



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5899 referral of involuntarily admitted individual for
5900 voluntary treatment; repealing s. 397.6758, F.S.,
5901 relating to release of individual from protective
5902 custody, emergency admission, involuntary assessment,
5903 involuntary treatment, and alternative involuntary
5904 assessment of a minor; repealing s. 397.6759, F.S.,
5905 relating to parental participation in treatment;
5906 repealing s. 397.677, F.S., relating to protective
5907 custody; circumstances justifying; repealing s.
5908 397.6771, F.S., relating to protective custody with
5909 consent; repealing s. 397.6772, F.S., relating to
5910 protective custody without consent; repealing s.
5911 397.6773, F.S., relating to dispositional alternatives
5912 after protective custody; repealing s. 397.6774, F.S.,
5913 relating to department to maintain lists of licensed
5914 facilities; repealing s. 397.6775, F.S., relating to
5915 Immunity from liability; repealing s. 397.679, F.S.,
5916 relating to emergency admission; circumstances
5917 justifying; repealing s. 397.6791, F.S., relating to
5918 emergency admission; persons who may initiate;
5919 repealing s. 397.6793, F.S., relating to physician's
5920 certificate for emergency admission; repealing s.
5921 397.6795, F.S., relating to transportation-assisted
5922 delivery of persons for emergency assessment;
5923 repealing s. 397.6797, F.S., relating to dispositional
5924 alternatives after emergency admission; repealing s.
5925 397.6798, F.S., relating to alternative involuntary
5926 assessment procedure for minors; repealing s.
5927 397.6799, F.S., relating to disposition of minor upon



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5928 completion of alternative involuntary assessment;
5929 repealing s. 397.681, F.S., relating to involuntary
5930 petitions; general provisions; court jurisdiction and
5931 right to counsel; repealing s. 397.6811, F.S.,
5932 relating to involuntary assessment and stabilization;
5933 repealing s. 397.6814, F.S., relating to involuntary
5934 assessment and stabilization; contents of petition;
5935 repealing s. 397.6815, F.S., relating to involuntary
5936 assessment and stabilization; procedure; repealing s.
5937 397.6818, F.S., relating to court determination;
5938 repealing s. 397.6819, F.S., relating to involuntary
5939 assessment and stabilization; responsibility of
5940 licensed service provider; repealing s. 397.6821,
5941 F.S., relating to extension of time for completion of
5942 involuntary assessment and stabilization; repealing s.
5943 397.6822, F.S., relating to disposition of individual
5944 after involuntary assessment; repealing s. 397.693,
5945 F.S., relating to involuntary treatment; repealing s.
5946 397.695, F.S., relating to involuntary treatment;
5947 persons who may petition; repealing s. 397.6951, F.S.,
5948 relating to contents of petition for involuntary
5949 treatment; repealing s. 397.6955, F.S., relating to
5950 duties of court upon filing of petition for
5951 involuntary treatment; repealing s. 397.6957, F.S.,
5952 relating to hearing on petition for involuntary
5953 treatment; repealing s. 397.697, F.S., relating to
5954 court determination; effect of court order for
5955 involuntary substance abuse treatment; repealing s.
5956 397.6971, F.S., relating to early release from



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5957 involuntary substance abuse treatment; repealing s.
5958 397.6975, F.S., relating to extension of involuntary
5959 substance abuse treatment period; repealing s.
5960 397.6977, F.S., relating to disposition of individual
5961 upon completion of involuntary substance abuse
5962 treatment; reenacting ss. 394.4685(1) and 394.469(2),
5963 F.S., to incorporate the amendment made to s.
5964 394.4599, F.S., in references thereto; amending s.
5965 394.455, F.S.; revising the definition of "mental
5966 illness" to exclude dementia and traumatic brain
5967 injuries; amending s. 394.492, F.S.; redefining terms;
5968 creating s. 394.761, F.S.; requiring the Agency for
5969 Health Care Administration and the Department of
5970 Children and Families to develop a plan to obtain
5971 federal approval for increasing the availability of
5972 federal Medicaid funding for behavioral health care;
5973 establishing improved integration of behavioral health
5974 and primary care services through the development and
5975 effective implementation of coordinated care
5976 organizations as the primary goal of obtaining the
5977 additional funds; requiring the agency and the
5978 department to submit the written plan, which must
5979 include certain information, to the Legislature by a
5980 specified date; requiring the agency to submit an
5981 Excellence in Mental Health Act grant application to
5982 the United States Department of Health and Human
5983 Services; amending s. 394.9082, F.S.; revising
5984 legislative findings and intent; redefining terms;
5985 requiring the managing entities, rather than the



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5986 department, to contract with community based
5987 organizations to serve as managing entities; deleting
5988 provisions providing for contracting for services;
5989 providing contractual responsibilities of a managing
5990 entity; requiring the Department of Children and
5991 Families to revise contracts with all managing
5992 entities by a certain date; providing contractual
5993 terms and requirements; providing for termination of a
5994 contract with a managing entity under certain
5995 circumstances; providing how the department will
5996 choose a managing entity and the factors it must
5997 consider; requiring the department to develop and
5998 incorporate measurable outcome standards while
5999 addressing specified goals; providing that managing
6000 entities may earn designation as coordinated care
6001 organizations by developing and implementing a plan
6002 that achieves a certain goal; providing requirements
6003 for the plan; providing for earning and maintaining
6004 the designation of a managing entity as a coordinated
6005 care organization; requiring the department to seek
6006 input from certain entities and persons before
6007 designating a managing entity as a coordinated care
6008 organization; providing that a comprehensive range of
6009 services includes specified elements; revising the
6010 criteria for which the department may adopt rules and
6011 contractual standards related to the qualification and
6012 operation of managing entities; deleting certain
6013 departmental responsibilities; deleting a provision
6014 requiring an annual report to the Legislature;



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6015 authorizing, rather than requiring, the department to
6016 adopt rules; defining the term "public receiving
6017 facility"; requiring the department to establish
6018 specified standards and protocols with respect to the
6019 administration of the crisis stabilization services
6020 utilization database; directing managing entities to
6021 require public receiving facilities to submit
6022 utilization data on a periodic basis; providing
6023 requirements for the data; requiring managing entities
6024 to periodically submit aggregate data to the
6025 department; requiring the department to adopt rules;
6026 requiring the department to annually submit a report
6027 to the Governor and the Legislature; prescribing
6028 report requirements; providing an appropriation to
6029 implement the database; creating s. 397.402, F.S.;
6030 requiring that the department and the agency submit a
6031 plan to the Governor and Legislature by a specified
6032 date with options for modifying certain licensure
6033 rules and procedures to provide for a single,
6034 consolidated license for providers that offer multiple
6035 types of mental health and substance abuse services;
6036 amending s. 409.967, F.S.; requiring that certain
6037 plans or contracts include specified requirements;
6038 amending s. 409.973, F.S.; requiring each plan
6039 operating in the managed medical assistance program to
6040 work with the managing entity to establish specific
6041 organizational supports and service protocols;
6042 repealing s. 394.4674, F.S., relating to a plan and
6043 report; repealing s. 394.4985, F.S., relating to



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6044 districtwide information and referral network and
6045 implementation; repealing s. 394.745, F.S., relating
6046 to an annual report and compliance of providers under
6047 contract with the department; repealing s. 397.331,
6048 F.S., relating to definitions; repealing s. 397.333,
6049 F.S., relating to the Statewide Drug Policy Advisory
6050 Council; repealing s. 397.801, F.S., relating to
6051 substance abuse impairment coordination; repealing s.
6052 397.811, F.S., relating to juvenile substance abuse
6053 impairment coordination; repealing s. 397.821, F.S.,
6054 relating to juvenile substance abuse impairment
6055 prevention and early intervention councils; repealing
6056 s. 397.901, F.S., relating to prototype juvenile
6057 addictions receiving facilities; repealing s. 397.93,
6058 F.S., relating to children's substance abuse services
6059 and target populations; repealing s. 397.94, F.S.,
6060 relating to children's substance abuse services and
6061 the information and referral network; repealing s.
6062 397.951, F.S., relating to treatment and sanctions;
6063 repealing s. 397.97, F.S., relating to children's
6064 substance abuse services and demonstration models;
6065 amending s. 491.0045, F.S.; limiting an intern
6066 registration to 5 years; providing timelines for
6067 expiration of certain intern registrations; providing
6068 requirements for issuance of subsequent registrations;
6069 prohibiting an individual who held a provisional
6070 license from the board from applying for an intern
6071 registration in the same profession; amending ss.
6072 397.321, 397.98, 409.966, 943.031, and 943.042, F.S.;



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6073 conforming provisions and cross-references to changes
6074 made by the act; reenacting ss. 39.407(6)(a),
6075 394.67(21), 394.674(1)(b), 394.676(1), 409.1676(2)(c),
6076 and 409.1677(1)(b), F.S., relating to the term
6077 "suitable for residential treatment" or "suitability,"
6078 the term "residential treatment center for children
6079 and adolescents," children's mental health services,
6080 the indigent psychiatric medication program, and the
6081 term "serious behavioral problems," respectively, to
6082 incorporate the amendment made to s. 394.492, F.S., in
6083 references thereto; providing effective dates.
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