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1 A bill to be entitled
2 An act relating to mental health and substance abuse;
3 providing a directive to the Division of Law Revision
4 and Information; amending ss. 29.004, 39.001, 39.507,
5 and 39.521, F.S.; conforming provisions to changes
6 made by the act; amending s. 381.0056, F.S.; revising
7 the definition of the term "emergency health needs";
8 requiring school health services plans to include
9 notification requirements when a student is removed
10 from school, school transportation, or a school-
11 sponsored activity for involuntary examination;
12 amending s. 394.453, F.S.; providing legislative
13 intent regarding the development of programs related
14 to substance abuse impairment by the Department of
15 Children and Families; expanding legislative intent
16 related to a guarantee of dignity and human rights to
17 all individuals who are admitted to substance abuse
18 treatment facilities; amending s. 394.455, F.S.;
19 defining and redefining terms; deleting terms;
20 amending s. 394.457, F.S.; adding substance abuse
21 services as a program focus for which the Department
22 of Children and Families is responsible; deleting a
23 requirement that the department establish minimum
24 standards for personnel employed in mental health
25 programs and provide orientation and training
26 materials; amending s. 394.4573, F.S.; deleting a
27 term; adding substance abuse care as an element of the
28 continuity of care management system that the
29 department must establish; deleting duties and

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30 measures of performance of the department regarding
31 the continuity of care management system; amending s.
32 394.459, F.S.; extending a right to dignity to all
33 individuals held for examination or admitted for
34 mental health or substance abuse treatment; providing
35 procedural requirements that must be followed to
36 detain without consent an individual who has a
37 substance abuse impairment but who has not been
38 charged with a criminal offense; providing that
39 individuals held for examination or admitted for
40 treatment at a facility have a right to certain
41 evaluation and treatment procedures; removing
42 provisions regarding express and informed consent for
43 medical procedures requiring the use of a general
44 anesthetic or electroconvulsive treatment; requiring
45 facilities to have written procedures for reporting
46 events that place individuals receiving services at
47 risk of harm; requiring service providers to provide
48 information concerning advance directives to
49 individuals receiving services; amending s. 394.4597,
50 F.S.; specifying certain persons who are prohibited
51 from being selected as an individual's representative;
52 providing certain rights to representatives; amending
53 s. 394.4598, F.S.; specifying certain persons who are
54 prohibited from being appointed as an individual's
55 guardian advocate; providing guidelines for decisions
56 of guardian advocates; amending s. 394.4599, F.S.;
57 including health care surrogates and proxies as
58 individuals who may act on behalf of an individual

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59 involuntarily admitted to a facility; requiring a
60 receiving facility to give notice immediately of the
61 whereabouts of a minor who is being held involuntarily
62 to the minor's parent, guardian, caregiver, or
63 guardian advocate; providing circumstances when
64 notification may be delayed; requiring the receiving
65 facility to make continuous attempts to notify;
66 authorizing the receiving facility to seek assistance
67 from law enforcement under certain circumstances;
68 requiring the receiving facility to document
69 notification attempts in the minor's clinical record;
70 amending s. 394.4615, F.S.; adding a condition under
71 which the clinical record of an individual must be
72 released to the state attorney; providing for the
73 release of information from the clinical record to law
74 enforcement agencies under certain circumstances;
75 amending s. 394.462, F.S.; providing that a person in
76 custody for a felony other than a forcible felony must
77 be transported to the nearest receiving facility for
78 examination; providing that a law enforcement officer
79 may transport an individual meeting the criteria for
80 voluntary admission to a mental health receiving
81 facility, addictions receiving facility, or
82 detoxification facility at the individual's request;
83 amending s. 394.4625, F.S.; providing criteria for the
84 examination and treatment of an individual who is
85 voluntarily admitted to a facility; providing criteria
86 for the release or discharge of the individual;
87 providing that a voluntarily admitted individual who

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88 is released or discharged and who is currently charged
89 with a crime shall be returned to the custody of a law
90 enforcement officer; providing procedures for
91 transferring an individual to voluntary status and
92 involuntary status; amending s. 394.463, F.S.;
93 providing for the involuntary examination of a person
94 for a substance abuse impairment; providing for the
95 transportation of an individual for an involuntary
96 examination; providing that a certificate for an
97 involuntary examination must contain certain
98 information; providing criteria and procedures for the
99 release of an individual held for involuntary
100 examination from receiving or treatment facilities;
101 amending s. 394.4655, F.S.; adding substance abuse
102 impairment as a condition to which criteria for
103 involuntary outpatient placement apply; requiring the
104 court to appoint the office of criminal conflict and
105 civil regional counsel under certain circumstances;
106 providing guidelines for an attorney representing an
107 individual subject to proceedings for involuntary
108 outpatient placement; providing guidelines for the
109 state attorney in prosecuting a petition for
110 involuntary placement; requiring the court to consider
111 certain information when determining whether to
112 appoint a guardian advocate for the individual;
113 requiring the court to inform the individual and his
114 or her representatives of the individual's right to an
115 independent expert examination with regard to
116 proceedings for involuntary outpatient placement;

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117 amending s. 394.467, F.S.; adding substance abuse
118 impairment as a condition to which criteria for
119 involuntary inpatient placement apply; adding
120 addictions receiving facilities and detoxification
121 facilities as identified receiving facilities;
122 providing for first and second medical opinions in
123 proceedings for placement for treatment of substance
124 abuse impairment; requiring the court to appoint the
125 office of criminal conflict and civil regional counsel
126 under certain circumstances; providing guidelines for
127 attorney representation of an individual subject to
128 proceedings for involuntary inpatient placement;
129 providing guidelines for the state attorney in
130 prosecuting a petition for involuntary placement;
131 setting standards for the court to accept a waiver of
132 the individual's rights; requiring the court to
133 consider certain testimony regarding the individual's
134 prior history in proceedings; requiring the Division
135 of Administrative Hearings to inform the individual
136 and his or her representatives of the right to an
137 independent expert examination; amending s. 394.4672,
138 F.S.; providing authority of facilities of the United
139 States Department of Veterans Affairs to conduct
140 certain examinations and provide certain treatments;
141 amending s. 394.47891, F.S.; expanding eligibility
142 criteria for military veterans' and servicemembers'
143 court programs; creating s. 394.47892, F.S.;
144 authorizing counties to fund treatment-based mental
145 health court programs; providing legislative intent;

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146 providing that pretrial program participation is
147 voluntary; specifying criteria that a court must
148 consider before sentencing a person to a
149 postadjudicatory treatment-based mental health court
150 program; requiring a judge presiding over a
151 postadjudicatory treatment-based mental health court
152 program to hear a violation of probation or community
153 control under certain circumstances; providing that
154 treatment-based mental health court programs may
155 include specified programs; requiring a judicial
156 circuit with a treatment-based mental health court
157 program to establish a coordinator position, subject
158 to annual appropriation by the Legislature; providing
159 county funding requirements for treatment-based mental
160 health court programs; authorizing the chief judge of
161 a judicial circuit to appoint an advisory committee
162 for the treatment-based mental health court program;
163 specifying membership of the committee; amending s.
164 394.656, F.S.; renaming the Criminal Justice, Mental
165 Health, and Substance Abuse Statewide Grant Review
166 Committee as the Criminal Justice, Mental Health, and
167 Substance Abuse Statewide Grant Policy Committee;
168 providing additional members of the committee;
169 providing duties of the committee; providing
170 additional qualifications for committee members;
171 directing the Department of Children and Families to
172 create a grant review and selection committee;
173 providing duties of the committee; authorizing a
174 designated not-for-profit community provider, managing

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175 entity, or coordinated care organization to apply for
176 certain grants; providing eligibility requirements;
177 defining the term "sequential intercept mapping";
178 removing provisions relating to applications for
179 certain planning grants; amending s. 394.875, F.S.;
180 removing a limitation on the number of beds in crisis
181 stabilization units; creating s. 765.4015, F.S.;
182 providing a short title; creating s. 765.402, F.S.;
183 providing legislative findings; creating s. 765.403,
184 F.S.; defining terms; creating s. 765.405, F.S.;
185 authorizing an adult with capacity to execute a mental
186 health or substance abuse treatment advance directive;
187 providing a presumption of validity if certain
188 requirements are met; specifying provisions that an
189 advance directive may include; creating s. 765.406,
190 F.S.; providing for execution of the mental health or
191 substance abuse treatment advance directive;
192 establishing requirements for a valid mental health or
193 substance abuse treatment advance directive; providing
194 that a mental health or substance abuse treatment
195 advance directive is valid upon execution even if a
196 part of the advance directive takes effect at a later
197 date; allowing a mental health or substance abuse
198 treatment advance directive to be revoked, in whole or
199 in part, or to expire under its own terms; specifying
200 that a mental health or substance abuse treatment
201 advance directive does not or may not serve specified
202 purposes; creating s. 765.407, F.S.; providing
203 circumstances under which a mental health or substance

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204 abuse treatment advance directive may be revoked;
205 providing circumstances under which a principal may
206 waive specific directive provisions without revoking
207 the advance directive; creating s. 765.410, F.S.;
208 prohibiting criminal prosecution of a health care
209 facility, provider, or surrogate who acts pursuant to
210 a mental health or substance abuse treatment decision;
211 providing applicability; creating s. 765.411, F.S.;
212 providing for recognition of a mental health and
213 substance abuse treatment advance directive executed
214 in another state if it complies with the laws of this
215 state; amending s. 910.035, F.S.; defining the term
216 "problem-solving court"; authorizing a person eligible
217 for participation in a problem-solving court to
218 transfer his or her case to another county's problem-
219 solving court under certain circumstances; making
220 technical changes; amending s. 916.106, F.S.;
221 redefining the term "court" to include county courts
222 in certain circumstances; amending s. 916.17, F.S.;
223 authorizing a county court to order the conditional
224 release of a defendant for the provision of outpatient
225 care and treatment; creating s. 916.185, F.S.;
226 providing legislative findings and intent; defining
227 terms; creating the Forensic Hospital Diversion Pilot
228 Program; requiring the Department of Children and
229 Families to implement a Forensic Hospital Diversion
230 Pilot Program in five specified judicial circuits;
231 providing eligibility criteria for participation in
232 the pilot program; providing legislative intent

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233 concerning the training of judges; authorizing the
234 department to adopt rules; directing the Office of
235 Program Policy Analysis and Government Accountability
236 to submit a report to the Governor and the Legislature
237 by a certain date; creating s. 944.805, F.S.; defining
238 the terms "department" and "nonviolent offender";
239 requiring the Department of Corrections to develop and
240 administer a reentry program for nonviolent offenders
241 which is intended to divert nonviolent offenders from
242 long periods of incarceration; requiring that the
243 program include intensive substance abuse treatment
244 and rehabilitation programs; providing for the minimum
245 length of service in the program; providing that any
246 portion of a sentence before placement in the program
247 does not count as progress toward program completion;
248 identifying permissible locations for the operation of
249 a reentry program; specifying eligibility criteria for
250 a nonviolent offender's participation in the reentry
251 program; requiring the department to screen and select
252 eligible offenders for the program based on specified
253 considerations; requiring the department to notify a
254 nonviolent offender's sentencing court to obtain
255 approval before the nonviolent offender is placed in
256 the reentry program; requiring the department to
257 notify the state attorney that an offender is being
258 considered for placement in the program; authorizing
259 the state attorney to file objections to placing the
260 offender in the reentry program within a specified
261 period; authorizing the sentencing court to consider

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262 certain factors when deciding whether to approve an
263 offender for placement in a reentry program; requiring
264 the sentencing court to notify the department of the
265 court's decision to approve or disapprove the
266 requested placement within a specified period;
267 requiring a nonviolent offender to undergo an
268 educational assessment and a complete substance abuse
269 assessment if admitted into the reentry program;
270 requiring an offender to be enrolled in an adult
271 education program in specified circumstances;
272 requiring that assessments of vocational skills and
273 future career education be provided to an offender;
274 requiring that certain reevaluation be made
275 periodically; providing that a participating
276 nonviolent offender is subject to the disciplinary
277 rules of the department; specifying the reasons for
278 which an offender may be terminated from the reentry
279 program; requiring that the department submit a report
280 to the sentencing court at least 30 days before a
281 nonviolent offender is scheduled to complete the
282 reentry program; specifying the issues to be addressed
283 in the report; authorizing a court to schedule a
284 hearing to consider any modification to an imposed
285 sentence; requiring the sentencing court to issue an
286 order modifying the sentence imposed and placing a
287 nonviolent offender on drug offender probation if the
288 nonviolent offender's performance is satisfactory;
289 authorizing the court to revoke probation and impose
290 the original sentence in specified circumstances;

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291 authorizing the court to require an offender to
292 complete a postadjudicatory drug court program in
293 specified circumstances; directing the department to
294 implement the reentry program using available
295 resources; authorizing the department to enter into
296 contracts with qualified individuals, agencies, or
297 corporations for services for the reentry program;
298 requiring offenders to abide by department conduct
299 rules; authorizing the department to impose
300 administrative or protective confinement as necessary;
301 providing that the section does not create a right to
302 placement in the reentry program or any right to
303 placement or early release under supervision of any
304 type; providing that the section does not create a
305 cause of action related to the program; authorizing
306 the department to establish a system of incentives
307 within the reentry program which the department may
308 use to promote participation in rehabilitative
309 programs and the orderly operation of institutions and
310 facilities; requiring the department to develop a
311 system for tracking recidivism, including, but not
312 limited to, rearrests and recommitment of nonviolent
313 offenders who successfully complete the reentry
314 program, and to report on recidivism in an annual
315 report; requiring the department to submit an annual
316 report to the Governor and Legislature detailing the
317 extent of implementation of the reentry program,
318 specifying requirements for the report; requiring the
319 department to adopt rules; providing that specified

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320 provisions are not severable; amending s. 948.08,
321 F.S.; expanding the definition of the term "veteran"
322 for purposes of eligibility requirements for a
323 pretrial intervention program; amending s. 948.16,
324 F.S.; expanding the definition of the term "veteran"
325 for purposes of eligibility requirements for a
326 misdemeanor pretrial veterans' treatment intervention
327 program; amending s. 948.21, F.S.; authorizing a court
328 to impose certain conditions on certain probationers
329 or community controllees; amending ss. 1002.20 and
330 1002.33, F.S.; requiring public school and charter
331 school principals or their designees to provide notice
332 of the whereabouts of a student removed from school,
333 school transportation, or a school-sponsored activity
334 for involuntary examination; providing circumstances
335 under which notification may be delayed; requiring
336 district school boards and charter school governing
337 boards to develop notification policies and
338 procedures; amending ss. 39.407, 394.4612, 394.495,
339 394.496, 394.499, 394.67, 394.674, 394.9085, 397.311,
340 397.702, 402.3057, 409.1757, 409.972, 744.704, and
341 790.065, F.S.; conforming cross-references; repealing
342 s. 397.601, F.S., relating to voluntary admissions;
343 repealing s. 397.675, F.S., relating to criteria for
344 involuntary admissions, including protective custody,
345 emergency admission, and other involuntary assessment,
346 involuntary treatment, and alternative involuntary
347 assessment for minors, for purposes of assessment and
348 stabilization, and for involuntary treatment;

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349 repealing s. 397.6751, F.S., relating to service
350 provider responsibilities regarding involuntary
351 admissions; repealing s. 397.6752, F.S., relating to
352 referral of involuntarily admitted individual for
353 voluntary treatment; repealing s. 397.6758, F.S.,
354 relating to release of individual from protective
355 custody, emergency admission, involuntary assessment,
356 involuntary treatment, and alternative involuntary
357 assessment of a minor; repealing s. 397.6759, F.S.,
358 relating to parental participation in treatment;
359 repealing s. 397.677, F.S., relating to protective
360 custody; circumstances justifying; repealing s.
361 397.6771, F.S., relating to protective custody with
362 consent; repealing s. 397.6772, F.S., relating to
363 protective custody without consent; repealing s.
364 397.6773, F.S., relating to dispositional alternatives
365 after protective custody; repealing s. 397.6774, F.S.,
366 relating to department to maintain lists of licensed
367 facilities; repealing s. 397.6775, F.S., relating to
368 immunity from liability; repealing s. 397.679, F.S.,
369 relating to emergency admission; circumstances
370 justifying; repealing s. 397.6791, F.S., relating to
371 emergency admission; persons who may initiate;
372 repealing s. 397.6793, F.S., relating to physician's
373 certificate for emergency admission; repealing s.
374 397.6795, F.S., relating to transportation-assisted
375 delivery of persons for emergency assessment;
376 repealing s. 397.6797, F.S., relating to dispositional
377 alternatives after emergency admission; repealing s.

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378 397.6798, F.S., relating to alternative involuntary
379 assessment procedure for minors; repealing s.
380 397.6799, F.S., relating to disposition of minor upon
381 completion of alternative involuntary assessment;
382 repealing s. 397.681, F.S., relating to involuntary
383 petitions; general provisions; court jurisdiction and
384 right to counsel; repealing s. 397.6811, F.S.,
385 relating to involuntary assessment and stabilization;
386 repealing s. 397.6814, F.S., relating to involuntary
387 assessment and stabilization; contents of petition;
388 repealing s. 397.6815, F.S., relating to involuntary
389 assessment and stabilization; procedure; repealing s.
390 397.6818, F.S., relating to court determination;
391 repealing s. 397.6819, F.S., relating to involuntary
392 assessment and stabilization; responsibility of
393 licensed service provider; repealing s. 397.6821,
394 F.S., relating to extension of time for completion of
395 involuntary assessment and stabilization; repealing s.
396 397.6822, F.S., relating to disposition of individual
397 after involuntary assessment; repealing s. 397.693,
398 F.S., relating to involuntary treatment; repealing s.
399 397.695, F.S., relating to involuntary treatment;
400 persons who may petition; repealing s. 397.6951, F.S.,
401 relating to contents of petition for involuntary
402 treatment; repealing s. 397.6955, F.S., relating to
403 duties of court upon filing of petition for
404 involuntary treatment; repealing s. 397.6957, F.S.,
405 relating to hearing on petition for involuntary
406 treatment; repealing s. 397.697, F.S., relating to

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407 court determination; effect of court order for
408 involuntary substance abuse treatment; repealing s.
409 397.6971, F.S., relating to early release from
410 involuntary substance abuse treatment; repealing s.
411 397.6975, F.S., relating to extension of involuntary
412 substance abuse treatment period; repealing s.
413 397.6977, F.S., relating to disposition of individual
414 upon completion of involuntary substance abuse
415 treatment; reenacting ss. 394.4685(1) and 394.469(2),
416 F.S., to incorporate the amendment made to s.
417 394.4599, F.S., in references thereto; amending s.
418 394.492, F.S.; redefining terms; creating s. 394.761,
419 F.S.; requiring the Agency for Health Care
420 Administration and the Department of Children and
421 Families to develop a plan to obtain federal approval
422 for increasing the availability of federal Medicaid
423 funding for behavioral health care; establishing
424 improved integration of behavioral health and primary
425 care services through the development and effective
426 implementation of coordinated care organizations as
427 the primary goal of obtaining the additional funds;
428 requiring the agency and the department to submit the
429 written plan, which must include certain information,
430 to the Legislature by a specified date; requiring the
431 agency to submit an Excellence in Mental Health Act
432 grant application to the United States Department of
433 Health and Human Services; amending s. 394.9082, F.S.;
434 revising legislative findings and intent; redefining
435 terms; requiring the managing entities, rather than

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436 the department, to contract with community based
437 organizations to serve as managing entities; deleting
438 provisions providing for contracting for services;
439 providing contractual responsibilities of a managing
440 entity; requiring the Department of Children and
441 Families to revise contracts with all managing
442 entities by a certain date; providing contractual
443 terms and requirements; providing for termination of a
444 contract with a managing entity under certain
445 circumstances; providing how the department will
446 choose a managing entity and the factors it must
447 consider; requiring the department to develop and
448 incorporate measurable outcome standards while
449 addressing specified goals; providing that managing
450 entities may earn designation as coordinated care
451 organizations by developing and implementing a plan
452 that achieves a certain goal; providing requirements
453 for the plan; providing for earning and maintaining
454 the designation of a managing entity as a coordinated
455 care organization; requiring the department to seek
456 input from certain entities and persons before
457 designating a managing entity as a coordinated care
458 organization; providing that a comprehensive range of
459 services includes specified elements; revising the
460 criteria for which the department may adopt rules and
461 contractual standards related to the qualification and
462 operation of managing entities; deleting certain
463 departmental responsibilities; deleting a provision
464 requiring an annual report to the Legislature;

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465 authorizing, rather than requiring, the department to
466 adopt rules; defining the term "public receiving
467 facility"; requiring the department to establish
468 specified standards and protocols with respect to the
469 administration of the crisis stabilization services
470 utilization database; directing managing entities to
471 require public receiving facilities to submit
472 utilization data on a periodic basis; providing
473 requirements for the data; requiring managing entities
474 to periodically submit aggregate data to the
475 department; requiring the department to adopt rules;
476 requiring the department to annually submit a report
477 to the Governor and the Legislature; prescribing
478 report requirements; providing an appropriation to
479 implement the database; creating s. 397.402, F.S.;
480 requiring that the department and the agency submit a
481 plan to the Governor and Legislature by a specified
482 date with options for modifying certain licensure
483 rules and procedures to provide for a single,
484 consolidated license for providers that offer multiple
485 types of mental health and substance abuse services;
486 amending s. 409.967, F.S.; requiring that certain
487 plans or contracts include specified requirements;
488 amending s. 409.973, F.S.; requiring each plan
489 operating in the managed medical assistance program to
490 work with the managing entity to establish specific
491 organizational supports and service protocols;
492 repealing s. 394.4674, F.S., relating to a plan and
493 report; repealing s. 394.4985, F.S., relating to

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494 districtwide information and referral network and
495 implementation; repealing s. 394.745, F.S., relating
496 to an annual report and compliance of providers under
497 contract with the department; repealing s. 397.331,
498 F.S., relating to definitions; repealing s. 397.333,
499 F.S., relating to the Statewide Drug Policy Advisory
500 Council; repealing s. 397.801, F.S., relating to
501 substance abuse impairment coordination; repealing s.
502 397.811, F.S., relating to juvenile substance abuse
503 impairment coordination; repealing s. 397.821, F.S.,
504 relating to juvenile substance abuse impairment
505 prevention and early intervention councils; repealing
506 s. 397.901, F.S., relating to prototype juvenile
507 addictions receiving facilities; repealing s. 397.93,
508 F.S., relating to children's substance abuse services
509 and target populations; repealing s. 397.94, F.S.,
510 relating to children's substance abuse services and
511 the information and referral network; repealing s.
512 397.951, F.S., relating to treatment and sanctions;
513 repealing s. 397.97, F.S., relating to children's
514 substance abuse services and demonstration models;
515 amending s. 491.0045, F.S.; limiting an intern
516 registration to 5 years; providing timelines for
517 expiration of certain intern registrations; providing
518 requirements for issuance of subsequent registrations;
519 prohibiting an individual who held a provisional
520 license from the board from applying for an intern
521 registration in the same profession; amending ss.
522 397.321, 397.98, 409.966, 943.031, and 943.042, F.S.;

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523 conforming provisions and cross-references to changes
524 made by the act; reenacting ss. 39.407(6) (a),
525 394.67(21), 394.674(1) (b), 394.676(1), 409.1676(2) (c),
526 and 409.1677(1) (b), F.S., relating to the term
527 "suitable for residential treatment" or "suitability,"
528 the term "residential treatment center for children
529 and adolescents," children's mental health services,
530 the indigent psychiatric medication program, and the
531 term "serious behavioral problems," respectively, to
532 incorporate the amendment made to s. 394.492, F.S., in
533 references thereto; providing effective dates.

534
535 Be It Enacted by the Legislature of the State of Florida:

536
537 Section 1. The Division of Law Revision and Information is
538 directed to rename part IV of chapter 765, Florida Statutes, as
539 "Mental Health and Substance Abuse Advance Directives."

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

542 29.004 State courts system.—For purposes of implementing s.
543 14, Art. V of the State Constitution, the elements of the state
544 courts system to be provided from state revenues appropriated by
545 general law are as follows:

546 (10) Case management. Case management includes:

547 (e) Service referral, coordination, monitoring, and
548 tracking for treatment-based mental health court programs under
549 s. 394.47892.

550
551 Case management may not include costs associated with the

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552 application of therapeutic jurisprudence principles by the
553 courts. Case management also may not include case intake and
554 records management conducted by the clerk of court.

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

557 39.001 Purposes and intent; personnel standards and
558 screening.—

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

560 (a) The Legislature recognizes that early referral and
561 comprehensive treatment can help combat mental illnesses and
562 substance abuse disorders in families and that treatment is
563 cost-effective.

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

567 1. To ensure the safety of children.
568 2. To prevent and remediate the consequences of mental
569 illnesses and substance abuse disorders on families involved in
570 protective supervision or foster care and reduce the occurrences
571 of mental illnesses and substance abuse disorders, including
572 alcohol abuse or related disorders, for families who are at risk
573 of being involved in protective supervision or foster care.

574 3. To expedite permanency for children and reunify healthy,
575 intact families, when appropriate.

576 4. To support families in recovery.

577 (c) The Legislature finds that children in the care of the
578 state's dependency system need appropriate health care services,
579 that the impact of mental illnesses and substance abuse
580 disorders on health indicates the need for health care services

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581 to include treatment for mental health and substance abuse
582 disorders for ~~services to~~ children and parents where
583 appropriate, and that it is in the state's best interest that
584 such children be provided the services they need to enable them
585 to become and remain independent of state care. In order to
586 provide these services, the state's dependency system must have
587 the ability to identify and provide appropriate intervention and
588 treatment for children with personal or family-related mental
589 illness and substance abuse problems.

590 (d) It is the intent of the Legislature to encourage the
591 use of the treatment-based mental health court program model
592 established under s. 394.47892 and the drug court program model
593 established under ~~by~~ s. 397.334 and authorize courts to assess
594 children and persons who have custody or are requesting custody
595 of children where good cause is shown to identify and address
596 mental illnesses and substance abuse disorders ~~problems~~ as the
597 court deems appropriate at every stage of the dependency
598 process. Participation in treatment, including a treatment-based
599 mental health court program or a treatment-based drug court
600 program, may be required by the court following adjudication.
601 Participation in assessment and treatment before ~~prior to~~
602 adjudication is ~~shall be~~ voluntary, except as provided in s.
603 39.407(16).

604 (e) It is therefore the purpose of the Legislature to
605 provide authority for the state to contract with mental health
606 service providers and community substance abuse treatment
607 providers for the development and operation of specialized
608 support and overlay services for the dependency system, which
609 will be fully implemented and used as resources permit.

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

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

618 39.507 Adjudicatory hearings; orders of adjudication.—

619 (10) After an adjudication of dependency, or a finding of
620 dependency where adjudication is withheld, the court may order a
621 person who has custody or is requesting custody of the child to
622 submit to a mental health or substance abuse disorder assessment
623 or evaluation. The assessment or evaluation must be administered
624 by a qualified professional, as defined in s. 397.311. The court
625 may also require such person to participate in and comply with
626 treatment and services identified as necessary, including, when
627 appropriate and available, participation in and compliance with
628 a treatment-based mental health court program established under
629 s. 394.47892 or a treatment-based drug court program established
630 under s. 397.334. In addition to supervision by the department,
631 the court, including the treatment-based mental health court
632 program or treatment-based drug court program, may oversee the
633 progress and compliance with treatment by a person who has
634 custody or is requesting custody of the child. The court may
635 impose appropriate available sanctions for noncompliance upon a
636 person who has custody or is requesting custody of the child or
637 make a finding of noncompliance for consideration in determining
638 whether an alternative placement of the child is in the child's

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639 best interests. Any order entered under this subsection may be
640 made only upon good cause shown. This subsection does not
641 authorize placement of a child with a person seeking custody,
642 other than the parent or legal custodian, who requires mental
643 health or substance abuse disorder treatment.

644 Section 5. Paragraph (b) of subsection (1) of section
645 39.521, Florida Statutes, is amended to read:

646 39.521 Disposition hearings; powers of disposition.—

647 (1) A disposition hearing shall be conducted by the court,
648 if the court finds that the facts alleged in the petition for
649 dependency were proven in the adjudicatory hearing, or if the
650 parents or legal custodians have consented to the finding of
651 dependency or admitted the allegations in the petition, have
652 failed to appear for the arraignment hearing after proper
653 notice, or have not been located despite a diligent search
654 having been conducted.

655 (b) When any child is adjudicated by a court to be
656 dependent, the court having jurisdiction of the child has the
657 power by order to:

658 1. Require the parent and, when appropriate, the legal
659 custodian and the child to participate in treatment and services
660 identified as necessary. The court may require the person who
661 has custody or who is requesting custody of the child to submit
662 to a mental health or substance abuse disorder assessment or
663 evaluation. The assessment or evaluation must be administered by
664 a qualified professional, as defined in s. 397.311. The court
665 may also require such person to participate in and comply with
666 treatment and services identified as necessary, including, when
667 appropriate and available, participation in and compliance with

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668 a treatment-based mental health court program established under
669 s. 394.47892 or treatment-based drug court program established
670 under s. 397.334. In addition to supervision by the department,
671 the court, including the treatment-based mental health court
672 program or treatment-based drug court program, may oversee the
673 progress and compliance with treatment by a person who has
674 custody or is requesting custody of the child. The court may
675 impose appropriate available sanctions for noncompliance upon a
676 person who has custody or is requesting custody of the child or
677 make a finding of noncompliance for consideration in determining
678 whether an alternative placement of the child is in the child's
679 best interests. Any order entered under this subparagraph may be
680 made only upon good cause shown. This subparagraph does not
681 authorize placement of a child with a person seeking custody of
682 the child, other than the child's parent or legal custodian, who
683 requires mental health or substance abuse disorder treatment.

684 2. Require, if the court deems necessary, the parties to
685 participate in dependency mediation.

686 3. Require placement of the child either under the
687 protective supervision of an authorized agent of the department
688 in the home of one or both of the child's parents or in the home
689 of a relative of the child or another adult approved by the
690 court, or in the custody of the department. Protective
691 supervision continues until the court terminates it or until the
692 child reaches the age of 18, whichever date is first. Protective
693 supervision shall be terminated by the court whenever the court
694 determines that permanency has been achieved for the child,
695 whether with a parent, another relative, or a legal custodian,
696 and that protective supervision is no longer needed. The

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697 termination of supervision may be with or without retaining
698 jurisdiction, at the court's discretion, and shall in either
699 case be considered a permanency option for the child. The order
700 terminating supervision by the department shall set forth the
701 powers of the custodian of the child and shall include the
702 powers ordinarily granted to a guardian of the person of a minor
703 unless otherwise specified. Upon the court's termination of
704 supervision by the department, no further judicial reviews are
705 required, so long as permanency has been established for the
706 child.

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

709 381.0056 School health services program.—

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

711 (a) "Emergency health needs" means onsite evaluation,
712 management, and aid for illness or injury pending the student's
713 return to the classroom or release to a parent, guardian,
714 designated friend, law enforcement officer, or designated health
715 care provider.

716 (b) "Entity" or "health care entity" means a unit of local
717 government or a political subdivision of the state; a hospital
718 licensed under chapter 395; a health maintenance organization
719 certified under chapter 641; a health insurer authorized under
720 the Florida Insurance Code; a community health center; a migrant
721 health center; a federally qualified health center; an
722 organization that meets the requirements for nonprofit status
723 under s. 501(c)(3) of the Internal Revenue Code; a private
724 industry or business; or a philanthropic foundation that agrees
725 to participate in a public-private partnership with a county

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726 health department, local school district, or school in the
727 delivery of school health services, and agrees to the terms and
728 conditions for the delivery of such services as required by this
729 section and as documented in the local school health services
730 plan.

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

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

735 (e) "School health services plan" means the document that
736 describes the services to be provided, the responsibility for
737 provision of the services, the anticipated expenditures to
738 provide the services, and evidence of cooperative planning by
739 local school districts and county health departments.

740 (f) "Screening" means presumptive identification of unknown
741 or unrecognized diseases or defects by the application of tests
742 that can be given with ease and rapidity to apparently healthy
743 persons.

744 (4) (a) Each county health department shall develop, jointly
745 with the district school board and the local school health
746 advisory committee, a school health services plan, ~~and~~ and The plan
747 must include, at a minimum, provisions for all of the following:

- 748 1. Health appraisal;
- 749 2. Records review;
- 750 3. Nurse assessment;
- 751 4. Nutrition assessment;
- 752 5. A preventive dental program;
- 753 6. Vision screening;
- 754 7. Hearing screening;

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- 755 8. Scoliosis screening;
- 756 9. Growth and development screening;
- 757 10. Health counseling;
- 758 11. Referral and followup of suspected or confirmed health
759 problems by the local county health department;
- 760 12. Meeting emergency health needs in each school;
- 761 13. County health department personnel to assist school
762 personnel in health education curriculum development;
- 763 14. Referral of students to appropriate health treatment,
764 in cooperation with the private health community whenever
765 possible;
- 766 15. Consultation with a student's parent or guardian
767 regarding the need for health attention by the family physician,
768 dentist, or other specialist when definitive diagnosis or
769 treatment is indicated;
- 770 16. Maintenance of records on incidents of health problems,
771 corrective measures taken, and such other information as may be
772 needed to plan and evaluate health programs; except, however,
773 that provisions in the plan for maintenance of health records of
774 individual students must be in accordance with s. 1002.22;
- 775 17. Health information which will be provided by the school
776 health nurses, when necessary, regarding the placement of
777 students in exceptional student programs and the reevaluation at
778 periodic intervals of students placed in such programs; ~~and~~
- 779 18. Notification to the local nonpublic schools of the
780 school health services program and the opportunity for
781 representatives of the local nonpublic schools to participate in
782 the development of the cooperative health services plan; ~~and-~~
- 783 19. Immediate notification to a student's parent, guardian,

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784 or caregiver if the student is removed from school, school
785 transportation, or a school-sponsored activity and taken to a
786 receiving facility for an involuntary examination pursuant to s.
787 394.463, including any requirements established under ss.
788 1002.20(3) and 1002.33(9), as applicable.

789 Section 7. Section 394.453, Florida Statutes, is amended to
790 read:

791 394.453 Legislative intent.—It is the intent of the
792 Legislature to authorize and direct the Department of Children
793 and Families to evaluate, research, plan, and recommend to the
794 Governor and the Legislature programs designed to reduce the
795 occurrence, severity, duration, and disabling aspects of mental,
796 emotional, and behavioral disorders and substance abuse
797 impairment. It is the intent of the Legislature that treatment
798 programs for such disorders shall include, but not be limited
799 to, comprehensive health, social, educational, and
800 rehabilitative services for individuals ~~to persons~~ requiring
801 intensive short-term and continued treatment in order to
802 encourage them to assume responsibility for their treatment and
803 recovery. It is intended that such individuals ~~persons~~ be
804 provided with emergency service and temporary detention for
805 evaluation ~~if when~~ required; that they be admitted to treatment
806 facilities ~~if on a voluntary basis when~~ extended or continuing
807 care is needed and unavailable in the community; that
808 involuntary placement be provided only ~~if when~~ expert evaluation
809 determines that it is necessary; that any involuntary treatment
810 or examination be accomplished in a setting that ~~which~~ is
811 clinically appropriate and most likely to facilitate the
812 individual's ~~person's~~ return to the community as soon as

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813 possible; and that ~~individual~~ dignity and human rights be
814 guaranteed to all individuals ~~persons~~ who are admitted to mental
815 health and substance abuse treatment facilities or who are being
816 held under s. 394.463. It is the further intent of the
817 Legislature that the least restrictive means of intervention be
818 employed based on the individual's ~~individual~~ needs ~~of each~~
819 ~~person,~~ within the scope of available services. It is the policy
820 of this state that the use of restraint and seclusion ~~on clients~~
821 is justified only as an emergency safety measure to be used in
822 response to imminent danger to the individual ~~client~~ or others.
823 It is, therefore, the intent of the Legislature to achieve an
824 ongoing reduction in the use of restraint and seclusion in
825 programs and facilities serving individuals ~~persons~~ with mental
826 illness or with a substance abuse impairment.

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

829 394.455 Definitions.—As used in this part, unless the
830 context clearly requires otherwise, the term:

831 (1) "Addictions receiving facility" means a secure, acute
832 care facility that, at a minimum, provides detoxification and
833 stabilization services; is operated 24 hours per day, 7 days a
834 week; and is designated by the department to serve individuals
835 found to have substance abuse impairment as defined in
836 subsection (44) who qualify for services under this section.

837 (2) ~~(1)~~ "Administrator" means the chief administrative
838 officer of a receiving or treatment facility or his or her
839 designee.

840 (3) "Adult" means an individual who is 18 years of age or
841 older, or who has had the disability of nonage removed pursuant

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842 to s. 743.01 or s. 743.015.

843 (4) "Advanced registered nurse practitioner" means any
844 person licensed in this state to practice professional nursing
845 who is certified in advanced or specialized nursing practice
846 under s. 464.012.

847 (36)(2) "Clinical Psychologist" means a psychologist as
848 defined in s. 490.003(7) with 3 years of postdoctoral experience
849 in the practice of clinical psychology, inclusive of the
850 experience required for licensure, or a psychologist employed by
851 a facility operated by the United States Department of Veterans
852 Affairs that qualifies as a receiving or treatment facility
853 under this part.

854 (5)(3) "Clinical record" means all parts of the record
855 required to be maintained and includes all medical records,
856 progress notes, charts, and admission and discharge data, and
857 all other information recorded by a facility staff which
858 pertains to an individual's the patient's hospitalization or
859 treatment.

860 (6)(4) "Clinical social worker" means a person licensed as
861 a clinical social worker under s. 491.005 or s. 491.006 or a
862 person employed as a clinical social worker by a facility
863 operated by the United States Department of Veterans Affairs or
864 the United States Department of Defense under chapter 491.

865 (7)(5) "Community facility" means a any community service
866 provider contracting with the department to furnish substance
867 abuse or mental health services under part IV of this chapter.

868 (8)(6) "Community mental health center or clinic" means a
869 publicly funded, not-for-profit center that which contracts with
870 the department for the provision of inpatient, outpatient, day

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871 treatment, or emergency services.

872 (9)~~(7)~~ "Court," unless otherwise specified, means the
873 circuit court.

874 (10)~~(8)~~ "Department" means the Department of Children and
875 Families.

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

878 (12) "Electronic means" means a form of telecommunication
879 that requires all parties to maintain visual as well as audio
880 communication.

881 (13)~~(9)~~ "Express and informed consent" means consent
882 voluntarily given in writing, by a competent individual ~~person~~,
883 after sufficient explanation and disclosure of the subject
884 matter involved to enable the individual ~~person~~ to make a
885 knowing and willful decision without any element of force,
886 fraud, deceit, duress, or other form of constraint or coercion.

887 (14)~~(10)~~ "Facility" means any hospital, community facility,
888 public or private facility, or receiving or treatment facility
889 providing for the evaluation, diagnosis, care, treatment,
890 training, or hospitalization of individuals ~~persons~~ who appear
891 to have a ~~mental illness~~ or who have been diagnosed as having a
892 mental illness or substance abuse impairment. The term
893 "Facility" does not include a any program or entity licensed
894 under ~~pursuant to~~ chapter 400 or chapter 429.

895 (15) "Governmental facility" means a facility owned,
896 operated, or administered by the Department of Corrections or
897 the United States Department of Veterans Affairs.

898 (16)~~(11)~~ "Guardian" means the natural guardian of a minor,
899 or a person appointed by a court to act on behalf of a ward's

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900 person if the ward is a minor or has been adjudicated
901 incapacitated.

902 (17)~~(12)~~ "Guardian advocate" means a person appointed by a
903 court to make decisions regarding mental health or substance
904 abuse treatment on behalf of an individual ~~a patient~~ who has
905 been found incompetent to consent to treatment pursuant to this
906 part. ~~The guardian advocate may be granted specific additional~~
907 ~~powers by written order of the court, as provided in this part.~~

908 (18)~~(13)~~ "Hospital" means a hospital ~~facility as defined in~~
909 ~~s. 395.002 and~~ licensed under chapter 395 and part II of chapter
910 408.

911 (19)~~(14)~~ "Incapacitated" means that an individual ~~a person~~
912 has been adjudicated incapacitated pursuant to part V of chapter
913 744 and a guardian of the person has been appointed.

914 (20)~~(15)~~ "Incompetent to consent to treatment" means that
915 an individual's ~~a person's~~ judgment is so affected by a his or
916 her mental illness, a substance abuse impairment, or other
917 medical or organic cause that he or she ~~the person~~ lacks the
918 capacity to make a well-reasoned, willful, and knowing decision
919 concerning his or her medical, ~~or~~ mental health, or substance
920 abuse treatment.

921 (21) "Involuntary examination" means an examination
922 performed under s. 394.463 to determine whether an individual
923 qualifies for involuntary outpatient placement under s. 394.4655
924 or involuntary inpatient placement under s. 394.467.

925 (22) "Involuntary placement" means involuntary outpatient
926 placement under s. 394.4655 or involuntary inpatient placement
927 in a receiving or treatment facility under s. 394.467.

928 (23)~~(16)~~ "Law enforcement officer" means a law enforcement

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929 officer as defined in s. 943.10.

930 (24) "Marriage and family therapist" means a person
931 licensed to practice marriage and family therapy under s.
932 491.005 or s. 491.006 or a person employed as a marriage and
933 family therapist by a facility operated by the United States
934 Department of Veterans Affairs or the United States Department
935 of Defense.

936 (25) "Mental health counselor" means a person licensed to
937 practice mental health counseling under s. 491.005 or s. 491.006
938 or a person employed as a mental health counselor by a facility
939 operated by the United States Department of Veterans Affairs or
940 the United States Department of Defense.

941 (26)~~(17)~~ "Mental health overlay program" means a mobile
942 service that ~~which~~ provides an independent examination for
943 voluntary admission ~~admissions~~ and a range of supplemental
944 onsite services to an individual who has ~~persons with~~ a mental
945 illness in a residential setting such as a nursing home,
946 assisted living facility, adult family-care home, or
947 nonresidential setting such as an adult day care center.
948 Independent examinations provided ~~pursuant to this part~~ through
949 a mental health overlay program must ~~only~~ be provided only under
950 contract with the department ~~for this service~~ or must be
951 attached to a public receiving facility that is also a community
952 mental health center.

953 (28)~~(18)~~ "Mental illness" means an impairment of the mental
954 or emotional processes that exercise conscious control of one's
955 actions or of the ability to perceive or understand reality,
956 which impairment substantially interferes with the individual's
957 ~~person's~~ ability to meet the ordinary demands of living. For the

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958 purposes of this part, the term does not include a developmental
959 disability as defined in chapter 393, intoxication, or
960 conditions manifested only by antisocial behavior or substance
961 abuse impairment.

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

965 ~~(30)-(19)~~ "Mobile crisis response service" means a
966 nonresidential crisis service ~~attached to a public receiving~~
967 ~~facility and~~ available 24 hours a day, 7 days a week, ~~through~~
968 which provides immediate intensive assessments and
969 interventions, including screening for admission into a mental
970 health receiving facility, an addictions receiving facility, or
971 a detoxification facility, ~~take place~~ for the purpose of
972 identifying appropriate treatment services.

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

975 ~~(31)-(21)~~ "Physician" means a medical practitioner licensed
976 under chapter 458 or chapter 459 ~~who has experience in the~~
977 ~~diagnosis and treatment of mental and nervous disorders or a~~
978 physician employed by a facility operated by the United States
979 Department of Veterans Affairs or the United States Department
980 of Defense ~~which qualifies as a receiving or treatment facility~~
981 ~~under this part.~~

982 (32) "Physician assistant" means a person licensed under
983 chapter 458 or chapter 459 who has experience in the diagnosis
984 and treatment of mental disorders or a person employed as a
985 physician assistant by a facility operated by the United States
986 Department of Veterans Affairs or the United States Department

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987 of Defense.

988 ~~(33)(22)~~ "Private facility" means any hospital or facility
989 operated by a for-profit or not-for-profit corporation or
990 association that provides mental health or substance abuse
991 services and is not a public facility.

992 ~~(34)(23)~~ "Psychiatric nurse" means an advanced ~~a~~ registered
993 nurse practitioner certified under s. 464.012 licensed under
994 ~~part I of chapter 464~~ who has a master's or doctoral degree ~~or a~~
995 ~~doctorate~~ in psychiatric nursing, holds a national advanced
996 practice certification as a psychiatric-mental health advanced
997 practice nurse, and has 2 years of post-master's clinical
998 experience under the supervision of a physician; or a person
999 employed as a psychiatric nurse by a facility operated by the
1000 United States Department of Veterans Affairs or the United
1001 States Department of Defense.

1002 ~~(35)(24)~~ "Psychiatrist" means a medical practitioner
1003 licensed under chapter 458 or chapter 459 ~~who has primarily~~
1004 ~~diagnosed and treated mental and nervous disorders for at least~~
1005 ~~a period of not less than 3 years, inclusive of psychiatric~~
1006 residency, or a person employed as a psychiatrist by a facility
1007 operated by the United States Department of Veterans Affairs or
1008 the United States Department of Defense.

1009 ~~(37)(25)~~ "Public facility" means any facility that has
1010 contracted with the department to provide mental health or
1011 substance abuse services to all individuals ~~persons~~, regardless
1012 of their ability to pay, and is receiving state funds for such
1013 purpose.

1014 ~~(27)(26)~~ "Mental health receiving facility" means any
1015 public or private facility designated by the department to

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1016 receive and hold individuals in involuntary status ~~involuntary~~
1017 ~~patients under emergency conditions or~~ for psychiatric
1018 evaluation and to provide ~~short-term~~ treatment. The term does
1019 not include a county jail.

1020 ~~(38)-(27)~~ "Representative" means a person selected pursuant
1021 to s. 394.4597(2) ~~to receive notice of proceedings during the~~
1022 ~~time a patient is held in or admitted to a receiving or~~
1023 ~~treatment facility.~~

1024 ~~(39)-(28)(a)~~ "Restraint" means a physical device, method, or
1025 drug used to control behavior.

1026 (a) A physical restraint is any manual method or physical
1027 or mechanical device, material, or equipment attached or
1028 adjacent to an ~~the~~ individual's body so that he or she cannot
1029 easily remove the restraint and which restricts freedom of
1030 movement or normal access to one's body.

1031 (b) A drug used as a restraint is a medication used to
1032 control an individual's ~~the person's~~ behavior or to restrict his
1033 or her freedom of movement and is not part of the standard
1034 treatment regimen for an individual having ~~of a person with a~~
1035 diagnosed mental illness ~~who is a client of the department.~~
1036 Physically holding an individual ~~a person~~ during a procedure to
1037 forcibly administer psychotropic medication is a physical
1038 restraint.

1039 (c) Restraint does not include physical devices, such as
1040 orthopedically prescribed appliances, surgical dressings and
1041 bandages, supportive body bands, or other physical holding ~~when~~
1042 necessary for routine physical examinations and tests; ~~or~~ for
1043 purposes of orthopedic, surgical, or other similar medical
1044 treatment; ~~when used~~ to provide support for the achievement of

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1045 functional body position or proper balance; or ~~when used~~ to
1046 protect an individual ~~a person~~ from falling out of bed.

1047 (40) "School psychologist" has the same meaning as defined
1048 in s. 490.003.

1049 (41) ~~(29)~~ "Seclusion" means the physical segregation ~~of a~~
1050 ~~person in any fashion~~ or involuntary isolation of an individual
1051 ~~a person~~ in a room or area from which the individual person is
1052 prevented from leaving. The prevention may be by physical
1053 barrier or by a staff member who is acting in a manner, or who
1054 is physically situated, so as to prevent the individual person
1055 from leaving the room or area. For purposes of this chapter, the
1056 term does not mean isolation due to an individual's ~~a person's~~
1057 medical condition or symptoms.

1058 (42) ~~(30)~~ "Secretary" means the Secretary of Children and
1059 Families.

1060 (43) "Service provider" means a mental health receiving
1061 facility, any facility licensed under chapter 397, a treatment
1062 facility, an entity under contract with the department to
1063 provide mental health or substance abuse services, a community
1064 mental health center or clinic, a psychologist, a clinical
1065 social worker, a marriage and family therapist, a mental health
1066 counselor, a physician, a psychiatrist, an advanced registered
1067 nurse practitioner, or a psychiatric nurse.

1068 (44) "Substance abuse impairment" means a condition
1069 involving the use of alcoholic beverages or any psychoactive or
1070 mood-altering substance in such a manner as to induce mental,
1071 emotional, or physical problems and cause socially dysfunctional
1072 behavior.

1073 (45) "Substance abuse qualified professional" has the same

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1074 meaning as the term "qualified professional" as defined in s.
1075 397.311.

1076 (46)~~(31)~~ "Transfer evaluation" means the process, as
1077 approved by the ~~appropriate district office of the department,~~
1078 in which an individual ~~whereby a person who is being considered~~
1079 ~~for placement in a state treatment facility is first~~ evaluated
1080 for appropriateness of admission to a treatment ~~the~~ facility.
1081 The transfer evaluation shall be conducted by the department, by
1082 a ~~community-based~~ public receiving facility, ~~or~~ by another
1083 service provider as authorized by the department, or by a
1084 community mental health center or clinic ~~if the public receiving~~
1085 ~~facility is not a community mental health center or clinic.~~

1086 (47)~~(32)~~ "Treatment facility" means a ~~any~~ state-owned,
1087 state-operated, or state-supported hospital, center, or clinic
1088 designated by the department for extended treatment and
1089 hospitalization of individuals who have a mental illness, beyond
1090 that provided ~~for~~ by a receiving facility or a, ~~of persons who~~
1091 ~~have a mental illness, including facilities of the United States~~
1092 ~~Government, and any private facility designated by the~~
1093 department when rendering such services ~~to a person~~ pursuant to
1094 ~~the provisions of~~ this part. Patients treated in facilities of
1095 the United States Government shall be solely those whose care is
1096 the responsibility of the United States Department of Veterans
1097 Affairs.

1098 ~~(33)~~ "Service provider" means ~~any public or private~~
1099 ~~receiving facility, an entity under contract with the Department~~
1100 ~~of Children and Families to provide mental health services, a~~
1101 ~~clinical psychologist, a clinical social worker, a marriage and~~
1102 ~~family therapist, a mental health counselor, a physician, a~~

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1103 ~~psychiatric nurse as defined in subsection (23), or a community~~
1104 ~~mental health center or clinic as defined in this part.~~

1105 ~~(34) "Involuntary examination" means an examination~~
1106 ~~performed under s. 394.463 to determine if an individual~~
1107 ~~qualifies for involuntary inpatient treatment under s.~~
1108 ~~394.467(1) or involuntary outpatient treatment under s.~~
1109 ~~394.4655(1).~~

1110 ~~(35) "Involuntary placement" means either involuntary~~
1111 ~~outpatient treatment pursuant to s. 394.4655 or involuntary~~
1112 ~~inpatient treatment pursuant to s. 394.467.~~

1113 ~~(36) "Marriage and family therapist" means a person~~
1114 ~~licensed as a marriage and family therapist under chapter 491.~~

1115 ~~(37) "Mental health counselor" means a person licensed as a~~
1116 ~~mental health counselor under chapter 491.~~

1117 ~~(38) "Electronic means" means a form of telecommunication~~
1118 ~~that requires all parties to maintain visual as well as audio~~
1119 ~~communication.~~

1120 Section 9. Effective July 1, 2016, section 394.457, Florida
1121 Statutes, is amended to read:

1122 394.457 Operation and administration.—

1123 (1) ADMINISTRATION.—The Department of Children and Families
1124 is designated the "Mental Health Authority" of Florida. The
1125 department and the Agency for Health Care Administration shall
1126 exercise executive and administrative supervision over all
1127 ~~mental health~~ facilities, programs, and services.

1128 (2) RESPONSIBILITIES OF THE DEPARTMENT.—The department is
1129 responsible for:

1130 (a) The planning, evaluation, and implementation of a
1131 complete and comprehensive statewide ~~program of~~ mental health

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1132 and substance abuse program, including community services,
1133 receiving and treatment facilities, child services, research,
1134 and training as authorized and approved by the Legislature,
1135 based on the annual program budget of the department. The
1136 department is also responsible for the coordination of efforts
1137 with other departments and divisions of the state government,
1138 county and municipal governments, and private agencies concerned
1139 with and providing mental health and substance abuse services.
1140 It is responsible for establishing standards, providing
1141 technical assistance, and supervising ~~exercising supervision of~~
1142 mental health and substance abuse programs of, and the treatment
1143 of individuals ~~patients~~ at, community facilities, other
1144 facilities servicing individuals ~~for persons~~ who have a mental
1145 illness or substance abuse impairment, and any agency or
1146 facility providing services under ~~to patients pursuant to~~ this
1147 part.

1148 (b) The publication and distribution of an information
1149 handbook to facilitate understanding of this part, the policies
1150 and procedures involved in the implementation of this part, and
1151 the responsibilities of the various providers of services under
1152 this part. It shall stimulate research by public and private
1153 agencies, institutions of higher learning, and hospitals in the
1154 interest of the elimination and amelioration of mental illness.

1155 (3) POWER TO CONTRACT.—The department may contract to
1156 provide, and be provided with, services and facilities in order
1157 to carry out its responsibilities under this part with the
1158 following agencies: public and private hospitals; receiving and
1159 treatment facilities; clinics; laboratories; departments,
1160 divisions, and other units of state government; the state

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1161 colleges and universities; the community colleges; private
1162 colleges and universities; counties, municipalities, and any
1163 other governmental unit, including facilities of the United
1164 States Government; and any other public or private entity which
1165 provides or needs facilities or services. Baker Act funds for
1166 community inpatient, crisis stabilization, short-term
1167 residential treatment, and screening services must be allocated
1168 to each county pursuant to the department's funding allocation
1169 methodology. Notwithstanding s. 287.057(3)(e), contracts for
1170 community-based Baker Act services for inpatient, crisis
1171 stabilization, short-term residential treatment, and screening
1172 provided under this part, other than those with other units of
1173 government, to be provided for the department must be awarded
1174 using competitive sealed bids if the county commission of the
1175 county receiving the services makes a request to the
1176 department's district office by January 15 of the contracting
1177 year. The district may not enter into a competitively bid
1178 contract under this provision if such action will result in
1179 increases of state or local expenditures for Baker Act services
1180 within the district. Contracts for these Baker Act services
1181 using competitive sealed bids are effective for 3 years. The
1182 department shall adopt rules establishing minimum standards for
1183 such contracted services and facilities and shall make periodic
1184 audits and inspections to assure that the contracted services
1185 are provided and meet the standards of the department.

1186 (4) APPLICATION FOR AND ACCEPTANCE OF GIFTS AND GRANTS.—The
1187 department may apply for and accept any funds, grants, gifts, or
1188 services made available to it by any agency or department of the
1189 Federal Government or any other public or private agency or

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1190 person individual in aid of mental health and substance abuse
 1191 programs. All such moneys must ~~shall~~ be deposited in the State
 1192 Treasury and ~~shall be~~ disbursed as provided by law.

1193 (5) RULES.—The department shall adopt rules:

1194 (a) Establishing ~~The department shall adopt rules~~
 1195 ~~establishing~~ forms and procedures relating to the rights and
 1196 privileges of individuals being examined or treated at ~~patients~~
 1197 ~~seeking mental health treatment from~~ facilities under this part.

1198 (b) ~~The department shall adopt rules~~ Necessary for the
 1199 implementation and administration of ~~the provisions of this~~
 1200 ~~part.~~, and A program subject to ~~the provisions of this part~~ may
 1201 ~~shall not be permitted to~~ operate unless rules designed to
 1202 ensure the protection of the health, safety, and welfare of the
 1203 individuals examined and ~~patients~~ treated under ~~through~~ such
 1204 program have been adopted. Such rules ~~adopted under this~~
 1205 ~~subsection~~ must include provisions governing the use of
 1206 restraint and seclusion which are consistent with recognized
 1207 best practices and professional judgment; prohibit inherently
 1208 dangerous restraint or seclusion procedures; establish
 1209 limitations on the use and duration of restraint and seclusion;
 1210 establish measures to ensure the safety of program participants
 1211 and staff during an incident of restraint or seclusion;
 1212 establish procedures for staff to follow before, during, and
 1213 after incidents of restraint or seclusion; establish
 1214 professional qualifications ~~of~~ and training for staff who may
 1215 order or be engaged in the use of restraint or seclusion; and
 1216 establish mandatory reporting, data collection, and data
 1217 dissemination procedures and requirements. Such rules ~~adopted~~
 1218 ~~under this subsection~~ must require that each instance of the use

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1219 of restraint or seclusion be documented in the clinical record
1220 of the individual who has been restrained or secluded patient.

1221 (c) Establishing ~~The department shall adopt rules~~
1222 ~~establishing~~ minimum standards for services provided by a mental
1223 health overlay program or a mobile crisis response service.

1224 ~~(6) PERSONNEL.—~~

1225 ~~(a) The department shall, by rule, establish minimum~~
1226 ~~standards of education and experience for professional and~~
1227 ~~technical personnel employed in mental health programs,~~
1228 ~~including members of a mobile crisis response service.~~

1229 ~~(b) The department shall design and distribute appropriate~~
1230 ~~materials for the orientation and training of persons actively~~
1231 ~~engaged in implementing the provisions of this part relating to~~
1232 ~~the involuntary examination and placement of persons who are~~
1233 ~~believed to have a mental illness.~~

1234 (6)~~(7)~~ PAYMENT FOR CARE OF PATIENTS.—Fees and fee
1235 collections for patients in state-owned, state-operated, or
1236 state-supported treatment facilities shall be according to s.
1237 402.33.

1238 Section 10. Section 394.4573, Florida Statutes, is amended
1239 to read:

1240 394.4573 Continuity of care management system; measures of
1241 performance; reports.—

1242 (1) For the purposes of this section, the term:

1243 (a) "Case management" means those activities aimed at
1244 assessing ~~client~~ needs, planning services, linking the service
1245 system ~~to a client~~, coordinating the various system components,
1246 monitoring service delivery, and evaluating the effect of
1247 service delivery.

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1248 (b) "Case manager" means a person ~~an individual~~ who works
1249 with clients, and their families and significant others, to
1250 provide case management.

1251 (c) "Client manager" means an employee of the department
1252 who is assigned to specific provider agencies and geographic
1253 areas to ensure that the full range of needed services is
1254 available to clients.

1255 ~~(d) "Continuity of care management system" means a system~~
1256 ~~that assures, within available resources, that clients have~~
1257 ~~access to the full array of services within the mental health~~
1258 ~~services delivery system.~~

1259 (2) The department shall ensure the establishment of ~~is~~
1260 ~~directed to implement~~ a continuity of care management system for
1261 the provision of mental health and substance abuse care in
1262 compliance with s. 394.9082, ~~through the provision of client~~
1263 ~~and case management, including clients referred from state~~
1264 ~~treatment facilities to community mental health facilities. Such~~
1265 ~~system shall include a network of client managers and case~~
1266 ~~managers throughout the state designed to:~~

1267 ~~(a) Reduce the possibility of a client's admission or~~
1268 ~~readmission to a state treatment facility.~~

1269 ~~(b) Provide for the creation or designation of an agency in~~
1270 ~~each county to provide single intake services for each person~~
1271 ~~seeking mental health services. Such agency shall provide~~
1272 ~~information and referral services necessary to ensure that~~
1273 ~~clients receive the most appropriate and least restrictive form~~
1274 ~~of care, based on the individual needs of the person seeking~~
1275 ~~treatment. Such agency shall have a single telephone number,~~
1276 ~~operating 24 hours per day, 7 days per week, where practicable,~~

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1277 ~~at a central location, where each client will have a central~~
1278 ~~record.~~

1279 ~~(c) Advocate on behalf of the client to ensure that all~~
1280 ~~appropriate services are afforded to the client in a timely and~~
1281 ~~dignified manner.~~

1282 ~~(d) Require that any public receiving facility initiating a~~
1283 ~~patient transfer to a licensed hospital for acute care mental~~
1284 ~~health services not accessible through the public receiving~~
1285 ~~facility shall notify the hospital of such transfer and send all~~
1286 ~~records relating to the emergency psychiatric or medical~~
1287 ~~condition.~~

1288 ~~(3) The department is directed to develop and include in~~
1289 ~~contracts with service providers measures of performance with~~
1290 ~~regard to goals and objectives as specified in the state plan.~~
1291 ~~Such measures shall use, to the extent practical, existing data~~
1292 ~~collection methods and reports and shall not require, as a~~
1293 ~~result of this subsection, additional reports on the part of~~
1294 ~~service providers. The department shall plan monitoring visits~~
1295 ~~of community mental health facilities with other state, federal,~~
1296 ~~and local governmental and private agencies charged with~~
1297 ~~monitoring such facilities.~~

1298 Section 11. Effective July 1, 2016, section 394.459,
1299 Florida Statutes, is amended to read:

1300 394.459 Rights of individuals receiving treatment and
1301 services patients.—

1302 (1) RIGHT TO ~~INDIVIDUAL~~ DIGNITY.—It is the policy of this
1303 state that the ~~individual~~ dignity of all individuals held for
1304 examination or admitted for mental health or substance abuse
1305 treatment ~~the patient shall~~ be respected at all times and upon

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1306 all occasions, including ~~any occasion~~ when the individual
1307 ~~patient~~ is taken into custody, held, or transported. Procedures,
1308 facilities, vehicles, and restraining devices used ~~utilized~~ for
1309 criminals or those accused of a crime ~~may~~ ~~shall~~ not be used in
1310 connection with individuals ~~persons~~ who have a mental illness or
1311 substance abuse impairment, except for the protection of that
1312 individual ~~the patient~~ or others. An individual ~~Persons~~ who has
1313 ~~have~~ a mental illness but who has ~~are~~ not been charged with a
1314 criminal offense ~~may~~ ~~shall~~ not be detained or incarcerated in
1315 the jails of this state. An individual ~~A person~~ who is receiving
1316 treatment for mental illness or substance abuse ~~may~~ ~~shall~~ not be
1317 deprived of his or her ~~any~~ constitutional rights. However, if
1318 such individual ~~a person~~ is adjudicated incapacitated, his or
1319 her rights may be limited to the same extent that the rights of
1320 any incapacitated individual ~~person~~ are limited by law.

1321 (2) PROTECTIVE CUSTODY WITHOUT CONSENT FOR SUBSTANCE ABUSE
1322 IMPAIRMENT.-An individual who has a substance abuse impairment
1323 but who has not been charged with a criminal offense may be
1324 placed in protective custody without his or her consent, subject
1325 to the limitations specified in this subsection. If it has been
1326 determined that a hospital, an addictions receiving facility, or
1327 a licensed detoxification facility is the most appropriate
1328 placement for the individual, law enforcement may implement
1329 protective custody measures as specified in this subsection.

1330 (a) An individual meets the criteria for placement in
1331 protective custody if there is a good faith reason to believe
1332 that the individual is impaired by substance abuse, has lost the
1333 power of self-control with respect to substance use because of
1334 such impairment, and:

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1335 1. Has inflicted, has threatened or attempted to inflict, or
1336 is likely, if not admitted, to inflict, physical harm on himself
1337 or herself or another; or

1338 2. Is in need of substance abuse services and, by reason of
1339 substance abuse impairment, is incapacitated and unable to make
1340 a rational decision with regard to such services. However, mere
1341 refusal to seek or obtain such services does not constitute
1342 evidence of lack of judgment with respect to his or her need for
1343 such services.

1344 (b) If an individual who is in circumstances that justify
1345 protective custody as described in paragraph (a) fails or
1346 refuses to consent to assistance and a law enforcement officer
1347 has determined that a hospital, an addictions receiving
1348 facility, or a licensed detoxification facility is the most
1349 appropriate treatment facility for such individual, the officer
1350 may, after giving due consideration to the expressed wishes of
1351 the individual:

1352 1. Take the individual to a hospital, an addictions
1353 receiving facility, or a licensed detoxification facility
1354 against the individual's will but without using unreasonable
1355 force; or

1356 2. In the case of an adult, detain the individual for his
1357 or her own protection in any municipal or county jail or other
1358 appropriate detention facility.

1359
1360 Detention under this paragraph is not to be considered an arrest
1361 for any purpose, and an entry or other record may not be made to
1362 indicate that the individual has been detained or charged with
1363 any crime. The officer in charge of the detention facility must

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1364 notify the nearest appropriate licensed service provider within
1365 8 hours after detention that the individual has been detained.
1366 The detention facility must arrange, as necessary, for
1367 transportation of the individual to an appropriate licensed
1368 service provider with an available bed. Individuals detained
1369 under this paragraph must be assessed by an attending physician
1370 without unnecessary delay and within a 72-hour period to
1371 determine the need for further services.

1372 (c) The nearest relative of a minor in protective custody
1373 must be notified by the law enforcement officer, as must the
1374 nearest relative of an adult, unless the adult requests that
1375 there be no notification.

1376 (d) An individual who is in protective custody must be
1377 released by a qualified professional when any of the following
1378 circumstances occur:

1379 1. The individual no longer meets the protective custody
1380 criteria set out in paragraph (a);

1381 2. A 72-hour period has elapsed since the individual was
1382 taken into custody; or

1383 3. The individual has consented voluntarily to readmission
1384 at the facility of the licensed service provider.

1385 (e) An individual may be detained in protective custody
1386 beyond the 72-hour period if a petitioner has initiated
1387 proceedings for involuntary assessment or treatment. The timely
1388 filing of the petition authorizes the service provider to retain
1389 physical custody of the individual pending further order of the
1390 court.

1391 (3)-(2) RIGHT TO TREATMENT.-An individual held for
1392 examination or admitted for mental illness or substance abuse

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1393 treatment:

1394 (a) May ~~A person shall~~ not be denied treatment for mental
1395 illness or substance abuse impairment, and services may shall
1396 not be delayed at a mental health receiving facility, addictions
1397 receiving facility, detoxification facility, or treatment
1398 facility because of inability to pay. However, every reasonable
1399 effort to collect appropriate reimbursement for the cost of
1400 providing mental health or substance abuse services from
1401 individuals ~~to persons~~ able to pay for services, including
1402 insurance or ~~third-party~~ payments by third-party payers, shall
1403 be made by facilities providing services under ~~pursuant to~~ this
1404 part.

1405 (b) Shall be provided ~~It is further the policy of the state~~
1406 ~~that~~ the least restrictive appropriate, available treatment,
1407 which must be utilized based on the individual's individual
1408 needs and best interests ~~of the patient~~ and consistent with the
1409 optimum improvement of the individual's patient's condition.

1410 (c) Shall ~~Each person who remains at a receiving or~~
1411 ~~treatment facility for more than 12 hours shall~~ be given a
1412 physical examination by a health practitioner authorized by law
1413 to give such examinations, and a mental health or substance
1414 abuse evaluation, as appropriate, by a psychiatrist,
1415 psychologist, psychiatric nurse, or qualified substance abuse
1416 professional within 24 hours after arrival at such facility if
1417 the individual has not been released or discharged pursuant to
1418 s. 394.463(2)(h) or s. 394.469. The physical examination and
1419 mental health evaluation must be documented in the clinical
1420 record. The physical and mental health examinations shall
1421 include efforts to identify indicators of substance abuse

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1422 impairment, substance abuse intoxication, and substance abuse
1423 withdrawal.

1424 (d) Shall ~~Every patient in a facility shall~~ be afforded the
1425 opportunity to participate in activities designed to enhance
1426 self-image and the beneficial effects of other treatments, as
1427 determined by the facility.

1428 (e) Shall, not more than 5 days after admission to a
1429 facility, ~~each patient shall~~ have and receive an individualized
1430 treatment plan in writing, which the individual patient has had
1431 an opportunity to assist in preparing and to review before ~~prior~~
1432 ~~to its~~ implementation. The plan must ~~shall~~ include a space for
1433 the individual's patient's comments and signature.

1434 (4) ~~(3)~~ RIGHT TO EXPRESS AND INFORMED ~~PATIENT~~ CONSENT.—

1435 ~~(a)1.~~ Each individual patient entering treatment shall be
1436 asked to give express and informed consent for admission or
1437 treatment.

1438 (a) If the individual patient has been adjudicated
1439 incapacitated or found to be incompetent to consent to
1440 treatment, express and informed consent must ~~to treatment shall~~
1441 be sought from his or her ~~instead from the patient's~~ guardian,
1442 ~~or~~ guardian advocate, or health care surrogate or proxy. If the
1443 individual patient is a minor, express and informed consent for
1444 admission or treatment must be obtained ~~shall also be requested~~
1445 ~~from the patient's guardian. Express and informed consent for~~
1446 ~~admission or treatment of a patient under 18 years of age shall~~
1447 ~~be required~~ from the minor's patient's guardian, unless the
1448 minor is seeking outpatient crisis intervention services under
1449 s. 394.4784. ~~Express and informed consent for admission or~~
1450 ~~treatment given by a patient who is under 18 years of age shall~~

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1451 ~~not be a condition of admission when the patient's guardian~~
1452 ~~gives express and informed consent for the patient's admission~~
1453 ~~pursuant to s. 394.463 or s. 394.467.~~

1454 (b)2. Before giving express and informed consent, the
1455 following information shall be provided and explained in plain
1456 language to the individual and patient, ~~or to his or her the~~
1457 ~~patient's~~ guardian if the individual patient is an adult 18
1458 ~~years of age or older~~ and has been adjudicated incapacitated, ~~or~~
1459 to his or her the patient's guardian advocate if the individual
1460 ~~patient~~ has been found to be incompetent to consent to
1461 treatment, to the health care surrogate or proxy, or to both the
1462 individual patient and the guardian if the individual patient is
1463 a minor: the reason for admission or treatment; the proposed
1464 treatment ~~and~~ the purpose of such ~~the~~ treatment ~~to be provided~~;
1465 the common risks, benefits, and side effects of the proposed
1466 treatment thereof; the specific dosage range of ~~for the~~
1467 medication, if when applicable; alternative treatment
1468 modalities; the approximate length of care; the potential
1469 effects of stopping treatment; how treatment will be monitored;
1470 and that any consent given for treatment may be revoked orally
1471 or in writing before or during the treatment period by the
1472 individual receiving the treatment patient or by a person who is
1473 legally authorized to make health care decisions on the
1474 individual's behalf ~~of the patient~~.

1475 ~~(b) In the case of medical procedures requiring the use of~~
1476 ~~a general anesthetic or electroconvulsive treatment, and prior~~
1477 ~~to performing the procedure, express and informed consent shall~~
1478 ~~be obtained from the patient if the patient is legally~~
1479 ~~competent, from the guardian of a minor patient, from the~~

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1480 ~~guardian of a patient who has been adjudicated incapacitated, or~~
1481 ~~from the guardian advocate of the patient if the guardian~~
1482 ~~advocate has been given express court authority to consent to~~
1483 ~~medical procedures or electroconvulsive treatment as provided~~
1484 ~~under s. 394.4598.~~

1485 (c) When the department is the legal guardian of a patient,
1486 or is the custodian of a patient whose physician is unwilling to
1487 perform a medical procedure, including an electroconvulsive
1488 treatment, based solely on the patient's consent and whose
1489 guardian or guardian advocate is unknown or unlocatable, the
1490 court shall hold a hearing to determine the medical necessity of
1491 the medical procedure. The patient shall be physically present,
1492 unless the patient's medical condition precludes such presence,
1493 represented by counsel, and provided the right and opportunity
1494 to be confronted with, and to cross-examine, all witnesses
1495 alleging the medical necessity of such procedure. In such
1496 proceedings, the burden of proof by clear and convincing
1497 evidence shall be on the party alleging the medical necessity of
1498 the procedure.

1499 (d) The administrator of a receiving or treatment facility
1500 may, upon the recommendation of the patient's attending
1501 physician, authorize emergency medical treatment, including a
1502 surgical procedure, if such treatment is deemed lifesaving, or
1503 if the situation threatens serious bodily harm to the patient,
1504 and permission of the patient or the patient's guardian or
1505 guardian advocate cannot be obtained.

1506 (5)~~(4)~~ QUALITY OF TREATMENT.—

1507 (a) Each individual ~~patient shall receive services,~~
1508 ~~including, for a patient~~ placed under s. 394.4655 shall receive,

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1509 ~~those services that are included in the court order which are~~
1510 ~~suited to his or her needs, and which shall be administered~~
1511 ~~skillfully, safely, and humanely with full respect for the~~
1512 ~~individual's patient's~~ individual's dignity and personal integrity. Each
1513 ~~individual patient~~ shall receive such medical, vocational,
1514 social, educational, substance abuse, and rehabilitative
1515 services as his or her condition requires in order to live
1516 successfully in the community. In order to achieve this goal,
1517 the department shall ~~is directed to~~ coordinate its mental health
1518 and substance abuse programs with all other programs of the
1519 department and other state agencies.

1520 (b) Facilities shall develop and maintain, in a form that
1521 is accessible to and readily understandable by individuals held
1522 for examination or admitted for mental health or substance abuse
1523 treatment patients and consistent with rules adopted by the
1524 department, ~~the following:~~

1525 1. Criteria, procedures, and required staff training for
1526 the any use of close or elevated levels of supervision, ~~of~~
1527 restraint, seclusion, or isolation, ~~or of~~ emergency treatment
1528 orders, and ~~for the use of~~ bodily control and physical
1529 management techniques.

1530 2. Procedures for documenting, monitoring, and requiring
1531 clinical review of all uses of the procedures described in
1532 subparagraph 1. and for documenting and requiring review of any
1533 incidents resulting in injury to individuals receiving services
1534 ~~patients~~.

1535 3. A system for investigating, tracking, managing, and
1536 responding to complaints by individuals ~~persons~~ receiving
1537 services or persons ~~individuals~~ acting on their behalf.

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1538 (c) Facilities shall have written procedures for reporting
1539 events that place individuals receiving services at risk of
1540 harm. Such events must be reported to the managing entity in the
1541 facility's region and the department as soon as reasonably
1542 possible after discovery and include, but are not limited to:

1543 1. The death, regardless of cause or manner, of an
1544 individual examined or treated at a facility that occurs while
1545 the individual is at the facility or that occurs within 72 hours
1546 after release, if the death is known to the facility
1547 administrator.

1548 2. An injury sustained, or allegedly sustained, at a
1549 facility, by an individual examined or treated at the facility
1550 and caused by an accident, assault, act of abuse, neglect, or
1551 suicide attempt, or a self-inflicted injury, if the injury
1552 requires medical treatment by a licensed health care
1553 practitioner in an acute care medical facility.

1554 3. The unauthorized departure or absence of an individual
1555 from a facility in which he or she has been held for involuntary
1556 examination or involuntary placement.

1557 4. A disaster or crisis situation such as a tornado,
1558 hurricane, kidnapping, riot, or hostage situation that
1559 jeopardizes the health, safety, or welfare of individuals
1560 examined or treated in a facility.

1561 5. An allegation of sexual battery upon an individual
1562 examined or treated in a facility.

1563 (d) ~~(e)~~ A facility may not use seclusion or restraint for
1564 punishment, to compensate for inadequate staffing, or for the
1565 convenience of staff. Facilities shall ensure that all staff are
1566 made aware of these restrictions ~~on the use of seclusion and~~

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1567 ~~restraint~~ and shall make and maintain records that ~~which~~
1568 demonstrate that this information has been conveyed to each
1569 ~~individual~~ staff member ~~members~~.

1570 (6)~~(5)~~ COMMUNICATION, ABUSE REPORTING, AND VISITS.—

1571 (a) Each individual ~~person receiving services~~ in a facility
1572 providing mental health services under this part has the right
1573 to communicate freely and privately with persons outside the
1574 facility unless it is determined that such communication is
1575 likely to be harmful to the individual ~~person~~ or others. Each
1576 facility shall make available ~~as soon as reasonably possible to~~
1577 ~~persons receiving services~~ a telephone that allows for free
1578 local calls and access to a long-distance service to the
1579 individual as soon as reasonably possible. A facility is not
1580 required to pay the costs of the individual's ~~a patient's~~ long-
1581 distance calls. The telephone must ~~shall~~ be readily accessible
1582 ~~to the patient~~ and ~~shall be~~ placed so that the individual
1583 ~~patient~~ may use it to communicate privately and confidentially.
1584 The facility may establish reasonable rules for the use of the
1585 ~~this~~ telephone which, ~~provided that the rules~~ do not interfere
1586 with an individual's ~~a patient's~~ access to a telephone to report
1587 abuse pursuant to paragraph (e).

1588 (b) Each individual ~~patient~~ admitted to a facility under
1589 ~~the provisions of~~ this part shall be allowed to receive, send,
1590 and mail sealed, unopened correspondence; and the individual's
1591 ~~no patient's~~ incoming or outgoing correspondence may not ~~shall~~
1592 be opened, delayed, held, or censored by the facility unless
1593 there is reason to believe that it contains items or substances
1594 that ~~which~~ may be harmful to the individual ~~patient~~ or others,
1595 in which case the administrator may direct reasonable

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1596 examination of such mail and may regulate the disposition of
1597 such items or substances.

1598 (c) Each facility shall allow ~~must permit~~ immediate access
1599 to an individual ~~any patient~~, subject to the ~~patient's~~ right to
1600 deny or withdraw consent at any time⁷ by the individual, or by
1601 the individual's ~~patient's~~ family members, guardian, guardian
1602 advocate, health care surrogate or proxy, representative,
1603 ~~Florida statewide or local advocacy council~~, or attorneys
1604 ~~attorney~~, unless such access would be detrimental to the
1605 individual ~~patient~~. If the ~~a~~ ~~patient's~~ right to communicate or
1606 to receive visitors is restricted by the facility, written
1607 notice of such restriction and the reasons for the restriction
1608 shall be served on the individual and ~~patient~~, the individual's
1609 ~~patient's~~ attorney, and ~~the patient's~~ guardian, guardian
1610 advocate, health care surrogate or proxy, or representative; and
1611 such restriction, and the reasons for the restriction, must
1612 ~~shall~~ be recorded in ~~on~~ the ~~patient's~~ clinical record ~~with the~~
1613 ~~reasons therefor~~. The restriction must ~~of a patient's right to~~
1614 ~~communicate or to receive visitors~~ shall be reviewed at least
1615 every 7 days. The right to communicate or receive visitors may
1616 ~~shall~~ not be restricted as a means of punishment. This ~~Nothing~~
1617 ~~in this~~ paragraph may not ~~shall~~ be construed to limit the
1618 provisions of paragraph (d).

1619 (d) Each facility shall establish reasonable rules, which
1620 must be the least restrictive possible, governing visitors,
1621 visiting hours, and the use of telephones by individuals
1622 ~~patients in the least restrictive possible manner~~. An individual
1623 has ~~Patients shall have~~ the right to contact and to receive
1624 communication from his or her attorney ~~their attorneys~~ at any

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1625 reasonable time.

1626 (e) Each individual patient receiving mental health or
1627 substance abuse treatment in any facility shall have ready
1628 access to a telephone in order to report ~~an~~ alleged abuse. The
1629 facility staff shall orally and in writing inform each
1630 individual patient of the procedure for reporting abuse and
1631 shall make every reasonable effort to present the information in
1632 a language the individual patient understands. A written copy of
1633 that procedure, including the telephone number of the central
1634 abuse hotline and reporting forms, must ~~shall~~ be posted in plain
1635 view.

1636 (f) The department shall adopt rules providing a procedure
1637 for reporting abuse. ~~Facility staff shall be required,~~ As a
1638 condition of employment, facility staff shall ~~to~~ become familiar
1639 with the requirements and procedures for ~~the~~ reporting ~~of~~ abuse.

1640 (7)-(6) CARE AND CUSTODY OF PERSONAL EFFECTS OF PATIENTS.-A
1641 facility shall respect the rights of an individual with regard A
1642 patient's right to the possession of his or her clothing and
1643 personal effects ~~shall be respected~~. The facility may take
1644 temporary custody of such effects if ~~when~~ required for medical
1645 and safety reasons. The A patient's clothing and personal
1646 effects shall be inventoried upon their removal into temporary
1647 custody. Copies of this inventory shall be given to the
1648 individual patient and to his or her ~~the patient's~~ guardian,
1649 guardian advocate, health care surrogate or proxy, or
1650 representative and shall be recorded in the ~~patient's~~ clinical
1651 record. This inventory may be amended upon the request of the
1652 individual patient or his or her ~~the patient's~~ guardian,
1653 guardian advocate, health care surrogate or proxy, or

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1654 representative. The inventory and any amendments ~~to it~~ must be
1655 witnessed by two members of the facility staff and by the
1656 individual patient, if he or she is able. All of ~~the a patient's~~
1657 clothing and personal effects held by the facility shall be
1658 returned to the individual patient immediately upon his or her
1659 ~~the~~ discharge or transfer ~~of the patient~~ from the facility,
1660 unless such return would be detrimental to the individual
1661 patient. If personal effects are not returned ~~to the patient~~,
1662 the reason must be documented in the clinical record along with
1663 the disposition of the clothing and personal effects, which may
1664 be given instead to the individual's patient's guardian,
1665 guardian advocate, health care surrogate or proxy, or
1666 representative. As soon as practicable after an emergency
1667 transfer ~~of a patient~~, the individual's ~~patient's~~ clothing and
1668 personal effects shall be transferred to the individual's
1669 ~~patient's~~ new location, together with a copy of the inventory
1670 and any amendments, unless an alternate plan is approved by the
1671 individual patient, if he or she is able, and by his or her ~~the~~
1672 ~~patient's~~ guardian, guardian advocate, health care surrogate or
1673 proxy, or representative.

1674 (8) ~~(7)~~ VOTING IN PUBLIC ELECTIONS.—A patient who is
1675 eligible to vote according to the laws of the state has the
1676 right to vote in the primary and general elections. The
1677 department shall establish rules to enable patients to obtain
1678 voter registration forms, applications for absentee ballots, and
1679 absentee ballots.

1680 (9) ~~(8)~~ HABEAS CORPUS.—

1681 (a) At any time, and without notice, an individual ~~a person~~
1682 held or admitted for mental health or substance abuse

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1683 examination or placement in a receiving or treatment facility,
1684 or a relative, friend, guardian, guardian advocate, health care
1685 surrogate or proxy, representative, or attorney, or the
1686 department, on behalf of such individual ~~person~~, may petition
1687 for a writ of habeas corpus to question the cause and legality
1688 of such detention and request that the court order a return to
1689 the writ in accordance with chapter 79. Each individual ~~patient~~
1690 held in a facility shall receive a written notice of the right
1691 to petition for a writ of habeas corpus.

1692 (b) At any time, and without notice, an individual held or
1693 admitted for mental health or substance abuse examination or
1694 placement ~~a person who is a patient~~ in a ~~receiving or treatment~~
1695 facility, or a relative, friend, guardian, guardian advocate,
1696 health care surrogate or proxy, representative, or attorney, or
1697 the department, on behalf of such individual ~~person~~, may file a
1698 petition in the circuit court in the county where the individual
1699 ~~patient~~ is being held alleging that he or she ~~the patient~~ is
1700 being unjustly denied a right or privilege granted under this
1701 part herein or that a procedure authorized under this part
1702 ~~herein~~ is being abused. Upon the filing of such a petition, the
1703 court shall ~~have the authority to~~ conduct a judicial inquiry and
1704 ~~to~~ issue an ~~any~~ order ~~needed~~ to correct an abuse of ~~the~~
1705 ~~provisions of~~ this part.

1706 (c) The administrator of any ~~receiving or treatment~~
1707 facility receiving a petition under this subsection shall file
1708 the petition with the clerk of the court on the next court
1709 working day.

1710 (d) A ~~No~~ fee may not ~~shall~~ be charged for ~~the~~ filing ~~of~~ a
1711 petition under this subsection.

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1712 (10)~~(9)~~ VIOLATIONS.—The department shall report to the
1713 Agency for Health Care Administration any violation of the
1714 rights or privileges of patients, or of any procedures provided
1715 under this part, by any facility or professional licensed or
1716 regulated by the agency. The agency is authorized to impose any
1717 sanction authorized for violation of this part, based solely on
1718 the investigation and findings of the department.

1719 (11)~~(10)~~ LIABILITY FOR VIOLATIONS.—Any person who violates
1720 or abuses any rights or privileges of patients provided by this
1721 part is liable for damages as determined by law. Any person who
1722 acts in good faith in compliance with the provisions of this
1723 part is immune from civil or criminal liability for his or her
1724 actions in connection with the admission, diagnosis, treatment,
1725 or discharge of a patient to or from a facility. However, this
1726 section does not relieve any person from liability if such
1727 person commits negligence.

1728 (12)~~(11)~~ RIGHT TO PARTICIPATE IN TREATMENT AND DISCHARGE
1729 PLANNING.—The patient shall have the opportunity to participate
1730 in treatment and discharge planning and shall be notified in
1731 writing of his or her right, upon discharge from the facility,
1732 to seek treatment from the professional or agency of the
1733 patient's choice.

1734 (13) ADVANCE DIRECTIVES.—All service providers under this
1735 part shall provide information concerning advance directives to
1736 individuals and assist those who are competent and willing to
1737 complete an advance directive. The directive may include
1738 instructions regarding mental health or substance abuse care.
1739 Service providers under this part shall honor the advance
1740 directive of individuals they serve, or shall request the

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1741 transfer of the individual as required under s. 765.1105.

1742 (14)~~(12)~~ POSTING OF NOTICE OF RIGHTS OF PATIENTS.—Each
1743 facility shall post a notice listing and describing, in the
1744 language and terminology that the persons to whom the notice is
1745 addressed can understand, the rights provided in this section.
1746 This notice shall include a statement that provisions of the
1747 federal Americans with Disabilities Act apply and the name and
1748 telephone number of a person to contact for further information.
1749 This notice shall be posted in a place readily accessible to
1750 patients and in a format easily seen by patients. This notice
1751 shall include the telephone numbers of the Florida local
1752 advocacy council and Advocacy Center for Persons with
1753 Disabilities, Inc.

1754 Section 12. Section 394.4597, Florida Statutes, is amended
1755 to read:

1756 394.4597 Persons to be notified; appointment of a ~~patient's~~
1757 representative.—

1758 (1) VOLUNTARY ADMISSION PATIENTS.—At the time an individual
1759 ~~a patient~~ is voluntarily admitted to a receiving or treatment
1760 facility, the individual shall be asked to identify a person to
1761 be notified in case of an emergency, and the identity and
1762 contact information of that ~~a person to be notified in case of~~
1763 ~~an emergency~~ shall be entered in the individual's ~~patient's~~
1764 ~~clinical~~ record.

1765 (2) INVOLUNTARY ADMISSION PATIENTS.—

1766 (a) At the time an individual ~~a patient~~ is admitted to a
1767 facility for involuntary examination or placement, or when a
1768 petition for involuntary placement is filed, the names,
1769 addresses, and telephone numbers of the individual's ~~patient's~~

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1770 guardian or guardian advocate, health care surrogate, or proxy,
1771 or representative if he or she ~~the patient~~ has no guardian, and
1772 the individual's ~~patient's~~ attorney shall be entered in the
1773 ~~patient's clinical~~ record.

1774 (b) If the individual ~~patient~~ has no guardian, guardian
1775 advocate, health care surrogate, or proxy, he or she ~~the patient~~
1776 shall be asked to designate a representative. If the individual
1777 ~~patient~~ is unable or unwilling to designate a representative,
1778 the facility shall select a representative.

1779 (c) The individual ~~patient~~ shall be consulted with regard
1780 to the selection of a representative by the receiving or
1781 treatment facility and may ~~shall have authority to~~ request that
1782 the ~~any such~~ representative be replaced.

1783 (d) ~~If~~ When the receiving or treatment facility selects a
1784 representative, first preference shall be given to a health care
1785 surrogate, if one has been previously selected ~~by the patient~~.
1786 If the individual ~~patient~~ has not previously selected a health
1787 care surrogate, the selection, except for good cause documented
1788 in the individual's ~~patient's~~ clinical record, shall be made
1789 from the following list in the order of listing:

- 1790 1. The individual's ~~patient's~~ spouse.
- 1791 2. An adult child of the individual ~~patient~~.
- 1792 3. A parent of the individual ~~patient~~.
- 1793 4. The adult next of kin of the individual ~~patient~~.
- 1794 5. An adult friend of the individual ~~patient~~.
- 1795 ~~6. The appropriate Florida local advocacy council as~~
1796 ~~provided in s. 402.166.~~

1797 (e) The following persons are prohibited from selection as
1798 an individual's representative:

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1799 1. A professional providing clinical services to the
1800 individual under this part;

1801 2. The licensed professional who initiated the involuntary
1802 examination of the individual, if the examination was initiated
1803 by professional certificate;

1804 3. An employee, administrator, or board member of the
1805 facility providing the examination of the individual;

1806 4. An employee, administrator, or board member of a
1807 treatment facility providing treatment of the individual;

1808 5. A person providing any substantial professional services
1809 to the individual, including clinical and nonclinical services;

1810 6. A creditor of the individual;

1811 7. A person subject to an injunction for protection against
1812 domestic violence under s. 741.30, whether the order of
1813 injunction is temporary or final, and for which the individual
1814 was the petitioner; and

1815 8. A person subject to an injunction for protection against
1816 repeat violence, sexual violence, or dating violence under s.
1817 784.046, whether the order of injunction is temporary or final,
1818 and for which the individual was the petitioner.

1819 ~~(e) A licensed professional providing services to the~~
1820 ~~patient under this part, an employee of a facility providing~~
1821 ~~direct services to the patient under this part, a department~~
1822 ~~employee, a person providing other substantial services to the~~
1823 ~~patient in a professional or business capacity, or a creditor of~~
1824 ~~the patient shall not be appointed as the patient's~~
1825 ~~representative.~~

1826 (f) The representative selected by the individual or
1827 designated by the facility has the right to:

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- 1828 1. Receive notice of the individual's admission;
1829 2. Receive notice of proceedings affecting the individual;
1830 3. Have immediate access to the individual unless such
1831 access is documented to be detrimental to the individual;
1832 4. Receive notice of any restriction of the individual's
1833 right to communicate or receive visitors;
1834 5. Receive a copy of the inventory of personal effects upon
1835 the individual's admission and to request an amendment to the
1836 inventory at any time;
1837 6. Receive disposition of the individual's clothing and
1838 personal effects if not returned to the individual, or to
1839 approve an alternate plan;
1840 7. Petition on behalf of the individual for a writ of
1841 habeas corpus to question the cause and legality of the
1842 individual's detention or to allege that the individual is being
1843 unjustly denied a right or privilege granted under this part, or
1844 that a procedure authorized under this part is being abused;
1845 8. Apply for a change of venue for the individual's
1846 involuntary placement hearing for the convenience of the parties
1847 or witnesses or because of the individual's condition;
1848 9. Receive written notice of any restriction of the
1849 individual's right to inspect his or her clinical record;
1850 10. Receive notice of the release of the individual from a
1851 receiving facility where an involuntary examination was
1852 performed;
1853 11. Receive a copy of any petition for the individual's
1854 involuntary placement filed with the court; and
1855 12. Be informed by the court of the individual's right to
1856 an independent expert evaluation pursuant to involuntary

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1857 placement procedures.

1858 Section 13. Effective July 1, 2016, section 394.4598,
1859 Florida Statutes, is amended to read:

1860 394.4598 Guardian advocate.—

1861 (1) The administrator, family member, or interested party
1862 may petition the court for the appointment of a guardian
1863 advocate based upon the opinion of a psychiatrist that an
1864 individual held for examination or admitted for mental health or
1865 substance abuse treatment ~~the patient~~ is incompetent to consent
1866 to treatment. If the court finds that the individual ~~a patient~~
1867 is incompetent to consent to treatment and has not been
1868 adjudicated incapacitated and a guardian having ~~with the~~
1869 authority to consent to mental health or substance abuse
1870 treatment has not been appointed, it shall appoint a guardian
1871 advocate. The individual ~~patient~~ has the right to have an
1872 attorney represent him or her at the hearing. If the individual
1873 ~~person~~ is indigent, the court shall appoint the office of the
1874 public defender to represent him or her at the hearing. The
1875 individual ~~patient~~ has the right to testify, cross-examine
1876 witnesses, and present witnesses. The proceeding must ~~shall~~ be
1877 recorded ~~either~~ electronically or stenographically, and
1878 testimony shall be ~~provided~~ under oath. One of the professionals
1879 authorized to give an opinion in support of a petition for
1880 involuntary placement, as described in s. 394.4655 or s.
1881 394.467, shall ~~must~~ testify. The A guardian advocate shall ~~must~~
1882 meet the qualifications of a guardian pursuant to ~~contained in~~
1883 part IV of chapter 744, ~~except that a professional referred to~~
1884 ~~in this part, an employee of the facility providing direct~~
1885 ~~services to the patient under this part, a departmental~~

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1886 ~~employee, a facility administrator, or member of the Florida~~
1887 ~~local advocacy council shall not be appointed. A person who is~~
1888 ~~appointed as a guardian advocate must agree to the appointment.~~
1889 A person may not be appointed as a guardian advocate unless he
1890 or she agrees to the appointment.

1891 (2) The following persons are prohibited from being
1892 appointed as an individual's guardian advocate:

1893 (a) A professional providing clinical services to the
1894 individual under this part;

1895 (b) The licensed professional who initiated the involuntary
1896 examination of the individual, if the examination was initiated
1897 by professional certificate;

1898 (c) An employee, administrator, or board member of the
1899 facility providing the examination of the individual;

1900 (d) An employee, administrator, or board member of a
1901 treatment facility providing treatment of the individual;

1902 (e) A person providing any substantial professional
1903 services to the individual, including clinical and nonclinical
1904 services;

1905 (f) A creditor of the individual;

1906 (g) A person subject to an injunction for protection
1907 against domestic violence under s. 741.30, whether the order of
1908 injunction is temporary or final, and for which the individual
1909 was the petitioner; and

1910 (h) A person subject to an injunction for protection
1911 against repeat violence, sexual violence, or dating violence
1912 under s. 784.046, whether the order of injunction is temporary
1913 or final, and for which the individual was the petitioner.

1914 (3)-(2) A facility requesting appointment of a guardian

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1915 advocate must, prior to the appointment, provide the prospective
1916 guardian advocate with information about the duties and
1917 responsibilities of guardian advocates, including the
1918 information about the ethics of medical decisionmaking. Before
1919 asking a guardian advocate to give consent to treatment for an
1920 individual held for examination or admitted for mental health or
1921 substance abuse treatment ~~a patient~~, the facility shall provide
1922 ~~to the guardian advocate~~ sufficient information to allow ~~so that~~
1923 the guardian advocate to ~~can~~ decide whether to give express and
1924 informed consent to the treatment, including information that
1925 the treatment is essential to the care of the individual
1926 ~~patient~~, and that the treatment does not present an unreasonable
1927 risk of serious, hazardous, or irreversible side effects. Before
1928 giving consent to treatment, the guardian advocate must meet and
1929 talk with the individual ~~patient~~ and the individual's ~~patient's~~
1930 physician face to face ~~in person~~, if ~~at all~~ possible, and by
1931 telephone, if not. The guardian advocate shall make every effort
1932 to make decisions regarding treatment that he or she believes
1933 the individual would have made under the circumstances if the
1934 individual were capable of making such a decision. The decision
1935 of the guardian advocate may be reviewed by the court, upon
1936 petition of the individual's ~~patient's~~ attorney, the
1937 individual's ~~patient's~~ family, or the facility administrator.

1938 (4)-(3) Prior to A guardian advocate must attend at least a
1939 4-hour training course approved by the court before exercising
1940 his or her authority, ~~the guardian advocate shall attend a~~
1941 ~~training course approved by the court.~~ This training course, ~~of~~
1942 ~~not less than 4 hours,~~ must include, at minimum, information
1943 about an ~~the~~ individual's ~~patient~~ rights, psychotropic

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1944 medications, diagnosis of mental illness or substance abuse
1945 impairment, the ethics of medical decisionmaking, and the duties
1946 of guardian advocates. This training course shall take the place
1947 of the training required for guardians appointed pursuant to
1948 chapter 744.

1949 (5)~~(4)~~ The information to be supplied to prospective
1950 guardian advocates before ~~prior to~~ their appointment and the
1951 training course for guardian advocates must be developed and
1952 completed through a course developed by the department and
1953 approved by the chief judge of the circuit court and taught by a
1954 court-approved organization. Court-approved organizations may
1955 include, but need ~~are~~ not be limited to, community ~~or junior~~
1956 colleges, guardianship organizations, and the local bar
1957 association or The Florida Bar. The court may, ~~in its~~
1958 ~~discretion~~, waive some or all of the training requirements for
1959 guardian advocates or impose additional requirements. The court
1960 shall make its decision on a case-by-case basis and, in making
1961 its decision, shall consider the experience and education of the
1962 guardian advocate, the duties assigned to the guardian advocate,
1963 and the needs of the individual subject to involuntary placement
1964 patient.

1965 (6)~~(5)~~ In selecting a guardian advocate, the court shall
1966 give preference to a health care surrogate, if one has already
1967 been designated by the individual held for examination or
1968 admitted for mental health or substance abuse treatment patient.
1969 If the individual patient has not previously selected a health
1970 care surrogate, except for good cause documented in the court
1971 record, the selection shall be made from the following list in
1972 the order of listing:

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- 1973 (a) The individual's ~~patient's~~ spouse.
- 1974 (b) An adult child of the individual ~~patient~~.
- 1975 (c) A parent of the individual ~~patient~~.
- 1976 (d) The adult next of kin of the individual ~~patient~~.
- 1977 (e) An adult friend of the individual ~~patient~~.
- 1978 (f) An adult trained and willing to serve as guardian
- 1979 advocate for the individual ~~patient~~.
- 1980 (7)~~(6)~~ If a guardian with the authority to consent to
- 1981 medical treatment has not already been appointed or if the
- 1982 individual held for examination or admitted for mental health or
- 1983 substance abuse treatment ~~patient~~ has not already designated a
- 1984 health care surrogate, the court may authorize the guardian
- 1985 advocate to consent to medical treatment, as well as mental
- 1986 health and substance abuse treatment. Unless otherwise limited
- 1987 by the court, a guardian advocate with authority to consent to
- 1988 medical treatment shall have the same authority to make health
- 1989 care decisions and be subject to the same restrictions as a
- 1990 proxy appointed under part IV of chapter 765. Unless the
- 1991 guardian advocate has sought and received express court approval
- 1992 in proceeding separate from the proceeding to determine the
- 1993 competence of the patient to consent to medical treatment, the
- 1994 guardian advocate may not consent to:
- 1995 (a) Abortion.
- 1996 (b) Sterilization.
- 1997 (c) Electroconvulsive treatment.
- 1998 (d) Psychosurgery.
- 1999 (e) Experimental treatments that have not been approved by
- 2000 a federally approved institutional review board in accordance
- 2001 with 45 C.F.R. part 46 or 21 C.F.R. part 56.

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2002
2003 In making a medical treatment decision under this subsection,
2004 the court shall ~~must~~ base its decision on evidence that the
2005 treatment or procedure is essential to the care of the
2006 individual patient and that the treatment does not present an
2007 unreasonable risk of serious, hazardous, or irreversible side
2008 effects. The court shall follow the procedures set forth in
2009 subsection (1) of this section.

2010 (8)~~(7)~~ The guardian advocate shall be discharged when the
2011 individual for whom he or she is appointed patient is discharged
2012 from an order for involuntary outpatient ~~placement~~ or
2013 involuntary inpatient placement or when the individual patient
2014 is transferred from involuntary to voluntary status. The court
2015 ~~or a hearing officer~~ shall consider the competence of the
2016 individual patient pursuant to subsection (1) and may consider
2017 an involuntarily placed individual's patient's competence to
2018 consent to treatment at any hearing. Upon sufficient evidence,
2019 the court may restore, or the magistrate or administrative law
2020 judge hearing officer may recommend that the court restore, the
2021 individual's patient's competence. A copy of the order restoring
2022 competence or the certificate of discharge containing the
2023 restoration of competence shall be provided to the individual
2024 ~~patient~~ and the guardian advocate.

2025 Section 14. Section 394.4599, Florida Statutes, is amended
2026 to read:

2027 394.4599 Notice.—

2028 (1) VOLUNTARY ADMISSION PATIENTS.—Notice of an individual's
2029 a voluntary ~~patient's~~ admission shall ~~only~~ be given only at the
2030 request of the individual patient, except that, in an emergency,

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2031 notice shall be given as determined by the facility.

2032 (2) INVOLUNTARY ADMISSION PATIENTS.—

2033 (a) Whenever notice is required to be given under this
2034 part, such notice shall be given to the individual patient and
2035 the individual's patient's guardian, guardian advocate, health
2036 care surrogate or proxy, attorney, and representative.

2037 1. When notice is required to be given to an individual a
2038 patient, it shall be given both orally and in writing, in the
2039 language and terminology that the individual patient can
2040 understand, and, if needed, the facility shall provide an
2041 interpreter for the individual patient.

2042 2. Notice to an individual's a patient's guardian, guardian
2043 advocate, health care surrogate or proxy, attorney, and
2044 representative shall be given by ~~United States mail and by~~
2045 ~~registered or certified~~ mail with the date, time, and method of
2046 notice delivery documented in receipts attached to the patient's
2047 clinical record. Hand delivery by a facility employee may be
2048 used as an alternative, with the date and time of delivery
2049 documented in the clinical record. If notice is given by a state
2050 attorney or an attorney for the department, a certificate of
2051 service is ~~shall be~~ sufficient to document service.

2052 (b) A receiving facility shall give prompt notice of the
2053 whereabouts of an individual a patient who is being
2054 involuntarily held for examination to the individual's guardian,
2055 guardian advocate, health care surrogate or proxy, attorney or
2056 representative, by telephone or in person within 24 hours after
2057 the individual's patient's arrival at the facility, ~~unless the~~
2058 ~~patient requests that no notification be made~~. Contact attempts
2059 shall be documented in the individual's patient's clinical

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2060 record and shall begin as soon as reasonably possible after the
2061 individual's ~~patient's~~ arrival. ~~Notice that a patient is being~~
2062 ~~admitted as an involuntary patient shall be given to the Florida~~
2063 ~~local advocacy council no later than the next working day after~~
2064 ~~the patient is admitted.~~

2065 (c)1. A receiving facility shall give notice of the
2066 whereabouts of a minor who is being involuntarily held for
2067 examination pursuant to s. 394.463 to the minor's parent,
2068 guardian, caregiver, or guardian advocate, in person or by
2069 telephone or other form of electronic communication, immediately
2070 after the minor's arrival at the facility. The facility may not
2071 delay notification for more than 24 hours after the minor's
2072 arrival if the facility has submitted a report to the central
2073 abuse hotline, pursuant to s. 39.201, based upon knowledge or
2074 suspicion of abuse, abandonment, or neglect and if the facility
2075 deems a delay in notification to be in the minor's best
2076 interest.

2077 2. The receiving facility shall attempt to notify the
2078 minor's parent, guardian, caregiver, or guardian advocate until
2079 the receiving facility receives confirmation from the parent,
2080 guardian, caregiver, or guardian advocate, verbally, by
2081 telephone or other form of electronic communication, or by
2082 recorded message, that notification has been received. Attempts
2083 to notify the parent, guardian, caregiver, or guardian advocate
2084 must be repeated at least once each hour during the first 12
2085 hours after the minor's arrival and once every 24 hours
2086 thereafter and must continue until such confirmation is
2087 received, unless the minor is released at the end of the 72-hour
2088 examination period, or until a petition for involuntary

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2089 placement is filed with the court pursuant to s. 394.463(2)(i).
2090 The receiving facility may seek assistance from a law
2091 enforcement agency to notify the minor's parent, guardian,
2092 caregiver, or guardian advocate if the facility has not
2093 received, within the first 24 hours after the minor's arrival, a
2094 confirmation by the parent, guardian, caregiver, or guardian
2095 advocate that notification has been received. The receiving
2096 facility must document notification attempts in the minor's
2097 clinical record.

2098 (d)-(e) The written notice of the filing of the petition for
2099 involuntary placement of an individual being held must contain
2100 the following:

2101 1. Notice that the petition has been filed with the circuit
2102 court in the county in which the individual patient is
2103 hospitalized and the address of such court.

2104 2. Notice that the office of the public defender has been
2105 appointed to represent the individual patient in the proceeding,
2106 if the individual patient is not otherwise represented by
2107 counsel.

2108 3. The date, time, and place of the hearing and the name of
2109 each examining expert and every other person expected to testify
2110 in support of continued detention.

2111 4. Notice that the individual patient, the individual's
2112 patient's guardian, guardian advocate, health care surrogate or
2113 proxy, or representative, or the administrator may apply for a
2114 change of venue for the convenience of the parties or witnesses
2115 or because of the condition of the individual patient.

2116 5. Notice that the individual patient is entitled to an
2117 independent expert examination and, if the individual patient

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2118 cannot afford such an examination, that the court will provide
2119 for one.

2120 (e)~~(d)~~ A treatment facility shall provide notice of an
2121 individual's ~~a patient's~~ involuntary admission on the next
2122 regular working day after the individual's ~~patient's~~ arrival at
2123 the facility.

2124 (f)~~(e)~~ When an individual ~~a patient~~ is to be transferred
2125 from one facility to another, notice shall be given by the
2126 facility where the individual ~~patient~~ is located before ~~prior to~~
2127 the transfer.

2128 Section 15. Effective July 1, 2016, subsections (1), (2),
2129 (3), and (10) of section 394.4615, Florida Statutes, are amended
2130 to read:

2131 394.4615 Clinical records; confidentiality.-

2132 (1) A clinical record shall be maintained for each
2133 individual held for examination or admitted for treatment under
2134 this part ~~patient~~. The record shall include data pertaining to
2135 admission and such other information as may be required under
2136 rules of the department. A clinical record is confidential and
2137 exempt from ~~the provisions of~~ s. 119.07(1). Unless waived by
2138 express and informed consent of the individual, ~~by the patient~~
2139 or his or her ~~the patient's~~ guardian, ~~or~~ guardian advocate,
2140 health care surrogate or proxy, or, if the individual ~~patient~~ is
2141 deceased, by his or her guardian, guardian advocate, health care
2142 surrogate or proxy, by his or her ~~the patient's~~ personal
2143 representative or the family member who stands next in line of
2144 intestate succession, the confidential status of the clinical
2145 record shall not be lost by either authorized or unauthorized
2146 disclosure to any person, organization, or agency.

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2147 (2) The clinical record of an individual held for
2148 examination or admitted for treatment under this part shall be
2149 released if ~~when~~:

2150 (a) The individual ~~patient~~ or the individual's ~~patient's~~
2151 guardian, guardian advocate, health care surrogate or proxy, or
2152 representative authorizes the release. The guardian, ~~or~~ guardian
2153 advocate, health care surrogate or proxy shall be provided
2154 access to the appropriate clinical records ~~of the patient~~. The
2155 individual patient or the patient's guardian, ~~or~~ guardian
2156 advocate, health care surrogate or proxy may authorize the
2157 release of information and clinical records to appropriate
2158 persons to ensure the continuity of the individual's ~~patient's~~
2159 health care or mental health or substance abuse care.

2160 (b) The individual ~~patient~~ is represented by counsel and
2161 the records are needed by the individual's ~~patient's~~ counsel for
2162 adequate representation.

2163 (c) A petition for involuntary inpatient placement is filed
2164 and the records are needed by the state attorney to evaluate the
2165 allegations set forth in the petition or to prosecute the
2166 petition. However, the state attorney may not use clinical
2167 records obtained under this part for the purpose of criminal
2168 investigation or prosecution, or for any other purpose not
2169 authorized by this part.

2170 ~~(d)-(e)~~ (d) The court orders such release. In determining
2171 whether there is good cause for disclosure, the court shall
2172 weigh the need for the information to be disclosed against the
2173 possible harm of disclosure to the individual ~~person~~ to whom
2174 such information pertains.

2175 ~~(e)-(d)~~ (e) The individual ~~patient~~ is committed to, or is to be

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2176 returned to, the Department of Corrections ~~from the Department~~
2177 ~~of Children and Families,~~ and the Department of Corrections
2178 requests such records. These records shall be furnished without
2179 charge to the Department of Corrections.

2180 (3) Information from the clinical record may be released in
2181 the following circumstances:

2182 (a) When a patient has declared an intention to harm other
2183 persons. When such declaration has been made, the administrator
2184 may authorize the release of sufficient information to provide
2185 adequate warning to law enforcement agencies and to the person
2186 threatened with harm by the patient.

2187 (b) When the administrator of the facility or secretary of
2188 the department deems release to a qualified researcher as
2189 defined in administrative rule, an aftercare treatment provider,
2190 or an employee or agent of the department is necessary for
2191 treatment of the patient, maintenance of adequate records,
2192 compilation of treatment data, aftercare planning, or evaluation
2193 of programs.

2194
2195 For the purpose of determining whether a person meets the
2196 criteria for involuntary outpatient placement or for preparing
2197 the proposed treatment plan pursuant to s. 394.4655, the
2198 clinical record may be released to the state attorney, the
2199 public defender or the patient's private legal counsel, the
2200 court, and to the appropriate mental health professionals,
2201 including the service provider identified in s. 394.4655(7)(b)
2202 ~~s. 394.4655(6)(b)2.~~, in accordance with state and federal law.

2203 (10) An individual held for examination or admitted for
2204 treatment ~~Patients~~ shall have reasonable access to his or her

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2205 ~~their~~ clinical records, unless such access is determined by the
2206 individual's ~~patient's~~ physician to be harmful to the individual
2207 ~~patient~~. If the individual's ~~patient's~~ right to inspect his or
2208 her clinical record is restricted by the facility, written
2209 notice of such restriction shall be given to the individual
2210 ~~patient~~ and the individual's ~~patient's~~ guardian, guardian
2211 advocate, health care surrogate or proxy, or attorney, and
2212 representative. In addition, the restriction shall be recorded
2213 in the clinical record, together with the reasons for it. The
2214 restriction of an individual's ~~a patient's~~ right to inspect his
2215 or her clinical record shall expire after 7 days but may be
2216 renewed, after review, for subsequent 7-day periods.

2217 Section 16. Effective July 1, 2016, subsection (1) of
2218 section 394.462, Florida Statutes, is amended to read:

2219 394.462 Transportation.—

2220 (1) TRANSPORTATION TO A RECEIVING OR DETOXIFICATION
2221 FACILITY.—

2222 (a) Each county shall designate a single law enforcement
2223 agency within the county, or portions thereof, to take an
2224 individual ~~a person~~ into custody upon the entry of an ex parte
2225 order or the execution of a certificate for involuntary
2226 examination by an authorized professional and to transport that
2227 individual ~~person~~ to the nearest receiving facility for
2228 examination. The designated law enforcement agency may decline
2229 to transport the individual ~~person~~ to a receiving or
2230 detoxification facility only if:

2231 1. The county or jurisdiction designated by the county has
2232 contracted ~~on an annual basis~~ with an emergency medical
2233 transport service or private transport company for

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2234 transportation of individuals ~~persons~~ to receiving facilities
2235 ~~pursuant to this section at the sole cost of the county; and~~

2236 2. The law enforcement agency and the emergency medical
2237 transport service or private transport company agree that the
2238 continued presence of law enforcement personnel is not necessary
2239 for the safety of the individuals being transported ~~person~~ or
2240 others.

2241 3. The jurisdiction designated by the county may seek
2242 reimbursement for transportation expenses. The party responsible
2243 for payment for such transportation is the person receiving the
2244 transportation. The county shall seek reimbursement from the
2245 following sources in the following order:

2246 a. From an insurance company, health care corporation, or
2247 other source, if the individual being transported ~~person~~
2248 ~~receiving the transportation~~ is covered by an insurance policy
2249 or subscribes to a health care corporation or other source for
2250 payment of such expenses.

2251 b. From the individual being transported ~~person receiving~~
2252 ~~the transportation~~.

2253 c. From a financial settlement for medical care, treatment,
2254 hospitalization, or transportation payable or accruing to the
2255 injured party.

2256 (b) Any company that transports a patient pursuant to this
2257 subsection is considered an independent contractor and is solely
2258 liable for the safe and dignified transportation of the patient.
2259 Such company must be insured and provide no less than \$100,000
2260 in liability insurance with respect to the transportation of
2261 patients.

2262 (c) Any company that contracts with a governing board of a

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2263 county to transport patients shall comply with the applicable
2264 rules of the department to ensure the safety and dignity of the
2265 patients.

2266 (d) When a law enforcement officer takes custody of a
2267 person pursuant to this part, the officer may request assistance
2268 from emergency medical personnel if such assistance is needed
2269 for the safety of the officer or the person in custody.

2270 (e) When a member of a mental health overlay program or a
2271 mobile crisis response service is a professional authorized to
2272 initiate an involuntary examination pursuant to s. 394.463 and
2273 that professional evaluates a person and determines that
2274 transportation to a receiving facility is needed, the service,
2275 at its discretion, may transport the person to the facility or
2276 may call on the law enforcement agency or other transportation
2277 arrangement best suited to the needs of the patient.

2278 (f) When a ~~any~~ law enforcement officer has custody of a
2279 person, based on ~~either noncriminal or minor criminal~~ behavior,
2280 a misdemeanor, or a felony other than a forcible felony as
2281 defined in s. 776.08, who ~~that~~ meets the statutory guidelines
2282 for involuntary examination under this part, the law enforcement
2283 officer shall transport the individual ~~person~~ to the nearest
2284 receiving facility for examination.

2285 (g) When any law enforcement officer has arrested a person
2286 for a forcible felony as defined in s. 776.08 and it appears
2287 that the person meets the criteria ~~statutory guidelines~~ for
2288 involuntary examination ~~or placement~~ under this part, such
2289 person shall first be processed in the same manner as any other
2290 criminal suspect. The law enforcement agency shall thereafter
2291 immediately notify the nearest public receiving facility, which

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2292 shall be responsible for promptly arranging for the examination
2293 and treatment of the person. A receiving facility may ~~is~~ not
2294 ~~required to~~ admit a person charged with a forcible felony as
2295 defined in s. 776.08 ~~crime~~ for whom the facility determines and
2296 documents that it is unable to provide adequate security, but
2297 shall provide ~~mental health~~ examination and treatment to the
2298 person at the location where he or she is held.

2299 (h) If the appropriate law enforcement officer believes
2300 that a person has an emergency medical condition as defined in
2301 s. 395.002, the person may be first transported to a hospital
2302 for emergency medical treatment, regardless of whether the
2303 hospital is a designated receiving facility.

2304 (i) The costs of transportation, evaluation,
2305 hospitalization, and treatment incurred under this subsection by
2306 persons who have been arrested for violations of any state law
2307 or county or municipal ordinance may be recovered as provided in
2308 s. 901.35.

2309 (j) The nearest receiving facility must accept persons
2310 brought by law enforcement officers for involuntary examination.

2311 (k) Each law enforcement agency shall develop a memorandum
2312 of understanding with each receiving facility within the law
2313 enforcement agency's jurisdiction which reflects a single set of
2314 protocols for the safe and secure transportation of the person
2315 and transfer of custody of the person. These protocols must also
2316 address crisis intervention measures.

2317 (l) When a jurisdiction has entered into a contract with an
2318 emergency medical transport service or a private transport
2319 company for transportation of persons to receiving facilities,
2320 such service or company shall be given preference for

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2321 transportation of persons from nursing homes, assisted living
2322 facilities, adult day care centers, or adult family-care homes,
2323 unless the behavior of the person being transported is such that
2324 transportation by a law enforcement officer is necessary.

2325 (m) Nothing in this section shall be construed to limit
2326 emergency examination and treatment of incapacitated persons
2327 provided in accordance with the provisions of s. 401.445.

2328 Section 17. Effective July 1, 2016, subsections (1), (2),
2329 (4), and (5) of section 394.4625, Florida Statutes, are amended
2330 to read:

2331 394.4625 Voluntary admissions.—

2332 (1) EXAMINATION AND TREATMENT AUTHORITY TO RECEIVE
2333 PATIENTS.—

2334 (a) In order to be voluntarily admitted to a facility ~~A~~
2335 ~~facility may receive for observation, diagnosis, or treatment:~~
2336 ~~any person 18 years of age or older making application by~~
2337 ~~express and informed consent for admission or any person age 17~~
2338 ~~or under for whom such application is made by his or her~~
2339 ~~guardian. If found to~~

2340 1. An individual must show evidence of mental illness or
2341 substance abuse impairment, ~~to be competent to provide express~~
2342 ~~and informed consent, and to be suitable for treatment, such~~
2343 ~~person 18 years of age or older may be admitted to the facility.~~
2344 ~~A person age 17 or under may be admitted only after a hearing to~~
2345 ~~verify the voluntariness of the consent.~~

2346 2. An individual must be suitable for treatment by the
2347 facility.

2348 3. An adult must provide, and be competent to provide,
2349 express and informed consent.

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2350 4. A minor's guardian must provide express and informed
2351 consent, in conjunction with the consent of the minor. However,
2352 a minor may be admitted to an addictions receiving facility or
2353 detoxification facility by his or her own consent without his or
2354 her guardian's consent, if a physician documents in the clinical
2355 record that the minor has a substance abuse impairment. If the
2356 minor is admitted by his or her own consent and without the
2357 consent of his or her guardian, the facility must request the
2358 minor's permission to notify an adult family member or friend of
2359 the minor's voluntary admission into the facility.

2360 a. The consent of the minor is an affirmative agreement by
2361 the minor to remain at the facility for examination and
2362 treatment, and failure to object does not constitute consent.

2363 b. The minor's consent must be verified through a clinical
2364 assessment that is documented in the clinical record and
2365 conducted within 12 hours after arrival at the facility by a
2366 licensed professional authorized to initiate an involuntary
2367 examination pursuant to s. 394.463.

2368 c. In verifying the minor's consent, and using language
2369 that is appropriate to the minor's age, experience, maturity,
2370 and condition, the examining professional must provide the minor
2371 with an explanation as to why the minor will be examined and
2372 treated, what the minor can expect while in the facility, and
2373 when the minor may expect to be released. The examining
2374 professional must determine and document that the minor is able
2375 to understand the information.

2376 d. Unless the minor's consent is verified pursuant to this
2377 section, a petition for involuntary inpatient placement shall be
2378 filed with the court within 1 court working day after his or her

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2379 arrival or the minor must be released to his or her guardian.

2380 (b) A mental health overlay program or a mobile crisis
2381 response service or a licensed professional who is authorized to
2382 initiate an involuntary examination pursuant to s. 394.463 and
2383 is employed by a community mental health center or clinic must,
2384 pursuant to district procedure approved by the respective
2385 district administrator, conduct an initial assessment of the
2386 ability of the following persons to give express and informed
2387 consent to treatment before such persons may be admitted
2388 voluntarily:

2389 1. A person 60 years of age or older for whom transfer is
2390 being sought from a nursing home, assisted living facility,
2391 adult day care center, or adult family-care home, when such
2392 person has been diagnosed as suffering from dementia.

2393 2. A person 60 years of age or older for whom transfer is
2394 being sought from a nursing home pursuant to s. 400.0255(12).

2395 3. A person for whom all decisions concerning medical
2396 treatment are currently being lawfully made by the health care
2397 surrogate or proxy designated under chapter 765.

2398 (c) When an initial assessment of the ability of a person
2399 to give express and informed consent to treatment is required
2400 under this section, and a mobile crisis response service does
2401 not respond to the request for an assessment within 2 hours
2402 after the request is made or informs the requesting facility
2403 that it will not be able to respond within 2 hours after the
2404 request is made, the requesting facility may arrange for
2405 assessment by any licensed professional authorized to initiate
2406 an involuntary examination pursuant to s. 394.463 who is not
2407 employed by or under contract with, and does not have a

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2408 financial interest in, either the facility initiating the
2409 transfer or the receiving facility to which the transfer may be
2410 made.

2411 (d) A facility may not admit as a voluntary patient a
2412 person who has been adjudicated incapacitated, unless the
2413 condition of incapacity has been judicially removed. If a
2414 facility admits as a voluntary patient a person who is later
2415 determined to have been adjudicated incapacitated, and the
2416 condition of incapacity had not been removed by the time of the
2417 admission, the facility must either discharge the patient or
2418 transfer the patient to involuntary status.

2419 (e) The health care surrogate or proxy of an individual on
2420 a voluntary status ~~patient~~ may not consent to the provision of
2421 mental health treatment or substance abuse treatment for that
2422 individual ~~the patient~~. An individual on voluntary status ~~A~~
2423 ~~voluntary patient~~ who is unwilling or unable to provide express
2424 and informed consent to mental health treatment must ~~either~~ be
2425 discharged or transferred to involuntary status.

2426 (f) Within 24 hours after admission of a voluntary patient,
2427 the admitting physician shall document in the patient's clinical
2428 record that the patient is able to give express and informed
2429 consent for admission. If the patient is not able to give
2430 express and informed consent for admission, the facility shall
2431 either discharge the patient or transfer the patient to
2432 involuntary status pursuant to subsection (5).

2433 (2) RELEASE OR DISCHARGE OF VOLUNTARY PATIENTS.—

2434 (a) A facility shall discharge a voluntary patient:

2435 1. Who has sufficiently improved so that retention in the
2436 facility is no longer desirable. A patient may also be

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2437 discharged to the care of a community facility.

2438 2. Who revokes consent to admission or requests discharge.
2439 A voluntary patient or a relative, friend, or attorney of the
2440 patient may request discharge either orally or in writing at any
2441 time following admission to the facility. The patient must be
2442 discharged within 24 hours of the request, unless the request is
2443 rescinded or the patient is transferred to involuntary status
2444 pursuant to this section. The 24-hour time period may be
2445 extended by a treatment facility when necessary for adequate
2446 discharge planning, but shall not exceed 3 days exclusive of
2447 weekends and holidays. If the patient, or another on the
2448 patient's behalf, makes an oral request for discharge to a staff
2449 member, such request shall be immediately entered in the
2450 patient's clinical record. If the request for discharge is made
2451 by a person other than the patient, the discharge may be
2452 conditioned upon the express and informed consent of the
2453 patient.

2454 (b) A voluntary patient who has been admitted to a facility
2455 and who refuses to consent to or revokes consent to treatment
2456 shall be discharged within 24 hours after such refusal or
2457 revocation, unless transferred to involuntary status pursuant to
2458 this section or unless the refusal or revocation is freely and
2459 voluntarily rescinded by the patient.

2460 (c) An individual on voluntary status who is currently
2461 charged with a crime shall be returned to the custody of a law
2462 enforcement officer upon release or discharge from a facility,
2463 unless the individual has been released from law enforcement
2464 custody by posting of a bond, by a pretrial conditional release,
2465 or by other judicial release.

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2466 (4) TRANSFER TO VOLUNTARY STATUS.—An individual on
2467 involuntary status patient who has been assessed and certified
2468 by a physician or psychologist as competent to provide express
2469 and informed consent and who applies to be transferred to
2470 voluntary status shall be transferred to voluntary status
2471 immediately, unless the individual patient ~~has been charged with~~
2472 ~~a crime, or~~ has been involuntarily placed for treatment by a
2473 court pursuant to s. 394.467 and continues to meet the criteria
2474 for involuntary placement. When transfer to voluntary status
2475 occurs, notice shall be given as provided in s. 394.4599.

2476 (5) TRANSFER TO INVOLUNTARY STATUS.—If an individual on
2477 ~~When a~~ voluntary status patient, or an authorized person on the
2478 individual's patient's behalf, makes a request for discharge,
2479 the request for discharge, unless freely and voluntarily
2480 rescinded, must be communicated to a physician, ~~eliniel~~
2481 psychologist, or psychiatrist as quickly as possible within, ~~but~~
2482 ~~not later than~~ 12 hours after the request is made. If the
2483 individual patient meets the criteria for involuntary placement,
2484 the individual must be transferred to a designated receiving
2485 facility and the administrator of the receiving facility where
2486 the individual is held must file with the court a petition for
2487 involuntary placement, within 2 court working days after the
2488 request ~~for discharge~~ is made. If the petition is not filed
2489 within 2 court working days, the individual must patient shall
2490 be discharged. Pending the filing of the petition, the
2491 individual patient may be held and emergency mental health
2492 treatment rendered in the least restrictive manner, upon the
2493 written order of a physician, if it is determined that such
2494 treatment is necessary for the safety of the individual patient

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2495 or others.

2496 Section 18. Effective July 1, 2016, section 394.463,
2497 Florida Statutes, is amended to read:

2498 394.463 Involuntary examination.—

2499 (1) CRITERIA.—A person may be subject to an ~~taken to a~~
2500 ~~receiving facility for~~ involuntary examination if there is
2501 reason to believe that he or she ~~the person~~ has a mental illness
2502 or substance abuse impairment and because of this ~~his or her~~
2503 mental illness or substance abuse impairment:

2504 (a)1. The person has refused voluntary examination after
2505 conscientious explanation and disclosure of the purpose of the
2506 examination; or

2507 2. The person is unable to determine for himself or herself
2508 whether examination is necessary; and

2509 (b)1. Without care or treatment, the person is likely to
2510 suffer from neglect or refuse to care for himself or herself;
2511 such neglect or refusal poses a real and present threat of
2512 substantial harm to his or her well-being; and it is not
2513 apparent that such harm may be avoided through the help of
2514 willing family members or friends or the provision of other
2515 services; or

2516 2. There is a substantial likelihood that without care or
2517 treatment the person will cause serious bodily harm to himself
2518 or herself or others in the near future, as evidenced by recent
2519 behavior.

2520 (2) INVOLUNTARY EXAMINATION.—

2521 (a) An involuntary examination may be initiated by any one
2522 of the following means:

2523 1. A court may enter an ex parte order stating that an

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2524 individual ~~a person~~ appears to meet the criteria for involuntary
2525 examination, giving the findings on which that conclusion is
2526 based. The ex parte order for involuntary examination must be
2527 based on sworn testimony, written or oral, which includes
2528 specific facts that support the finding that the criteria have
2529 been met. Any behavior relied on for the issuance of an ex parte
2530 order must have occurred within the preceding 7 calendar days.
2531 The order must specify whether the individual must be taken to a
2532 mental health facility, detoxification facility, or addictions
2533 receiving facility. ~~If other less restrictive means are not~~
2534 ~~available, such as voluntary appearance for outpatient~~
2535 ~~evaluation,~~ A law enforcement officer, or other designated agent
2536 of the court, shall take the individual ~~person~~ into custody and
2537 deliver him or her to the nearest receiving facility of the type
2538 specified in the order for involuntary examination. However, if
2539 the county in which the individual is taken into custody has a
2540 transportation exception plan specifying a central receiving
2541 facility, the law enforcement officer shall transport the
2542 individual to the central receiving facility pursuant to the
2543 plan. ~~The order of the court~~ order must ~~shall~~ be made a part of
2544 the ~~patient's~~ clinical record. A No fee may not shall be charged
2545 for the filing of an order under this subsection. Any ~~receiving~~
2546 facility accepting the individual ~~patient~~ based on the court's
2547 ~~this~~ order must send a copy of the order to the Agency for
2548 Health Care Administration on the next working day. The order is
2549 ~~shall be~~ valid only until executed or, if not executed, for the
2550 period specified in the order itself. If no time limit is
2551 specified in the order, the order is ~~shall be~~ valid for 7 days
2552 after the date it ~~that the order~~ was signed.

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2553 2. A law enforcement officer shall take a person who
2554 appears to meet the criteria for involuntary examination into
2555 custody and deliver ~~the person or have~~ him or her delivered to
2556 the nearest mental health receiving facility, addictions
2557 receiving facility, or detoxification facility, whichever the
2558 officer determines is most appropriate for examination. However,
2559 if the county in which the individual taken into custody has a
2560 transportation exception plan specifying a central receiving
2561 facility, the law enforcement officer shall transport the
2562 individual to the central receiving facility pursuant to the
2563 plan. The officer shall complete ~~execute~~ a written report
2564 detailing the circumstances under which the individual ~~person~~
2565 was taken into custody, ~~and~~ The report shall be made a part of
2566 the patient's clinical record. Any receiving facility or
2567 detoxification facility accepting the individual ~~patient~~ based
2568 on the ~~this~~ report must send a copy of the report to the Agency
2569 for Health Care Administration on the next working day.

2570 3. A physician, clinical psychologist, psychiatric nurse,
2571 mental health counselor, marriage and family therapist, or
2572 clinical social worker may execute a certificate stating that he
2573 or she has examined the individual ~~a person~~ within the preceding
2574 48 hours and finds that the individual ~~person~~ appears to meet
2575 the criteria for involuntary examination and stating the
2576 observations upon which that conclusion is based. The
2577 certificate must specify whether the individual is to be taken
2578 to a mental health receiving facility, an addictions receiving
2579 facility, or a detoxification facility, and must include
2580 specific facts supporting the conclusion that the individual
2581 would benefit from services provided by the type of facility

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2582 ~~specified. If other less restrictive means are not available,~~
2583 ~~such as voluntary appearance for outpatient evaluation,~~ A law
2584 enforcement officer shall take the individual ~~person~~ named in
2585 the certificate into custody and deliver him or her to the
2586 nearest ~~receiving~~ facility of the type specified in the
2587 certificate for involuntary examination. However, if the county
2588 in which the individual is taken into custody has a
2589 transportation exception plan specifying a central receiving
2590 facility, the law enforcement officer shall transport the
2591 individual to the central receiving facility pursuant to the
2592 plan. A law enforcement officer may only take an individual into
2593 custody on the basis of a certificate within 7 calendar days
2594 after execution of the certificate. The law enforcement officer
2595 shall complete ~~execute~~ a written report detailing the
2596 circumstances under which the individual ~~person~~ was taken into
2597 custody. The report and certificate shall be made a part of the
2598 ~~patient's~~ clinical record. Any ~~receiving~~ facility accepting the
2599 individual ~~patient~~ based on the ~~this~~ certificate must send a
2600 copy of the certificate to the Agency for Health Care
2601 Administration on the next working day.

2602 (b) An individual may ~~A person shall~~ not be removed from a
2603 ~~any~~ program or residential placement licensed under chapter 400
2604 or chapter 429 and transported to a receiving facility for
2605 involuntary examination unless an ex parte order, a professional
2606 certificate, or a law enforcement officer's report is first
2607 prepared. If the condition of the individual ~~person~~ is such that
2608 preparation of a law enforcement officer's report is not
2609 practicable before removal, the report must ~~shall~~ be completed
2610 as soon as possible after removal, but ~~in any case~~ before the

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2611 ~~individual person~~ is transported to a receiving facility. A
2612 receiving facility admitting an individual ~~a person~~ for
2613 involuntary examination who is not accompanied by the required
2614 ex parte order, professional certificate, or law enforcement
2615 officer's report must ~~shall~~ notify the Agency for Health Care
2616 Administration of such admission by certified mail by no later
2617 ~~than~~ the next working day. ~~The provisions of this paragraph do~~
2618 ~~not apply when transportation is provided by the patient's~~
2619 ~~family or guardian.~~

2620 (c) A law enforcement officer acting in accordance with an
2621 ex parte order issued pursuant to this subsection may serve and
2622 execute such order on any day of the week, at any time of the
2623 day or night.

2624 (d) A law enforcement officer acting in accordance with an
2625 ex parte order issued pursuant to this subsection may use such
2626 reasonable physical force as is necessary to gain entry to the
2627 premises, and any dwellings, buildings, or other structures
2628 located on the premises, and to take custody of the person who
2629 is the subject of the ex parte order.

2630 (e) Petitions and ~~The Agency for Health Care Administration~~
2631 ~~shall receive and maintain the copies of ex parte orders,~~
2632 ~~involuntary outpatient placement orders,~~ involuntary outpatient
2633 placement petitions and orders issued pursuant to s. 394.4655,
2634 involuntary inpatient placement petitions and orders issued
2635 pursuant to s. 394.467, professional certificates, and law
2636 enforcement officers' reports are. ~~These documents shall be~~
2637 ~~considered part of the clinical record,~~ governed by ~~the~~
2638 ~~provisions of~~ s. 394.4615. The agency shall prepare annual
2639 reports analyzing the data obtained from these documents,

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2640 without information identifying individuals held for examination
2641 or admitted for mental health and substance abuse treatment
2642 ~~patients~~, and shall provide copies of reports to the department,
2643 the President of the Senate, the Speaker of the House of
2644 Representatives, and the minority leaders of the Senate and the
2645 House of Representatives.

2646 (f) An individual held for examination ~~A patient~~ shall be
2647 examined by a physician, a ~~or~~ clinical psychologist, or a
2648 psychiatric nurse performing within the framework of an
2649 established protocol with a psychiatrist at a receiving facility
2650 without unnecessary delay and may, upon the order of a
2651 physician, be given emergency mental health or substance abuse
2652 treatment if it is determined that such treatment is necessary
2653 for the safety of the individual ~~patient~~ or others. ~~The patient~~
2654 ~~may not be released by the receiving facility or its contractor~~
2655 ~~without the documented approval of a psychiatrist, a clinical~~
2656 ~~psychologist, or, if the receiving facility is a hospital, the~~
2657 ~~release may also be approved by an attending emergency~~
2658 ~~department physician with experience in the diagnosis and~~
2659 ~~treatment of mental and nervous disorders and after completion~~
2660 ~~of an involuntary examination pursuant to this subsection.~~
2661 ~~However, a patient may not be held in a receiving facility for~~
2662 ~~involuntary examination longer than 72 hours.~~

2663 (g) An individual may not be held for involuntary
2664 examination for more than 72 hours from the time of the
2665 individual's arrival at the facility, except that this period
2666 may be extended by 48 hours if a physician documents in the
2667 clinical record that the individual has ongoing symptoms of
2668 substance intoxication or substance withdrawal and the

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2669 individual would likely experience significant clinical benefit
2670 from detoxification services. This determination must be made
2671 based on a face-to-face examination conducted by the physician
2672 no less than 48 hours and not more than 72 hours after the
2673 individual's arrival at the facility. Based on the individual's
2674 needs, one of the following actions must be taken within the
2675 involuntary examination period:

2676 1. The individual shall be released with the approval of a
2677 psychiatrist or clinical psychologist. However, if the
2678 examination is conducted in a receiving facility that is owned
2679 or operated by a hospital or health system, an emergency
2680 department physician or a psychiatric nurse performing within
2681 the framework of an established protocol with a psychiatrist may
2682 approve the release. A psychiatric nurse may not approve the
2683 release of a patient when the involuntary examination has been
2684 initiated by a psychiatrist, unless the release is approved by
2685 the initiating psychiatrist.

2686 2. The individual shall be asked to provide express and
2687 informed consent for voluntary admission if a physician or
2688 psychologist has determined that the individual is competent to
2689 consent to treatment; or

2690 3. A petition for involuntary placement shall be completed
2691 and filed in the circuit court by the receiving facility
2692 administrator if involuntary outpatient or inpatient placement
2693 is deemed necessary. If the 72-hour period ends on a weekend or
2694 legal holiday, the petition must be filed by the next working
2695 day. If inpatient placement is deemed necessary, the least
2696 restrictive treatment consistent with the optimum improvement of
2697 the individual's condition must be made available.

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2698 (h) An individual released from a receiving or treatment
2699 facility on a voluntary or involuntary basis who is currently
2700 charged with a crime shall be returned to the custody of law
2701 enforcement, unless the individual has been released from law
2702 enforcement custody by posting of a bond, by a pretrial
2703 conditional release, or by other judicial release.

2704 (i) If an individual ~~A person~~ for whom an involuntary
2705 examination has been initiated ~~who~~ is being evaluated or treated
2706 at a hospital for an emergency medical condition specified in s.
2707 395.002 the involuntary examination period ~~must be examined by a~~
2708 ~~receiving facility within 72 hours. The 72-hour period~~ begins
2709 when the individual ~~patient~~ arrives at the hospital and ceases
2710 when ~~a~~ ~~the attending~~ physician documents that the individual
2711 ~~patient~~ has an emergency medical condition. The 72-hour period
2712 resumes when the physician documents that the emergency medical
2713 condition has stabilized or does not exist. ~~If the patient is~~
2714 ~~examined at a hospital providing emergency medical services by a~~
2715 ~~professional qualified to perform an involuntary examination and~~
2716 ~~is found as a result of that examination not to meet the~~
2717 ~~criteria for involuntary outpatient placement pursuant to s.~~
2718 ~~394.4655(1) or involuntary inpatient placement pursuant to s.~~
2719 ~~394.467(1), the patient may be offered voluntary placement, if~~
2720 ~~appropriate, or released directly from the hospital providing~~
2721 ~~emergency medical services. The finding by the professional that~~
2722 ~~the patient has been examined and does not meet the criteria for~~
2723 ~~involuntary inpatient placement or involuntary outpatient~~
2724 ~~placement must be entered into the patient's clinical record.~~
2725 ~~Nothing in this paragraph is intended to prevent~~ A hospital
2726 providing emergency medical services may transfer an individual

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2727 ~~from appropriately transferring a patient to another hospital~~
2728 ~~before~~ prior to stabilization ~~if, provided~~ the requirements of
2729 s. 395.1041(3)(c) are ~~have been~~ met. One of the following
2730 actions must occur within 12 hours after a physician documents
2731 that the individual's emergency medical condition has stabilized
2732 or does not exist:

2733 ~~(h) One of the following must occur within 12 hours after~~
2734 ~~the patient's attending physician documents that the patient's~~
2735 ~~medical condition has stabilized or that an emergency medical~~
2736 ~~condition does not exist:~~

2737 1. The individual shall be examined by a physician,
2738 psychiatric nurse, or psychologist and, if found not to meet the
2739 criteria for involuntary examination under to this section,
2740 shall be released directly from the hospital providing the
2741 emergency medical services. The results of the examination,
2742 including the final disposition, shall be entered into the
2743 clinical record; or

2744 2. The individual shall be transferred to a receiving
2745 facility for examination if appropriate medical and mental
2746 health treatment is available. However, the receiving facility
2747 must be notified of the transfer within 2 hours after the
2748 individual's condition has been stabilized or after
2749 determination that an emergency medical condition does not
2750 exist. The patient must be examined by a designated receiving
2751 facility and released; or

2752 ~~2. The patient must be transferred to a designated~~
2753 ~~receiving facility in which appropriate medical treatment is~~
2754 ~~available. However, the receiving facility must be notified of~~
2755 ~~the transfer within 2 hours after the patient's condition has~~

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2756 ~~been stabilized or after determination that an emergency medical~~
2757 ~~condition does not exist.~~

2758 ~~(i) Within the 72-hour examination period or, if the 72~~
2759 ~~hours ends on a weekend or holiday, no later than the next~~
2760 ~~working day thereafter, one of the following actions must be~~
2761 ~~taken, based on the individual needs of the patient:~~

2762 ~~1. The patient shall be released, unless he or she is~~
2763 ~~charged with a crime, in which case the patient shall be~~
2764 ~~returned to the custody of a law enforcement officer;~~

2765 ~~2. The patient shall be released, subject to the provisions~~
2766 ~~of subparagraph 1., for voluntary outpatient treatment;~~

2767 ~~3. The patient, unless he or she is charged with a crime,~~
2768 ~~shall be asked to give express and informed consent to placement~~
2769 ~~as a voluntary patient, and, if such consent is given, the~~
2770 ~~patient shall be admitted as a voluntary patient; or~~

2771 ~~4. A petition for involuntary placement shall be filed in~~
2772 ~~the circuit court when outpatient or inpatient treatment is~~
2773 ~~deemed necessary. When inpatient treatment is deemed necessary,~~
2774 ~~the least restrictive treatment consistent with the optimum~~
2775 ~~improvement of the patient's condition shall be made available.~~
2776 ~~When a petition is to be filed for involuntary outpatient~~
2777 ~~placement, it shall be filed by one of the petitioners specified~~
2778 ~~in s. 394.4655(3)(a). A petition for involuntary inpatient~~
2779 ~~placement shall be filed by the facility administrator.~~

2780 (3) NOTICE OF RELEASE.—Notice of the release shall be given
2781 to the individual's ~~patient's~~ guardian, health care surrogate or
2782 proxy, or representative, to any person who executed a
2783 certificate admitting the individual ~~patient~~ to the receiving
2784 facility, and to any court that ~~which~~ ordered the individual's

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2785 examination ~~patient's~~ evaluation.

2786 Section 19. Effective July 1, 2016, section 394.4655,
2787 Florida Statutes, is amended to read:

2788 394.4655 Involuntary outpatient placement.—

2789 (1) CRITERIA FOR INVOLUNTARY OUTPATIENT PLACEMENT.—An
2790 individual ~~A person~~ may be ordered to involuntary outpatient
2791 placement upon a finding of the court ~~that~~ by clear and
2792 convincing evidence that:

2793 (a) The individual is an adult ~~person is 18 years of age or~~
2794 ~~elder~~;

2795 (b) The individual ~~person~~ has a mental illness or substance
2796 abuse impairment;

2797 (c) The individual ~~person~~ is unlikely to survive safely in
2798 the community without supervision, based on a clinical
2799 determination;

2800 (d) The individual ~~person~~ has a history of lack of
2801 compliance with treatment for mental illness or substance abuse
2802 impairment;

2803 (e) The individual ~~person~~ has:

2804 1. Within ~~At least twice within~~ the immediately preceding
2805 36 months, been involuntarily admitted to a receiving or
2806 treatment facility ~~as defined in s. 394.455~~, or has received
2807 mental health or substance abuse services in a forensic or
2808 correctional facility. The 36-month period does not include any
2809 period during which the individual ~~person~~ was admitted or
2810 incarcerated; or

2811 2. Engaged in one or more acts of serious violent behavior
2812 toward self or others, or attempts at serious bodily harm to
2813 himself or herself or others, within the preceding 36 months;

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2814 (f) Due to ~~The person is,~~ as a result of his or her mental
2815 illness or substance abuse impairment, the individual is,
2816 unlikely to voluntarily participate in the recommended treatment
2817 plan and ~~either he or she~~ has refused voluntary placement for
2818 treatment after sufficient and conscientious explanation and
2819 disclosure of the purpose of placement for treatment or ~~he or~~
2820 ~~she~~ is unable to determine for himself or herself whether
2821 placement is necessary;

2822 (g) In view of the individual's ~~person's~~ treatment history
2823 and current behavior, the individual ~~person~~ is in need of
2824 involuntary outpatient placement in order to prevent a relapse
2825 or deterioration that would be likely to result in serious
2826 bodily harm to self ~~himself or herself~~ or others, or a
2827 substantial harm to his or her well-being as set forth in s.
2828 394.463(1);

2829 (h) It is likely that the individual ~~person~~ will benefit
2830 from involuntary outpatient placement; and

2831 (i) All available, less restrictive alternatives that ~~would~~
2832 offer an opportunity for improvement of his or her condition
2833 have been judged to be inappropriate or unavailable.

2834 (2) INVOLUNTARY OUTPATIENT PLACEMENT.—

2835 (a) ~~1.~~ An individual ~~A patient~~ who is being recommended for
2836 involuntary outpatient placement by the administrator of the
2837 receiving facility where he or she ~~the patient~~ has been examined
2838 may be retained by the facility after adherence to the notice
2839 procedures provided in s. 394.4599.

2840 1. The recommendation must be supported by the opinion of a
2841 psychiatrist and the second opinion of a ~~clinical~~ psychologist
2842 or another psychiatrist, both of whom have personally examined

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2843 the individual ~~patient~~ within the preceding 72 hours, that the
2844 criteria for involuntary outpatient placement are met. However,
2845 in a county having a population of fewer than 50,000, if the
2846 administrator certifies that a psychiatrist or clinical
2847 psychologist is not available to provide the second opinion, the
2848 second opinion may be provided by a ~~licensed~~ physician who has
2849 postgraduate training and experience in diagnosis and treatment
2850 of mental and nervous disorders or by a psychiatric nurse. Any
2851 second opinion authorized in this subparagraph may be conducted
2852 through a face-to-face examination, in person or by electronic
2853 means. Such recommendation must be entered on an involuntary
2854 outpatient placement certificate that authorizes the receiving
2855 facility to retain the individual ~~patient~~ pending completion of
2856 a hearing. The certificate shall be made a part of the patient's
2857 clinical record.

2858 2. If the individual ~~patient~~ has been stabilized and no
2859 longer meets the criteria for involuntary examination pursuant
2860 to s. 394.463(1), he or she ~~the patient~~ must be released from
2861 the receiving facility while awaiting the hearing for
2862 involuntary outpatient placement.

2863 3. Before filing a petition for involuntary outpatient
2864 treatment, the administrator of the ~~a~~ receiving facility or a
2865 designated department representative must identify the service
2866 provider that will have primary responsibility for service
2867 provision under an order for involuntary outpatient placement,
2868 unless the individual ~~person~~ is otherwise participating in
2869 outpatient psychiatric treatment and is not in need of public
2870 financing for that treatment, in which case the individual, if
2871 eligible, may be ordered to involuntary treatment pursuant to

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2872 the existing psychiatric treatment relationship.

2873 ~~4.3.~~ The service provider shall prepare a written proposed
2874 treatment plan in consultation with the individual being held
2875 ~~patient~~ or his or her ~~the patient's~~ guardian advocate, if
2876 appointed, for the court's consideration for inclusion in the
2877 involuntary outpatient placement order. The service provider
2878 shall ~~also~~ provide a copy of the proposed treatment plan to the
2879 individual ~~patient~~ and the administrator of the receiving
2880 facility. The treatment plan must specify the nature and extent
2881 of the individual's ~~patient's~~ mental illness or substance abuse
2882 impairment, address the reduction of symptoms that necessitate
2883 involuntary outpatient placement, and include measurable goals
2884 and objectives for the services and treatment that are provided
2885 to treat the individual's ~~person's~~ mental illness or substance
2886 abuse impairment and assist the individual ~~person~~ in living and
2887 functioning in the community or to prevent a relapse or
2888 deterioration. Service providers may select and supervise other
2889 providers ~~individuals~~ to implement specific aspects of the
2890 treatment plan. The services in the treatment plan must be
2891 deemed clinically appropriate by a physician, ~~clinical~~
2892 psychologist, psychiatric nurse, mental health counselor,
2893 marriage and family therapist, or clinical social worker who
2894 consults with, or is employed or contracted by, the service
2895 provider. The service provider must certify to the court in the
2896 proposed treatment plan whether sufficient services for
2897 improvement and stabilization are currently available and
2898 whether the service provider agrees to provide those services.
2899 If the service provider certifies that the services in the
2900 proposed treatment plan are not available, the petitioner may

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2901 not file the petition.

2902 (b) If an individual ~~a patient~~ in involuntary inpatient
2903 placement meets the criteria for involuntary outpatient
2904 placement, the administrator of the treatment facility may,
2905 before the expiration of the period during which the treatment
2906 facility is authorized to retain the individual ~~patient~~,
2907 recommend involuntary outpatient placement.

2908 1. The recommendation must be supported by the opinion of a
2909 psychiatrist and the second opinion of a ~~clinical~~ psychologist
2910 or another psychiatrist, both of whom have personally examined
2911 the individual ~~patient~~ within the preceding 72 hours, that the
2912 criteria for involuntary outpatient placement are met. However,
2913 in a county having a population of fewer than 50,000, if the
2914 administrator certifies that a psychiatrist or ~~clinical~~
2915 psychologist is not available to provide the second opinion, the
2916 second opinion may be provided by a licensed physician who has
2917 postgraduate training and experience in diagnosis and treatment
2918 of mental and nervous disorders or by a psychiatric nurse. Any
2919 second opinion authorized in this subparagraph may be conducted
2920 through a face-to-face examination, in person or by electronic
2921 means. Such recommendation must be entered on an involuntary
2922 outpatient placement certificate, and the certificate must be
2923 made a part of the individual's ~~patient's~~ clinical record.

2924 2.~~(c)1.~~ The administrator of the treatment facility shall
2925 provide a copy of the involuntary outpatient placement
2926 certificate and a copy of the state mental health discharge form
2927 to a department representative in the county where the
2928 individual ~~patient~~ will be residing. ~~For persons who are leaving~~
2929 ~~a state mental health treatment facility, the petition for~~

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2930 ~~involuntary outpatient placement must be filed in the county~~
2931 ~~where the patient will be residing.~~

2932 3.2. The service provider that will have primary
2933 responsibility for service provision shall be identified by the
2934 designated department representative prior to the order for
2935 involuntary outpatient placement and must, before ~~prior to~~
2936 filing a petition for involuntary outpatient placement, certify
2937 to the court whether the services recommended in the
2938 individual's ~~patient's~~ discharge plan are available in the local
2939 community and whether the service provider agrees to provide
2940 those services. The service provider must develop with the
2941 individual ~~patient~~, or the patient's guardian advocate, if one
2942 is appointed, a treatment or service plan that addresses the
2943 needs identified in the discharge plan. The plan must be deemed
2944 to be clinically appropriate by a physician, ~~elinical~~
2945 psychologist, psychiatric nurse, mental health counselor,
2946 marriage and family therapist, or clinical social worker, ~~as~~
2947 ~~defined in this chapter~~, who consults with, or is employed or
2948 contracted by, the service provider.

2949 ~~3. If the service provider certifies that the services in~~
2950 ~~the proposed treatment or service plan are not available, the~~
2951 ~~petitioner may not file the petition.~~

2952 (3) PETITION FOR INVOLUNTARY OUTPATIENT PLACEMENT.—

2953 (a) A petition for involuntary outpatient placement may be
2954 filed by:

2955 1. The administrator of a mental health receiving facility,
2956 an addictions receiving facility, or a detoxification facility;

2957 or

2958 2. The administrator of a treatment facility.

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2959 (b) Each required criterion for involuntary outpatient
2960 placement must be alleged and substantiated in the petition for
2961 involuntary outpatient placement. A copy of the certificate
2962 recommending involuntary outpatient placement completed by a
2963 qualified professional specified in subsection (2) must be
2964 attached to the petition. A copy of the proposed treatment plan
2965 must be attached to the petition. Before the petition is filed,
2966 the service provider shall certify that the services in the
2967 proposed treatment plan are available. If the necessary services
2968 are not available in the ~~patient's~~ local community where the
2969 individual will reside ~~to respond to the person's individual~~
2970 ~~needs~~, the petition may not be filed.

2971 (c) A ~~The~~ petition for involuntary outpatient placement
2972 must be filed in the county where the individual who is the
2973 subject of the petition ~~patient~~ is located, unless the
2974 individual ~~patient~~ is being placed from a state treatment
2975 facility, in which case the petition must be filed in the county
2976 where the individual ~~patient~~ will reside. When the petition is
2977 ~~has been~~ filed, the clerk of the court shall provide copies of
2978 the petition and the proposed treatment plan to the department,
2979 the individual ~~patient~~, the individual's ~~patient's~~ guardian,
2980 guardian advocate, health care surrogate or proxy, or
2981 representative, the state attorney, and the public defender or
2982 the individual's ~~patient's~~ private counsel. A fee may not be
2983 charged for filing a petition under this subsection.

2984 (4) APPOINTMENT OF COUNSEL.—Within 1 court working day
2985 after ~~the~~ filing of a petition for involuntary outpatient
2986 placement, the court shall appoint the public defender to
2987 represent the individual if the individual ~~person who~~ is the

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2988 subject of a mental illness ~~the~~ petition and the office of
2989 criminal conflict and civil regional counsel to represent the
2990 individual if the individual is the subject of a substance abuse
2991 petition, unless the individual ~~person~~ is otherwise represented
2992 by counsel. The clerk of the court shall immediately notify the
2993 public defender or the office of criminal conflict and civil
2994 regional counsel of the appointment. The public defender or the
2995 office of criminal conflict and civil regional counsel shall
2996 represent the individual ~~person~~ until the petition is dismissed,
2997 the court order expires, or the individual ~~patient~~ is discharged
2998 from involuntary outpatient placement. An attorney who
2999 represents the individual ~~patient~~ shall have access to the
3000 individual ~~patient~~, witnesses, and records relevant to the
3001 presentation of the individual's ~~patient's~~ case and shall
3002 represent the interests of the individual ~~patient~~, regardless of
3003 the source of payment to the attorney. An attorney representing
3004 an individual in proceedings under this part shall advocate the
3005 individual's expressed desires and must be present and actively
3006 participate in all hearings on involuntary placement.

3007 (5) CONTINUANCE OF HEARING.—The individual ~~patient~~ is
3008 entitled, with the concurrence of the individual's ~~patient's~~
3009 counsel, to at least one continuance of the hearing. The
3010 continuance shall be for a period of up to 4 weeks.

3011 (6) HEARING ON INVOLUNTARY OUTPATIENT PLACEMENT.—

3012 (a) ~~1.~~ The court shall hold the hearing on involuntary
3013 outpatient placement within 5 court working days after the
3014 filing of the petition, unless a continuance is granted. The
3015 hearing shall be held in the county where the petition is filed,
3016 ~~shall~~ be as convenient to the individual who is the subject of

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3017 the petition ~~patient~~ as is consistent with orderly procedure,
3018 and ~~shall~~ be conducted in physical settings not likely to be
3019 injurious to the individual's ~~patient's~~ condition. If the court
3020 finds that the individual's ~~patient's~~ attendance at the hearing
3021 is not consistent with the best interests of the individual
3022 ~~patient~~ and if the individual's ~~patient's~~ counsel does not
3023 object, the court may waive the presence of the individual
3024 ~~patient~~ from all or any portion of the hearing. The state
3025 attorney for the circuit in which the individual ~~patient~~ is
3026 located shall represent the state, rather than the petitioner,
3027 as the real party in interest in the proceeding. The state
3028 attorney shall have access to the individual's clinical record
3029 and witnesses and shall independently evaluate the allegations
3030 set forth in the petition for involuntary placement. If the
3031 allegations are substantiated, the state attorney shall
3032 prosecute the petition. If the allegations are not
3033 substantiated, the state attorney shall withdraw the petition.

3034 (b)2. The court may appoint a magistrate ~~master~~ to preside
3035 at the hearing. One of the professionals who executed the
3036 involuntary outpatient placement certificate shall be a witness.
3037 The individual who is the subject of the petition ~~patient~~ and
3038 his or her ~~the patient's~~ guardian, guardian advocate, health
3039 care surrogate or proxy, or representative shall be informed by
3040 the court of the right to an independent expert examination. If
3041 the individual ~~patient~~ cannot afford such an examination, the
3042 court shall provide ~~for~~ one. The independent expert's report is
3043 ~~shall be~~ confidential and not discoverable, unless the expert is
3044 ~~to be~~ called as a witness for the individual ~~patient~~ at the
3045 hearing. The court shall allow testimony from persons

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3046 ~~individuals~~, including family members, deemed by the court to be
3047 relevant ~~under state law~~, regarding the individual's ~~person's~~
3048 prior history and how that ~~prior~~ history relates to the
3049 individual's ~~person's~~ current condition. The testimony in the
3050 hearing must be ~~given~~ under oath, and the proceedings must be
3051 recorded. The individual ~~patient~~ may refuse to testify at the
3052 hearing.

3053 (c) The court shall consider testimony and evidence
3054 regarding the competence of the individual being held to consent
3055 to treatment. If the court finds that the individual is
3056 incompetent to consent, it shall appoint a guardian advocate as
3057 provided in s. 394.4598.

3058 (7) COURT ORDER.-

3059 (a)~~(b)~~¹. If the court concludes that the individual who is
3060 the subject of the petition ~~patient~~ meets the criteria for
3061 involuntary outpatient placement under ~~pursuant to~~ subsection
3062 (1), the court shall issue an order for involuntary outpatient
3063 placement. The court order may ~~shall~~ be for a ~~period of~~ up to 6
3064 months. The order must specify the nature and extent of the
3065 individual's ~~patient's~~ mental illness or substance abuse
3066 impairment. The court order ~~of the court~~ and the treatment plan
3067 must ~~shall~~ be made part of the individual's ~~patient's~~ clinical
3068 record. The service provider shall discharge an individual ~~a~~
3069 ~~patient~~ from involuntary outpatient placement when the order
3070 expires or any time the individual ~~patient~~ no longer meets the
3071 criteria for involuntary placement. Upon discharge, the service
3072 provider shall send a certificate of discharge to the court.

3073 (b)². The court may not order the department or the service
3074 provider to provide services if the program or service is not

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3075 available in the ~~patient's~~ local community of the individual
3076 being served, if there is no space available in the program or
3077 service for the individual patient, or if funding is not
3078 available for the program or service. A copy of the order must
3079 be sent to the Agency for Health Care Administration by the
3080 service provider within 1 working day after it is received from
3081 the court. After the placement order is issued, the service
3082 provider and the individual patient may modify ~~provisions of~~ the
3083 treatment plan. For any material modification of the treatment
3084 plan to which the individual patient or the individual's
3085 ~~patient's~~ guardian advocate, if appointed, does agree, the
3086 service provider shall send notice of the modification to the
3087 court. Any material modifications of the treatment plan which
3088 are contested by the individual patient or the individual's
3089 ~~patient's~~ guardian advocate, if appointed, must be approved or
3090 disapproved by the court consistent with the requirements of
3091 subsection (2).

3092 (c)3- If, in the clinical judgment of a physician, the
3093 individual being served patient has failed or has refused to
3094 comply with the treatment ordered by the court, and, in the
3095 clinical judgment of the physician, efforts were made to solicit
3096 compliance and the individual patient may meet the criteria for
3097 involuntary examination, the individual ~~a person~~ may be brought
3098 to a receiving facility pursuant to s. 394.463 for involuntary
3099 examination. If, after examination, the individual patient does
3100 not meet the criteria for involuntary inpatient placement
3101 pursuant to s. 394.467, the individual patient must be
3102 discharged from the receiving facility. The involuntary
3103 outpatient placement order remains ~~shall remain~~ in effect unless

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3104 the service provider determines that the individual ~~patient~~ no
3105 longer meets the criteria for involuntary outpatient placement
3106 or until the order expires. The service provider must determine
3107 whether modifications should be made to the existing treatment
3108 plan and must attempt to continue to engage the individual
3109 ~~patient~~ in treatment. For any material modification of the
3110 treatment plan to which the individual ~~patient~~ or the
3111 individual's ~~patient's~~ guardian advocate, if appointed, agrees
3112 ~~does agree~~, the service provider shall send notice of the
3113 modification to the court. Any material modifications of the
3114 treatment plan which are contested by the individual ~~patient~~ or
3115 the individual's ~~patient's~~ guardian advocate, if appointed, must
3116 be approved or disapproved by the court consistent with the
3117 requirements of subsection (2).

3118 (d) ~~(e)~~ If, at any time before the conclusion of the initial
3119 hearing on involuntary outpatient placement, it appears to the
3120 court that the individual ~~person~~ does not meet the criteria for
3121 involuntary outpatient placement under this section but,
3122 ~~instead,~~ meets the criteria for involuntary inpatient placement,
3123 the court may order the individual ~~person~~ admitted for
3124 involuntary inpatient examination under s. 394.463. ~~If the~~
3125 ~~person instead meets the criteria for involuntary assessment,~~
3126 ~~protective custody, or involuntary admission pursuant to s.~~
3127 ~~397.675, the court may order the person to be admitted for~~
3128 ~~involuntary assessment for a period of 5 days pursuant to s.~~
3129 ~~397.6811. Thereafter, all proceedings shall be governed by~~
3130 ~~chapter 397.~~

3131 ~~(d) At the hearing on involuntary outpatient placement, the~~
3132 ~~court shall consider testimony and evidence regarding the~~

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3133 ~~patient's competence to consent to treatment. If the court finds~~
3134 ~~that the patient is incompetent to consent to treatment, it~~
3135 ~~shall appoint a guardian advocate as provided in s. 394.4598.~~
3136 ~~The guardian advocate shall be appointed or discharged in~~
3137 ~~accordance with s. 394.4598.~~

3138 (e) The administrator of the receiving facility, the
3139 detoxification facility, or the designated department
3140 representative shall provide a copy of the court order and
3141 adequate documentation of an individual's ~~a patient's~~ mental
3142 illness or substance abuse impairment to the service provider
3143 for involuntary outpatient placement. Such documentation must
3144 include any advance directives made by the individual patient, a
3145 psychiatric evaluation of the individual patient, and any
3146 evaluations of the individual patient performed by a ~~clinical~~
3147 psychologist or a clinical social worker.

3148 (8) ~~(7)~~ ~~PROCEDURE FOR~~ CONTINUED INVOLUNTARY OUTPATIENT
3149 PLACEMENT.—

3150 (a) ~~1.~~ If the individual person continues to meet the
3151 criteria for involuntary outpatient placement, the service
3152 provider shall, before the expiration of the period during which
3153 the placement treatment is ordered ~~for the person,~~ file in the
3154 circuit court a petition for continued involuntary outpatient
3155 placement.

3156 ~~1.2.~~ The existing involuntary outpatient placement order
3157 remains in effect until disposition of ~~on~~ the petition for
3158 continued involuntary outpatient placement.

3159 ~~2.3.~~ A certificate must ~~shall~~ be attached to the petition
3160 which includes a statement from the individual's ~~person's~~
3161 physician or ~~clinical~~ psychologist justifying the request, a

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3162 brief description of the individual's ~~patient's~~ treatment during
3163 the time he or she was involuntarily placed, and a personalized
3164 ~~an individualized~~ plan of continued treatment.

3165 3.4. The service provider shall develop the ~~individualized~~
3166 plan of continued treatment in consultation with the individual
3167 ~~patient~~ or his or her ~~the patient's~~ guardian advocate, if
3168 appointed. When the petition has been filed, the clerk of the
3169 court shall provide copies of the certificate and the
3170 ~~individualized~~ plan of continued treatment to the department,
3171 the individual patient, the individual's patient's guardian
3172 advocate, the state attorney, and the individual's patient's
3173 private counsel, ~~or~~ the public defender, or the office of
3174 criminal conflict and civil regional counsel.

3175 (b) Within 1 court working day after the filing of a
3176 petition for continued involuntary outpatient placement, the
3177 court shall appoint the public defender to represent the
3178 individual if the individual person who is the subject of a the
3179 mental illness petition and the office of criminal conflict and
3180 civil regional counsel to represent the individual if the
3181 individual is the subject of a substance abuse petition, unless
3182 the individual person is otherwise represented by counsel. The
3183 clerk of the court shall immediately notify the public defender
3184 or the office of criminal conflict and civil regional counsel of
3185 the such appointment. The public defender or the office of
3186 criminal conflict and civil regional counsel shall represent the
3187 individual person until the petition is dismissed, ~~or~~ the court
3188 order expires, or the individual patient is discharged from
3189 involuntary outpatient placement. Any attorney representing the
3190 individual patient shall have access to the individual patient,

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3191 witnesses, and records relevant to the presentation of the
3192 individual's ~~patient's~~ case and shall represent the interests of
3193 the individual ~~patient~~, regardless of the source of payment to
3194 the attorney.

3195 (c) The court shall inform the individual who is the
3196 subject of the petition and his or her guardian, guardian
3197 advocate, health care surrogate or proxy, or representative of
3198 the individual's right to an independent expert examination. If
3199 the individual cannot afford such an examination, the court
3200 shall provide one.

3201 (d) ~~(e)~~ Hearings on petitions for continued involuntary
3202 outpatient placement are ~~shall be~~ before the circuit court. The
3203 court may appoint a magistrate ~~master~~ to preside at the hearing.
3204 The procedures for obtaining an order pursuant to this paragraph
3205 must ~~shall~~ be in accordance with subsection (6), except that the
3206 time period included in paragraph (1) (e) is not applicable in
3207 determining the appropriateness of additional periods of
3208 involuntary outpatient placement.

3209 (e) ~~(d)~~ Notice of the hearing shall be provided in
3210 accordance with ~~as set forth in~~ s. 394.4599. The individual
3211 being served ~~patient~~ and the individual's ~~patient's~~ attorney may
3212 agree to a period of continued outpatient placement without a
3213 court hearing.

3214 (f) ~~(e)~~ The same procedure shall be repeated before the
3215 expiration of each additional period the individual being served
3216 ~~patient~~ is placed in treatment.

3217 (g) ~~(f)~~ If the individual in involuntary outpatient
3218 placement ~~patient~~ has previously been found incompetent to
3219 consent to treatment, the court shall consider testimony and

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3220 evidence regarding the individual's ~~patient's~~ competence.
3221 Section 394.4598 governs the discharge of the guardian advocate
3222 if the individual's ~~patient's~~ competency to consent to treatment
3223 has been restored.

3224 Section 20. Effective on July 1, 2016, section 394.467,
3225 Florida Statutes, is amended to read:

3226 394.467 Involuntary inpatient placement.—

3227 (1) CRITERIA.—An individual ~~A person~~ may be placed in
3228 involuntary inpatient placement for treatment upon a finding of
3229 the court by clear and convincing evidence that:

3230 (a) He or she has a mental illness or substance abuse
3231 impairment ~~is mentally ill~~ and because of his or her mental
3232 illness or substance abuse impairment:

3233 1.a. He or she has refused voluntary placement for
3234 treatment after sufficient and conscientious explanation and
3235 disclosure of the purpose of placement for treatment; or

3236 b. He or she is unable to determine for himself or herself
3237 whether placement is necessary; and

3238 2.a. He or she is manifestly incapable of surviving alone
3239 or with the help of willing and responsible family or friends,
3240 including available alternative services, and, without
3241 treatment, is likely to suffer from neglect or refuse to care
3242 for himself or herself, and such neglect or refusal poses a real
3243 and present threat of substantial harm to his or her well-being;
3244 or

3245 b. There is substantial likelihood that in the near future
3246 he or she will inflict serious bodily harm on self or others
3247 ~~himself or herself or another person~~, as evidenced by recent
3248 behavior causing, attempting, or threatening such harm; and

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3249 (b) All available less restrictive treatment alternatives
3250 ~~that~~ ~~which would~~ offer an opportunity for improvement of his or
3251 her condition have been judged to be inappropriate.

3252 (2) ADMISSION TO A TREATMENT FACILITY.—An individual ~~A~~
3253 ~~patient~~ may be retained by a mental health receiving facility,
3254 an addictions receiving facility, or a detoxification facility,
3255 or involuntarily placed in a treatment facility upon the
3256 recommendation of the administrator of the receiving facility
3257 where the individual ~~patient~~ has been examined and after
3258 adherence to the notice and hearing procedures provided in s.
3259 394.4599. The recommendation must be supported by the opinion of
3260 a psychiatrist and the second opinion of a ~~clinical~~ psychologist
3261 or another psychiatrist, both of whom have personally examined
3262 the individual ~~patient~~ within the preceding 72 hours, that the
3263 criteria for involuntary inpatient placement are met. However,
3264 in a county that has a population of fewer than 50,000, if the
3265 administrator certifies that a psychiatrist or ~~clinical~~
3266 psychologist is not available to provide the second opinion, the
3267 second opinion may be provided by a licensed physician who has
3268 postgraduate training and experience in diagnosis and treatment
3269 of mental and nervous disorders or by a psychiatric nurse. If
3270 the petition seeks placement for treatment of substance abuse
3271 impairment only and the individual is examined by an addictions
3272 receiving facility or detoxification facility, the first opinion
3273 may be provided by a physician, and the second opinion may be
3274 provided by a qualified professional with respect to substance
3275 abuse treatment. Any second opinion authorized in this
3276 subsection may be conducted through a face-to-face examination,
3277 in person or by electronic means. Such recommendation must ~~shall~~

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3278 be entered on an involuntary inpatient placement certificate
3279 that authorizes the receiving facility to retain the individual
3280 being held ~~patient~~ pending transfer to a treatment facility or
3281 completion of a hearing.

3282 (3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT.—The
3283 administrator of the mental health facility, addictions
3284 receiving facility, or detoxification facility shall file a
3285 petition for involuntary inpatient placement in the court in the
3286 county where the individual ~~patient~~ is located. Upon filing, the
3287 clerk of the court shall provide copies to the department, the
3288 individual ~~patient~~, the individual's ~~patient's~~ guardian,
3289 guardian advocate, health care surrogate or proxy, or
3290 representative, and the state attorney and public defender or
3291 office of criminal conflict and civil regional counsel of the
3292 judicial circuit in which the individual ~~patient~~ is located. A
3293 ~~No~~ fee may not ~~shall~~ be charged for the filing of a petition
3294 under this subsection.

3295 (4) APPOINTMENT OF COUNSEL.—Within 1 court working day
3296 after the filing of a petition for involuntary inpatient
3297 placement, the court shall appoint the public defender to
3298 represent the individual if the individual ~~person who~~ is the
3299 subject of a mental illness ~~the~~ petition and the office of
3300 criminal conflict and civil regional counsel to represent the
3301 individual if the individual is the subject of a substance abuse
3302 petition, unless the individual ~~person~~ is otherwise represented
3303 by counsel. The clerk of the court shall immediately notify the
3304 public defender or the office of criminal conflict and civil
3305 regional counsel of the ~~such~~ appointment. Any attorney
3306 representing the individual ~~patient~~ shall have access to the

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3307 individual patient, witnesses, and records relevant to the
3308 presentation of the individual's patient's case and shall
3309 represent the interests of the individual patient, regardless of
3310 the source of payment to the attorney.

3311 (a) An attorney representing an individual in proceedings
3312 under this part shall advocate the individual's expressed
3313 desires and must be present and actively participate in all
3314 hearings on involuntary placement.

3315 (b) The state attorney for the judicial circuit in which
3316 the individual is located shall represent the state rather than
3317 the petitioning facility administrator as the real party in
3318 interest in the proceeding. The state attorney shall have access
3319 to the individual's clinical record and witnesses and shall
3320 independently evaluate the allegations set forth in the petition
3321 for involuntary placement. If the allegations are substantiated,
3322 the state attorney shall prosecute the petition. If the
3323 allegations are not substantiated, the state attorney shall
3324 withdraw the petition.

3325 (5) CONTINUANCE OF HEARING.—The individual patient is
3326 entitled, with the concurrence of the individual's patient's
3327 counsel, to at least one continuance of the hearing. The
3328 continuance shall be for ~~a period of~~ up to 4 weeks.

3329 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

3330 (a)~~1.~~ The court shall hold the hearing on involuntary
3331 inpatient placement within 5 court working days after the
3332 petition is filed, unless a continuance is granted.

3333 1. The hearing shall be held in the county where the
3334 individual patient is located and shall be as convenient to the
3335 individual patient as may be consistent with orderly procedure

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3336 and shall be conducted in physical settings not likely to be
3337 injurious to the individual's ~~patient's~~ condition. If the
3338 individual wishes to waive his or her ~~court finds that the~~
3339 ~~patient's~~ attendance at the hearing, the court must determine
3340 that the attendance is knowingly, intelligently, and voluntarily
3341 being waived and ~~is not consistent with the best interests of~~
3342 ~~the patient, and the patient's counsel does not object, the~~
3343 ~~court~~ may waive the presence of the individual ~~patient~~ from all
3344 or any portion of the hearing. ~~The state attorney for the~~
3345 ~~circuit in which the patient is located shall represent the~~
3346 ~~state, rather than the petitioning facility administrator, as~~
3347 ~~the real party in interest in the proceeding.~~

3348 2. The court may appoint a general or special magistrate to
3349 preside at the hearing. One of the two professionals who
3350 executed the involuntary inpatient placement certificate shall
3351 be a witness. The individual ~~patient~~ and the individual's
3352 patient's guardian, guardian advocate, health care surrogate or
3353 proxy, or representative shall be informed by the court of the
3354 right to an independent expert examination. If the individual
3355 ~~patient~~ cannot afford such an examination, the court shall
3356 provide for one. The independent expert's report is ~~shall be~~
3357 confidential and not discoverable, unless the expert is to be
3358 called as a witness for the individual ~~patient~~ at the hearing.
3359 The testimony in the hearing must be given under oath, and the
3360 proceedings must be recorded. The individual ~~patient~~ may refuse
3361 to testify at the hearing.

3362 3. The court shall allow testimony from persons, including
3363 family members, deemed by the court to be relevant regarding the
3364 individual's prior history and how that prior history relates to

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3365 the individual's current condition.

3366 (b) If the court concludes that the individual patient
3367 meets the criteria for involuntary inpatient placement, it shall
3368 order that the individual patient be transferred to a treatment
3369 facility or, if the individual patient is at a treatment
3370 facility, that the individual patient be retained there or be
3371 treated at any other appropriate mental health receiving
3372 facility, addictions receiving facility, detoxification
3373 facility, or treatment facility, or that the individual patient
3374 receive services from such a facility ~~a receiving or treatment~~
3375 ~~facility,~~ on an involuntary basis, for up to 90 days ~~a period of~~
3376 ~~up to 6 months.~~ The order shall specify the nature and extent of
3377 the individual's patient's mental illness or substance abuse
3378 impairment. The court may not order an individual with traumatic
3379 brain injury or dementia who lacks a co-occurring mental illness
3380 to be involuntarily placed in a state treatment facility. The
3381 facility shall discharge the individual at a patient any time
3382 the individual patient no longer meets the criteria for
3383 involuntary inpatient placement, unless the individual patient
3384 has transferred to voluntary status.

3385 (c) If at any time before ~~prior to~~ the conclusion of the
3386 hearing on involuntary inpatient placement it appears to the
3387 court that the individual person does not meet the criteria for
3388 involuntary inpatient placement under this section, but instead
3389 meets the criteria for involuntary outpatient placement, the
3390 court may order the individual person evaluated for involuntary
3391 outpatient placement pursuant to s. 394.4655, and ~~the~~ petition
3392 and hearing procedures set forth in s. 394.4655 ~~shall~~ apply. ~~If~~
3393 ~~the person instead meets the criteria for involuntary~~

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3394 ~~assessment, protective custody, or involuntary admission~~
3395 ~~pursuant to s. 397.675, then the court may order the person to~~
3396 ~~be admitted for involuntary assessment for a period of 5 days~~
3397 ~~pursuant to s. 397.6811. Thereafter, all proceedings shall be~~
3398 ~~governed by chapter 397.~~

3399 (d) At the hearing on involuntary inpatient placement, the
3400 court shall consider testimony and evidence regarding the
3401 individual's ~~patient's~~ competence to consent to treatment. If
3402 the court finds that the individual ~~patient~~ is incompetent to
3403 consent to treatment, it shall appoint a guardian advocate as
3404 provided in s. 394.4598.

3405 (e) The administrator of the petitioning ~~receiving~~ facility
3406 shall provide a copy of the court order and adequate
3407 documentation of the individual's ~~a patient's~~ mental illness or
3408 substance abuse impairment to the administrator of a treatment
3409 facility if the individual ~~whenever a patient~~ is ordered for
3410 involuntary inpatient placement, whether by civil or criminal
3411 court. The documentation must ~~shall~~ include any advance
3412 directives made by the individual ~~patient~~, a psychiatric
3413 evaluation of the individual ~~patient~~, and any evaluations of the
3414 individual ~~patient~~ performed by a ~~elinical~~ psychologist, a
3415 marriage and family therapist, a mental health counselor, a
3416 substance abuse qualified professional or a clinical social
3417 worker. The administrator of a treatment facility may refuse
3418 admission to an individual ~~any patient~~ directed to its
3419 facilities on an involuntary basis, whether by civil or criminal
3420 court order, who is not accompanied at the same time by adequate
3421 orders and documentation.

3422 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT

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3423 PLACEMENT.—

3424 (a) Hearings on petitions for continued involuntary
3425 inpatient placement shall be administrative hearings and shall
3426 be conducted in accordance with ~~the provisions of~~ s. 120.57(1),
3427 except that an any order entered by an the administrative law
3428 judge is ~~shall be~~ final and subject to judicial review in
3429 accordance with s. 120.68. Orders concerning an individual
3430 ~~patients~~ committed after successfully pleading not guilty by
3431 reason of insanity are ~~shall be~~ governed by ~~the provisions of~~ s.
3432 916.15.

3433 (b) If the individual patient continues to meet the
3434 criteria for involuntary inpatient placement, the administrator
3435 shall, before ~~prior to~~ the expiration of the period ~~during which~~
3436 the ~~treatment~~ facility is authorized to retain the individual
3437 ~~patient~~, file a petition requesting authorization for continued
3438 involuntary inpatient placement. The request must ~~shall~~ be
3439 accompanied by a statement from the individual's patient's
3440 physician or ~~clinical~~ psychologist justifying the request, a
3441 brief description of the individual's patient's treatment during
3442 the time he or she was involuntarily placed, and a personalized
3443 ~~an individualized~~ plan of continued treatment. Notice of the
3444 hearing must ~~shall~~ be provided as set forth in s. 394.4599. If
3445 at the hearing the administrative law judge finds that
3446 attendance at the hearing is not consistent with the
3447 individual's best interests ~~of the patient~~, the administrative
3448 law judge may waive the presence of the individual patient from
3449 all or any portion of the hearing, unless the individual
3450 ~~patient~~, through counsel, objects to the waiver of presence. The
3451 testimony in the hearing must be under oath, and the proceedings

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3452 must be recorded.

3453 (c) Unless the individual ~~patient~~ is otherwise represented
3454 or is ineligible, he or she shall be represented at the hearing
3455 on the petition for continued involuntary inpatient placement by
3456 the public defender of the circuit in which the facility is
3457 located.

3458 (d) The Division of Administrative Hearings shall inform
3459 the individual and his or her guardian, guardian advocate,
3460 health care surrogate or proxy, or representative of the right
3461 to an independent expert examination. If the individual cannot
3462 afford such an examination, the court shall provide one.

3463 (e) ~~(d)~~ If at a hearing it is shown that the individual
3464 ~~patient~~ continues to meet the criteria for involuntary inpatient
3465 placement, the administrative law judge shall sign the order for
3466 continued involuntary inpatient placement for a period of up to
3467 90 days ~~not to exceed 6 months~~. The same procedure must ~~shall~~ be
3468 repeated prior to the expiration of each additional period the
3469 individual ~~patient~~ is retained.

3470 (f) ~~(e)~~ If continued involuntary inpatient placement is
3471 necessary for an individual ~~a patient~~ admitted while serving a
3472 criminal sentence, but whose sentence is about to expire, or for
3473 a minor ~~patient~~ involuntarily placed ~~while a minor~~ but who is
3474 about to reach the age of 18, the administrator shall petition
3475 the administrative law judge for an order authorizing continued
3476 involuntary inpatient placement.

3477 (g) ~~(f)~~ If the individual previously ~~patient~~ has been
3478 ~~previously~~ found incompetent to consent to treatment, the
3479 administrative law judge shall consider testimony and evidence
3480 regarding the individual's ~~patient's~~ competence. If the

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3481 administrative law judge finds evidence that the individual
3482 ~~patient~~ is now competent to consent to treatment, the
3483 ~~administrative law~~ judge may issue a recommended order to the
3484 court that found the individual ~~patient~~ incompetent to consent
3485 to treatment that the individual's ~~patient's~~ competence be
3486 restored and that any guardian advocate previously appointed be
3487 discharged.

3488 (8) RETURN TO FACILITY ~~OF PATIENTS~~.—If an individual held
3489 ~~When a patient~~ at a ~~treatment~~ facility involuntarily under this
3490 part leaves the facility without the administrator's
3491 authorization, the administrator may authorize a search for, ~~the~~
3492 ~~patient~~ and the return of, the individual ~~patient~~ to the
3493 facility. The administrator may request the assistance of a law
3494 enforcement agency ~~in the search for and return of the patient~~.

3495 Section 21. Effective July 1, 2016, section 394.4672,
3496 Florida Statutes, is amended to read:

3497 394.4672 Procedure for placement of veteran with federal
3498 agency.—

3499 (1) A facility owned, operated, or administered by the
3500 United States Department of Veterans Affairs which provides
3501 mental health services has authority as granted by the
3502 Department of Veterans' Affairs to:

3503 (a) Initiate and conduct involuntary examinations pursuant
3504 to s. 394.463.

3505 (b) Provide voluntary treatment pursuant to s. 394.4625.

3506 (c) Petition for involuntary inpatient placement pursuant
3507 to s. 394.467.

3508 (d) Provide involuntary inpatient placement pursuant to
3509 this part.

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3510 (2)~~(1)~~ If a ~~Whenever it is determined by the court~~
3511 determines that an individual ~~a person~~ meets the criteria for
3512 involuntary placement and he or she ~~it appears that such person~~
3513 is eligible for care or treatment by the United States
3514 Department of Veterans Affairs or another ~~other~~ agency of the
3515 United States Government, the court, upon receipt of a
3516 certificate from the United States Department of Veterans
3517 Affairs or such other agency showing that facilities are
3518 available and that the individual ~~person~~ is eligible for care or
3519 treatment therein, may place that individual ~~person~~ with the
3520 United States Department of Veterans Affairs or other federal
3521 agency. The individual ~~person whose placement is sought~~ shall be
3522 personally served with notice of the pending placement
3523 proceeding in the manner as provided in this part., ~~and nothing~~
3524 ~~in~~ This section does not ~~shall~~ affect the individual's ~~his or~~
3525 ~~her~~ right to appear and be heard in the proceeding. Upon
3526 placement, the individual ~~is person shall be~~ subject to the
3527 ~~rules and~~ regulations of the United States Department of
3528 Veterans Affairs or other federal agency.

3529 (3)~~(2)~~ The judgment or order of placement issued by a court
3530 of competent jurisdiction of another state or of the District of
3531 Columbia which places an individual, ~~placing a person~~ with the
3532 United States Department of Veterans Affairs or other federal
3533 agency for care or treatment has, ~~shall have~~ the same force and
3534 effect in this state as in the jurisdiction of the court
3535 entering the judgment or making the order., ~~and~~ The courts of
3536 the placing state or of the District of Columbia shall retain ~~be~~
3537 ~~deemed to have retained~~ jurisdiction of the individual ~~person~~ ~~so~~
3538 placed. Consent is hereby given to the application of the law of

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3539 the placing state or district with respect to the authority of
3540 the chief officer of any facility of the United States
3541 Department of Veterans Affairs or other federal agency operated
3542 in this state to retain custody or to transfer, parole, or
3543 discharge the individual ~~person~~.

3544 ~~(4)(3)~~ Upon receipt of a certificate of the United States
3545 Department of Veterans Affairs or another ~~such other~~ federal
3546 agency that facilities are available for the care or treatment
3547 of individuals who have mental illness or substance abuse
3548 impairment ~~mentally ill persons~~ and that an individual ~~the~~
3549 ~~person~~ is eligible for that care or treatment, the administrator
3550 of the receiving or treatment facility may ~~cause the~~ transfer of
3551 that individual ~~person~~ to the United States Department of
3552 Veterans Affairs or other federal agency. Upon ~~effecting~~ such
3553 transfer, the committing court shall be notified by the
3554 transferring agency. An individual may not ~~No person shall~~ be
3555 transferred ~~to the United States Department of Veterans Affairs~~
3556 ~~or other federal agency~~ if he or she is confined pursuant to the
3557 conviction of any felony or misdemeanor or if he or she has been
3558 acquitted of the charge solely on the ground of insanity, unless
3559 prior to transfer the court placing the individual ~~such person~~
3560 enters an order for the transfer after appropriate motion and
3561 hearing and without objection by the United States Department of
3562 Veterans Affairs.

3563 ~~(5)(4)~~ An individual ~~Any person~~ transferred as provided in
3564 this section is ~~shall be~~ deemed to be placed with the United
3565 States Department of Veterans Affairs or other federal agency
3566 pursuant to the original placement.

3567 Section 22. Section 394.47891, Florida Statutes, is amended

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3568 to read:

3569 394.47891 Military veterans and servicemembers court
3570 programs.—The chief judge of each judicial circuit may establish
3571 a Military Veterans and Servicemembers Court Program under which
3572 veterans, as defined in s. 1.01, including veterans who were
3573 discharged or released under a general discharge, and
3574 servicemembers, as defined in s. 250.01, who are convicted of a
3575 criminal offense and who suffer from a military-related mental
3576 illness, traumatic brain injury, substance abuse disorder, or
3577 psychological problem can be sentenced in accordance with
3578 chapter 921 in a manner that appropriately addresses the
3579 severity of the mental illness, traumatic brain injury,
3580 substance abuse disorder, or psychological problem through
3581 services tailored to the individual needs of the participant.
3582 Entry into any Military Veterans and Servicemembers Court
3583 Program must be based upon the sentencing court's assessment of
3584 the defendant's criminal history, military service, substance
3585 abuse treatment needs, mental health treatment needs,
3586 amenability to the services of the program, the recommendation
3587 of the state attorney and the victim, if any, and the
3588 defendant's agreement to enter the program.

3589 Section 23. Section 394.47892, Florida Statutes, is created
3590 to read:

3591 394.47892 Treatment-based mental health court programs.—
3592 (1) Each county may fund a treatment-based mental health
3593 court program under which individuals in the justice system
3594 assessed with a mental illness will be processed in such a
3595 manner as to appropriately address the severity of the
3596 identified mental health problem through treatment services

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3597 tailored to the individual needs of the participant. The
3598 Legislature intends to encourage the Department of Corrections,
3599 the Department of Children and Families, the Department of
3600 Juvenile Justice, the Department of Health, the Department of
3601 Law Enforcement, the Department of Education, and such agencies,
3602 local governments, law enforcement agencies, other interested
3603 public or private sources, and individuals to support the
3604 creation and establishment of these problem-solving court
3605 programs. Participation in the treatment-based mental health
3606 court programs does not divest any public or private agency of
3607 its responsibility for a child or adult, but enables these
3608 agencies to better meet their needs through shared
3609 responsibility and resources.

3610 (2) Entry into any pretrial treatment-based mental health
3611 court program is voluntary.

3612 (3) (a) Entry into any postadjudicatory treatment-based
3613 mental health court program as a condition of probation or
3614 community control pursuant to s. 948.01 or s. 948.06 must be
3615 based upon the sentencing court's assessment of the defendant's
3616 criminal history, mental health screening outcome, amenability
3617 to the services of the program, the recommendation of the state
3618 attorney and the victim, if any, and the defendant's agreement
3619 to enter the program.

3620 (b) An offender who is sentenced to a postadjudicatory
3621 treatment-based mental health court program and who, while a
3622 mental health court program participant, is the subject of a
3623 violation of probation or community control under s. 948.06
3624 shall have the violation of probation or community control heard
3625 by the judge presiding over the postadjudicatory treatment-based

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3626 mental health court program. The judge shall dispose of any such
3627 violation, after a hearing on or admission of the violation, as
3628 he or she deems appropriate if the resulting sentence or
3629 conditions are lawful.

3630 (4) Treatment-based mental health court programs may
3631 include pretrial intervention programs as provided in s. 948.08,
3632 treatment-based mental health court programs authorized in
3633 chapter 39, postadjudicatory programs as provided in ss. 948.01
3634 and 948.06, and review of the status of compliance or
3635 noncompliance of sentenced offenders through a treatment-based
3636 mental health court program.

3637 (5) Contingent upon an annual appropriation by the
3638 Legislature, each judicial circuit with a treatment-based mental
3639 health court program shall establish, at a minimum, one
3640 coordinator position for the treatment-based mental health court
3641 program within the state courts system to coordinate the
3642 responsibilities of the participating agencies and service
3643 providers. Each coordinator shall provide direct support to the
3644 treatment-based mental health court program by providing
3645 coordination between the multidisciplinary team and the
3646 judiciary, providing case management, monitoring compliance of
3647 the participants in the treatment-based mental health court
3648 program with court requirements, and providing program
3649 evaluation and accountability.

3650 (6) If a county chooses to fund a treatment-based mental
3651 health court program, the county must secure funding from
3652 sources other than the state for those costs not otherwise
3653 assumed by the state pursuant to s. 29.004. However, this does
3654 not preclude a county from using treatment and other service

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3655 funding provided through state executive branch agencies.
3656 Counties may provide, by interlocal agreement, for the
3657 collective funding of these programs.

3658 (7) The chief judge of each judicial circuit may appoint an
3659 advisory committee for the treatment-based mental health court
3660 program. The committee shall be composed of the chief judge, or
3661 his or her designee, who shall serve as chair; the judge of the
3662 treatment-based mental health court program, if not otherwise
3663 designated by the chief judge as his or her designee; the state
3664 attorney, or his or her designee; the public defender, or his or
3665 her designee; the treatment-based mental health court program
3666 coordinators; community representatives; treatment
3667 representatives; and any other persons the chair finds are
3668 appropriate.

3669 Section 24. Section 394.656, Florida Statutes, is amended
3670 to read:

3671 394.656 Criminal Justice, Mental Health, and Substance
3672 Abuse Reinvestment Grant Program.—

3673 (1) There is created within the Department of Children and
3674 Families the Criminal Justice, Mental Health, and Substance
3675 Abuse Reinvestment Grant Program. The purpose of the program is
3676 to provide funding to counties with which they can plan,
3677 implement, or expand initiatives that increase public safety,
3678 avert increased spending on criminal justice, and improve the
3679 accessibility and effectiveness of treatment services for adults
3680 and juveniles who have a mental illness, substance abuse
3681 disorder, or co-occurring mental health and substance abuse
3682 disorders and who are in, or at risk of entering, the criminal
3683 or juvenile justice systems.

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3684 (2) The department shall establish a Criminal Justice,
3685 Mental Health, and Substance Abuse Statewide Grant Policy Review
3686 Committee. The committee shall include:

3687 (a) One representative of the Department of Children and
3688 Families;

3689 (b) One representative of the Department of Corrections;

3690 (c) One representative of the Department of Juvenile
3691 Justice;

3692 (d) One representative of the Department of Elderly
3693 Affairs; ~~and~~

3694 (e) One representative of the Office of the State Courts
3695 Administrator;

3696 (f) One representative of the Department of Veterans'
3697 Affairs;

3698 (g) One representative of the Florida Sheriffs Association;

3699 (h) One representative of the Florida Police Chiefs
3700 Association;

3701 (i) One representative of the Florida Association of
3702 Counties;

3703 (j) One representative of the Florida Alcohol and Drug
3704 Abuse Association;

3705 (k) One representative of the Florida Association of
3706 Managing Entities;

3707 (l) One representative of the Florida Council for Community
3708 Mental Health; and

3709 (m) One administrator of a state-licensed limited mental
3710 health assisted living facility.

3711 (3) The committee shall serve as the advisory body to
3712 review policy and funding issues that help reduce the impact of

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3713 persons with mental illnesses and substance use disorders on
3714 communities, criminal justice agencies, and the court system.
3715 The committee shall advise the department in selecting
3716 priorities for grants and investing awarded grant moneys.

3717 (4) The department shall create a grant review and
3718 selection committee that has experience in substance use and
3719 mental health disorders, community corrections, and law
3720 enforcement. To the extent possible, the ~~members of the~~
3721 committee shall have expertise in ~~grant writing,~~ grant
3722 reviewing, and grant application scoring.

3723 (5) ~~(3)~~ (a) A county, or not-for-profit community provider,
3724 managing entity, or coordinated care organization designated by
3725 the county planning council or committee, as described in s.
3726 394.657, may apply for a 1-year planning grant or a 3-year
3727 implementation or expansion grant. The purpose of the grants is
3728 to demonstrate that investment in treatment efforts related to
3729 mental illness, substance abuse disorders, or co-occurring
3730 mental health and substance abuse disorders results in a reduced
3731 demand on the resources of the judicial, corrections, juvenile
3732 detention, and health and social services systems.

3733 (b) To be eligible to receive a 1-year planning grant or a
3734 3-year implementation or expansion grant:7

3735 1. A county applicant must have a ~~county~~ planning council
3736 or committee that is in compliance with the membership
3737 requirements set forth in this section.

3738 2. A not-for-profit community provider, managing entity, or
3739 coordinated care organization must be designated by the county
3740 planning council or committee and have written authorization to
3741 submit an application. A not-for-profit community provider,

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3742 managing entity, or coordinated care organization must have
3743 written authorization for each application it submits.

3744 (c) The department may award a 3-year implementation or
3745 expansion grant to an applicant who has not received a 1-year
3746 planning grant.

3747 (d) The department may require an applicant to conduct
3748 sequential intercept mapping for a project. For purposes of this
3749 paragraph, the term "sequential intercept mapping" means a
3750 process for reviewing a local community's mental health,
3751 substance abuse, criminal justice, and related systems and
3752 identifying points of interceptions where interventions may be
3753 made to prevent an individual with a substance use disorder or
3754 mental illness from deeper involvement in the criminal justice
3755 system.

3756 (6)(4) The grant review and selection committee shall
3757 select the grant recipients and notify the department of
3758 Children and Families in writing of the recipients' names of the
3759 applicants who have been selected by the committee to receive a
3760 grant. Contingent upon the availability of funds and upon
3761 notification by the review committee of those applicants
3762 approved to receive planning, implementation, or expansion
3763 grants, the department of Children and Families may transfer
3764 funds appropriated for the grant program to a selected grant
3765 recipient any county awarded a grant.

3766 Section 25. Paragraph (a) of subsection (1) of section
3767 394.875, Florida Statutes, is amended to read:

3768 394.875 Crisis stabilization units, residential treatment
3769 facilities, and residential treatment centers for children and
3770 adolescents; authorized services; license required.-

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3771 (1) (a) The purpose of a crisis stabilization unit is to
3772 stabilize and redirect a client to the most appropriate and
3773 least restrictive community setting available, consistent with
3774 the client's needs. Crisis stabilization units may screen,
3775 assess, and admit for stabilization persons who present
3776 themselves to the unit and persons who are brought to the unit
3777 under s. 394.463. Clients may be provided 24-hour observation,
3778 medication prescribed by a physician or psychiatrist, and other
3779 appropriate services. Crisis stabilization units shall provide
3780 services regardless of the client's ability to pay ~~and shall be~~
3781 ~~limited in size to a maximum of 30 beds.~~

3782 Section 26. Section 765.4015, Florida Statutes, is created
3783 to read:

3784 765.4015 Short title.—Sections 765.402-765.411 may be cited
3785 as the "Jennifer Act."

3786 Section 27. Section 765.402, Florida Statutes, is created
3787 to read:

3788 765.402 Legislative findings.—

3789 (1) The Legislature recognizes that an individual with
3790 capacity has the ability to control decisions relating to his or
3791 her own mental health care or substance abuse treatment. The
3792 Legislature finds that:

3793 (a) Substance abuse and some mental illnesses cause
3794 individuals to fluctuate between capacity and incapacity;

3795 (b) During periods when an individual's capacity is
3796 unclear, the individual may be unable to provide informed
3797 consent necessary to access needed treatment;

3798 (c) Early treatment may prevent an individual from becoming
3799 so ill that involuntary treatment is necessary; and

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3800 (d) Individuals with substance abuse impairment or mental
3801 illness need an established procedure to express their
3802 instructions and preferences for treatment and provide advance
3803 consent to or refusal of treatment. This procedure should be
3804 less expensive and less restrictive than guardianship.

3805 (2) The Legislature further recognizes that:

3806 (a) A mental health or substance abuse treatment advance
3807 directive must provide the individual with a full range of
3808 choices.

3809 (b) For a mental health or substance abuse directive to be
3810 an effective tool, individuals must be able to choose how they
3811 want their directives to be applied, including the right of
3812 revocation, during periods when they are incompetent to consent
3813 to treatment.

3814 (c) There must be a clear process so that treatment
3815 providers can abide by an individual's treatment choices.

3816 Section 28. Section 765.403, Florida Statutes, is created
3817 to read:

3818 765.403 Definitions.—As used in this part, the term:

3819 (1) "Adult" means any individual who has attained the age
3820 of majority or is an emancipated minor.

3821 (2) "Capacity" means that an adult has not been found to be
3822 incapacitated pursuant to s. 394.463.

3823 (3) "Health care facility" means a hospital, nursing home,
3824 hospice, home health agency, or health maintenance organization
3825 licensed in this state, or any facility subject to part I of
3826 chapter 394.

3827 (4) "Incapacity" or "incompetent" means an adult who is:

3828 (a) Unable to understand the nature, character, and

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3829 anticipated results of proposed treatment or alternatives or the
3830 recognized serious possible risks, complications, and
3831 anticipated benefits of treatments and alternatives, including
3832 nontreatment;

3833 (b) Physically or mentally unable to communicate a willful
3834 and knowing decision about mental health care or substance abuse
3835 treatment;

3836 (c) Unable to communicate his or her understanding or
3837 treatment decisions; or

3838 (d) Determined incompetent pursuant to s. 394.463.

3839 (5) "Informed consent" means consent voluntarily given by a
3840 person after a sufficient explanation and disclosure of the
3841 subject matter involved to enable that person to have a general
3842 understanding of the treatment or procedure and the medically
3843 acceptable alternatives, including the substantial risks and
3844 hazards inherent in the proposed treatment or procedures or
3845 nontreatment, and to make knowing mental health care or
3846 substance abuse treatment decisions without coercion or undue
3847 influence.

3848 (6) "Interested person" means, for the purposes of this
3849 chapter, any person who may reasonably be expected to be
3850 affected by the outcome of the particular proceeding involved,
3851 including anyone interested in the welfare of an incapacitated
3852 person.

3853 (7) "Mental health or substance abuse treatment advance
3854 directive" means a written document in which the principal makes
3855 a declaration of instructions or preferences or appoints a
3856 surrogate to make decisions on behalf of the principal regarding
3857 the principal's mental health or substance abuse treatment, or

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3858 both.

3859 (8) "Mental health professional" means a psychiatrist,
3860 psychologist, psychiatric nurse, or social worker, and such
3861 other mental health professionals licensed pursuant to chapter
3862 458, chapter 459, chapter 464, chapter 490, or chapter 491.

3863 (9) "Principal" means a competent adult who executes a
3864 mental health or substance abuse treatment advance directive and
3865 on whose behalf mental health care or substance abuse treatment
3866 decisions are to be made.

3867 (10) "Surrogate" means any competent adult expressly
3868 designated by a principal to make mental health care or
3869 substance abuse treatment decisions on behalf of the principal
3870 as set forth in the principal's mental health or substance abuse
3871 treatment advance directive or self-binding arrangement as those
3872 terms are defined in this part.

3873 Section 29. Section 765.405, Florida Statutes, is created
3874 to read:

3875 765.405 Mental health or substance abuse treatment advance
3876 directive; execution; allowable provisions.-

3877 (1) An adult with capacity may execute a mental health or
3878 substance abuse treatment advance directive.

3879 (2) A directive executed in accordance with this section is
3880 presumed to be valid. The inability to honor one or more
3881 provisions of a directive does not affect the validity of the
3882 remaining provisions.

3883 (3) A directive may include any provision relating to
3884 mental health or substance abuse treatment or the care of the
3885 principal. Without limitation, a directive may include:

3886 (a) The principal's preferences and instructions for mental

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3887 health or substance abuse treatment.

3888 (b) Consent to specific types of mental health or substance
3889 abuse treatment.

3890 (c) Refusal to consent to specific types of mental health
3891 or substance abuse treatment.

3892 (d) Descriptions of situations that may cause the principal
3893 to experience a mental health or substance abuse crisis.

3894 (e) Suggested alternative responses that may supplement or
3895 be in lieu of direct mental health or substance abuse treatment,
3896 such as treatment approaches from other providers.

3897 (f) The principal's nomination of a guardian, limited
3898 guardian, or guardian advocate as provided chapter 744.

3899 (4) A directive may be combined with or be independent of a
3900 nomination of a guardian, other durable power of attorney, or
3901 other advance directive.

3902 Section 30. Section 765.406, Florida Statutes, is created
3903 to read:

3904 765.406 Execution of a mental health or substance abuse
3905 advance directive; effective date; expiration.-

3906 (1) A directive must:

3907 (a) Be in writing.

3908 (b) Contain language that clearly indicates that the
3909 principal intends to create a directive.

3910 (c) Be dated and signed by the principal or, if the
3911 principal is unable to sign, at the principal's direction in the
3912 principal's presence.

3913 (d) Be witnessed by two adults, each of whom must declare
3914 that he or she personally knows the principal and was present
3915 when the principal dated and signed the directive, and that the

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3916 principal did not appear to be incapacitated or acting under
3917 fraud, undue influence, or duress. The person designated as the
3918 surrogate may not act as a witness to the execution of the
3919 document designating the mental health or substance abuse care
3920 treatment surrogate. At least one person who acts as a witness
3921 must be neither the principal's spouse nor his or her blood
3922 relative.

3923 (2) A directive is valid upon execution, but all or part of
3924 the directive may take effect at a later date as designated by
3925 the principal in the directive.

3926 (3) A directive may:

3927 (a) Be revoked, in whole or in part, pursuant to s.
3928 765.407; or

3929 (b) Expire under its own terms.

3930 (4) A directive does not or may not:

3931 (a) Create an entitlement to mental health, substance
3932 abuse, or medical treatment or supersede a determination of
3933 medical necessity.

3934 (b) Obligate any health care provider, professional person,
3935 or health care facility to pay the costs associated with the
3936 treatment requested.

3937 (c) Obligate a health care provider, professional person,
3938 or health care facility to be responsible for the nontreatment
3939 or personal care of the principal or the principal's personal
3940 affairs outside the scope of services the facility normally
3941 provides.

3942 (d) Replace or supersede any will or testamentary document
3943 or supersede the provision of intestate succession.

3944 Section 31. Section 765.407, Florida Statutes, is created

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3945 to read:

3946 765.407 Revocation; waiver.-

3947 (1) A principal with capacity may, by written statement of
3948 the principal or at the principal's direction in the principal's
3949 presence, revoke a directive in whole or in part.

3950 (2) The principal shall provide a copy of his or her
3951 written statement of revocation to his or her agent, if any, and
3952 to each health care provider, professional person, or health
3953 care facility that received a copy of the directive from the
3954 principal.

3955 (3) The written statement of revocation is effective as to
3956 a health care provider, professional person, or health care
3957 facility upon receipt. The professional person, health care
3958 provider, or health care facility, or persons acting under their
3959 direction, shall make the statement of revocation part of the
3960 principal's medical record.

3961 (4) A directive also may:

3962 (a) Be revoked, in whole or in part, expressly or to the
3963 extent of any inconsistency, by a subsequent directive; or

3964 (b) Be superseded or revoked by a court order, including
3965 any order entered in a criminal matter. The individual's family,
3966 the health care facility, the attending physician, or any other
3967 interested person who may be directly affected by the
3968 surrogate's decision concerning any health care may seek
3969 expedited judicial intervention pursuant to rule 5.900 of the
3970 Florida Probate Rules, if that person believes:

3971 1. The surrogate's decision is not in accord with the
3972 individual's known desires;

3973 2. The advance directive is ambiguous, or the individual

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3974 has changed his or her mind after execution of the advance
3975 directive;

3976 3. The surrogate was improperly designated or appointed, or
3977 the designation of the surrogate is no longer effective or has
3978 been revoked;

3979 4. The surrogate has failed to discharge duties, or
3980 incapacity or illness renders the surrogate incapable of
3981 discharging duties;

3982 5. The surrogate has abused powers; or

3983 6. The individual has sufficient capacity to make his or
3984 her own health care decisions.

3985 (5) A directive that would have otherwise expired but is
3986 effective because the principal is incapacitated remains
3987 effective until the principal is no longer incapacitated unless
3988 the principal elected to be able to revoke while incapacitated
3989 and has revoked the directive.

3990 (6) When a principal with capacity consents to treatment
3991 that differs from, or refuses treatment consented to in, his or
3992 her directive, the consent or refusal constitutes a waiver of a
3993 particular provision and does not constitute a revocation of the
3994 provision or the directive unless that principal also revokes
3995 the provision or directive.

3996 Section 32. Section 765.410, Florida Statutes, is created
3997 to read:

3998 765.410 Immunity from liability; weight of proof;
3999 presumption.-

4000 (1) A health care facility, provider, or other person who
4001 acts under the direction of a health care facility or provider
4002 is not subject to criminal prosecution or civil liability, and

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4003 may not be deemed to have engaged in unprofessional conduct, as
4004 a result of carrying out a mental health care or substance abuse
4005 treatment decision made in accordance with this section. The
4006 surrogate who makes a mental health care or substance abuse
4007 treatment decision on a principal's behalf, pursuant to this
4008 section, is not subject to criminal prosecution or civil
4009 liability for such action.

4010 (2) This section applies unless it is shown by a
4011 preponderance of the evidence that the person authorizing or
4012 carrying out a mental health or substance abuse treatment
4013 decision did not exercise reasonable care or, in good faith,
4014 comply with ss. 765.402-765.411.

4015 Section 33. Section 765.411, Florida Statutes, is created
4016 to read:

4017 765.411 Recognition of mental health and substance abuse
4018 treatment advance directive executed in another state.—A mental
4019 health or substance abuse treatment advance directive executed
4020 in another state in compliance with the law of that state is
4021 validly executed for the purposes of this chapter.

4022 Section 34. Subsection (5) of section 910.035, Florida
4023 Statutes, is amended to read:

4024 910.035 Transfer from county for plea, ~~and~~ sentence, or
4025 participation in a problem-solving court.—

4026 (5) PROBLEM-SOLVING COURTS.—

4027 (a) As used in this subsection, the term "problem-solving
4028 court" means a drug court pursuant to s. 948.01, s. 948.06, s.
4029 948.08, s. 948.16, or s. 948.20; a military veterans and
4030 servicemembers court pursuant to s. 394.47891, s. 948.08, s.
4031 948.16, or s. 948.21; a mental health court pursuant to s.

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4032 394.47892, s. 948.01, s. 948.06, s. 948.08, or s. 948.16; or a
4033 delinquency pretrial intervention court program pursuant to s.
4034 985.345.

4035 (b) Any person eligible for participation in a problem-
4036 solving ~~drug~~ court shall, upon request by the person or a court,
4037 ~~treatment program pursuant to s. 948.08(6) may be eligible to~~
4038 have the case transferred to a county other than that in which
4039 the charge arose if the person agrees to the transfer and the
4040 ~~drug court program agrees and if the following conditions are~~
4041 ~~met:~~

4042 ~~(a) the authorized representative of the trial ~~drug~~ court~~
4043 ~~consults program of the county requesting to transfer the case~~
4044 ~~shall consult with the authorized representative of the problem-~~
4045 ~~solving ~~drug~~ court program in the county to which transfer is~~
4046 ~~desired, and both representatives agree to the transfer.~~

4047 ~~(c)(b) If all parties agree to the transfer as required by~~
4048 ~~paragraph (b), approval for transfer is received from all~~
4049 ~~parties, the trial court shall accept a plea of nolo contendere~~
4050 ~~and enter a transfer order directing the clerk to transfer the~~
4051 ~~case to the county that ~~which~~ has accepted the defendant into~~
4052 ~~its problem-solving ~~drug~~ court program.~~

4053 (d)1.~~(c)~~ When transferring a pretrial problem-solving court
4054 case, the transfer order shall include a copy of the probable
4055 cause affidavit; any charging documents in the case; all
4056 reports, witness statements, test results, evidence lists, and
4057 other documents in the case; the defendant's mailing address and
4058 telephone ~~phone~~ number; and the defendant's written consent to
4059 abide by the rules and procedures of the receiving county's
4060 problem-solving ~~drug~~ court program.

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4061 2. When transferring a postadjudicatory problem-solving
4062 court case, the transfer order must include a copy of the
4063 charging documents in the case; the final disposition; all
4064 reports, test results, and other documents in the case; the
4065 defendant's mailing address and telephone number; and the
4066 defendant's written consent to abide by the rules and procedures
4067 of the receiving county's problem-solving court.

4068 ~~(e)-(d)~~ After the transfer takes place, the clerk shall set
4069 the matter for a hearing before the problem-solving ~~drug~~ court
4070 ~~to program judge and the court shall~~ ensure the defendant's
4071 entry into the problem-solving ~~drug~~ court ~~program~~.

4072 ~~(f)-(e)~~ Upon successful completion of the problem-solving
4073 ~~drug~~ court program, the jurisdiction to which the case has been
4074 transferred shall dispose of the case ~~pursuant to s. 948.08(6)~~.
4075 If the defendant does not complete the problem-solving ~~drug~~
4076 court program successfully, the jurisdiction to which the case
4077 has been transferred shall dispose of the case within the
4078 guidelines of the Criminal Punishment Code.

4079 Section 35. Subsection (5) of section 916.106, Florida
4080 Statutes, is amended to read:

4081 916.106 Definitions.—For the purposes of this chapter, the
4082 term:

4083 (5) "Court" means the circuit court and a county court
4084 ordering the conditional release of a defendant as provided in
4085 s. 916.17.

4086 Section 36. Subsection (1) of section 916.17, Florida
4087 Statutes, is amended to read:

4088 916.17 Conditional release.—

4089 (1) Except for an inmate currently serving a prison

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4090 sentence, the committing court may order a conditional release
4091 of any defendant in lieu of an involuntary commitment to a
4092 facility pursuant to s. 916.13 or s. 916.15 based upon an
4093 approved plan for providing appropriate outpatient care and
4094 treatment. A county court may order the conditional release of a
4095 defendant for purposes of the provision of outpatient care and
4096 treatment only. Upon a recommendation that outpatient treatment
4097 of the defendant is appropriate, a written plan for outpatient
4098 treatment, including recommendations from qualified
4099 professionals, must be filed with the court, with copies to all
4100 parties. Such a plan may also be submitted by the defendant and
4101 filed with the court with copies to all parties. The plan shall
4102 include:

4103 (a) Special provisions for residential care or adequate
4104 supervision of the defendant.

4105 (b) Provisions for outpatient mental health services.

4106 (c) If appropriate, recommendations for auxiliary services
4107 such as vocational training, educational services, or special
4108 medical care.

4109

4110 In its order of conditional release, the court shall specify the
4111 conditions of release based upon the release plan and shall
4112 direct the appropriate agencies or persons to submit periodic
4113 reports to the court regarding the defendant's compliance with
4114 the conditions of the release and progress in treatment, with
4115 copies to all parties.

4116 Section 37. Section 916.185, Florida Statutes, is created
4117 to read:

4118 916.185 Forensic Hospital Diversion Pilot Program.—

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4119 (1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds
4120 that many jail inmates who have serious mental illnesses and who
4121 are committed to state forensic mental health treatment
4122 facilities for restoration of competency to proceed could be
4123 served more effectively and at less cost in community-based
4124 alternative programs. The Legislature further finds that many
4125 individuals who have serious mental illnesses and who have been
4126 discharged from state forensic mental health treatment
4127 facilities could avoid recidivism in the criminal justice and
4128 forensic mental health systems if they received specialized
4129 treatment in the community. Therefore, it is the intent of the
4130 Legislature to create the Forensic Hospital Diversion Pilot
4131 Program to serve individuals who have mental illnesses or co-
4132 occurring mental illnesses and substance use disorders and who
4133 are admitted to or are at risk of entering state forensic mental
4134 health treatment facilities, prisons, jails, or state civil
4135 mental health treatment facilities.

4136 (2) DEFINITIONS.—As used in this section, the term:

4137 (a) "Best practices" means treatment services that
4138 incorporate the most effective and acceptable interventions
4139 available in the care and treatment of individuals who are
4140 diagnosed as having mental illnesses or co-occurring mental
4141 illnesses and substance use disorders.

4142 (b) "Community forensic system" means the community mental
4143 health and substance use forensic treatment system, including
4144 the comprehensive set of services and supports provided to
4145 individuals involved in or at risk of becoming involved in the
4146 criminal justice system.

4147 (c) "Evidence-based practices" means interventions and

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4148 strategies that, based on the best available empirical research,
4149 demonstrate effective and efficient outcomes in the care and
4150 treatment of individuals who are diagnosed as having mental
4151 illnesses or co-occurring mental illnesses and substance use
4152 disorders.

4153 (3) CREATION.—There is created a Forensic Hospital
4154 Diversion Pilot Program to provide, when appropriate,
4155 competency-restoration and community-reintegration services in
4156 locked residential treatment facilities, based on considerations
4157 of public safety, the needs of the individual, and available
4158 resources.

4159 (a) The department shall implement a Forensic Hospital
4160 Diversion Pilot Program in Alachua, Broward, Escambia,
4161 Hillsborough, and Miami-Dade Counties, in conjunction with the
4162 Eighth Judicial Circuit, the Seventeenth Judicial Circuit, the
4163 First Judicial Circuit, the Thirteenth Judicial Circuit, and the
4164 Eleventh Judicial Circuit, respectively, which shall be modeled
4165 after the Miami-Dade Forensic Alternative Center, taking into
4166 account local needs and subject to the availability of local
4167 resources.

4168 (b) In creating and implementing the program, the
4169 department shall include a comprehensive continuum of care and
4170 services which uses evidence-based practices and best practices
4171 to treat individuals who have mental health and co-occurring
4172 substance use disorders.

4173 (c) The department and the respective judicial circuits
4174 shall implement this section within available resources. State
4175 funding may be made available through a specific appropriation.

4176 (4) ELIGIBILITY.—Participation in the Forensic Hospital

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4177 Diversion Pilot Program is limited to individuals who:
4178 (a) Are 18 years of age or older;
4179 (b) Are charged with a felony of the second degree or a
4180 felony of the third degree;
4181 (c) Do not have a significant history of violent criminal
4182 offenses;
4183 (d) Have been adjudicated incompetent to proceed to trial
4184 or not guilty by reason of insanity under this part;
4185 (e) Meet public safety and treatment criteria established
4186 by the department for placement in a community setting; and
4187 (f) Would be admitted to a state mental health treatment
4188 facility if not for the availability of the Forensic Hospital
4189 Diversion Pilot Program.

4190 (5) TRAINING.—The Legislature encourages the Florida
4191 Supreme Court, in consultation and cooperation with the Task
4192 Force on Substance Abuse and Mental Health Issues in the Courts,
4193 to develop educational training on the community forensic system
4194 for judges in the pilot program areas.

4195 (6) RULEMAKING.—The department may adopt rules to
4196 administer this section.

4197 (7) REPORT.—The Office of Program Policy Analysis and
4198 Government Accountability shall review and evaluate the Forensic
4199 Hospital Diversion Pilot Program and submit a report to the
4200 Governor, the President of the Senate, and the Speaker of the
4201 House of Representatives by December 31, 2016. The report shall
4202 examine the efficiency and cost-effectiveness of providing
4203 forensic mental health services in secure, outpatient,
4204 community-based settings. In addition, the report shall examine
4205 the impact of the Forensic Hospital Diversion Pilot Program on

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4206 public health and safety.

4207 Section 38. Section 944.805, Florida Statutes, is created
4208 to read:

4209 944.805 Nonviolent offender reentry program.—

4210 (1) As used in this section, the term:

4211 (a) "Department" means the Department of Corrections.

4212 (b) "Nonviolent offender" means an offender whose primary
4213 offense is a felony of the third degree, who is not the subject
4214 of a domestic violence injunction currently in force, and who
4215 has never been convicted of:

4216 1. A forcible felony as defined in s. 776.08;

4217 2. An offense specified in s. 775.082(9)(a)1.r., regardless
4218 of prior incarceration or release;

4219 3. An offense described in chapter 847;

4220 4. An offense under chapter 827;

4221 5. Any offense specified in s. 784.07, s. 784.074, s.
4222 784.075, s. 784.076, s. 784.08, s. 784.083, or s. 784.085;

4223 6. Any offense involving the possession or use of a
4224 firearm;

4225 7. A capital felony or a felony of the first or second
4226 degree;

4227 8. Any offense that requires a person to register as a
4228 sexual offender pursuant to s. 943.0435.

4229 (2)(a) The department shall develop and administer a
4230 reentry program for nonviolent offenders. The reentry program
4231 must include prison-based substance abuse treatment, general
4232 education development and adult basic education courses,
4233 vocational training, training in decisionmaking and personal
4234 development, and other rehabilitation programs.

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4235 (b) The reentry program is intended to divert nonviolent
4236 offenders from long periods of incarceration when a reduced
4237 period of incarceration supplemented by participation in
4238 intensive substance abuse treatment and rehabilitative
4239 programming could produce the same deterrent effect, protect the
4240 public, rehabilitate the offender, and reduce recidivism.

4241 (c) The nonviolent offender must serve at least 6 months in
4242 the reentry program. The offender may not count any portion of
4243 his or her sentence served before placement in the reentry
4244 program as progress toward program completion.

4245 (d) A reentry program may be operated in a secure area in
4246 or adjacent to a correctional institution.

4247 (3) The department shall screen offenders committed to the
4248 department for eligibility to participate in the reentry program
4249 using the criteria in this section. To be eligible, an offender
4250 must be a nonviolent offender, must have served at least one-
4251 half of his or her original sentence, and must have been
4252 identified as needing substance abuse treatment.

4253 (4) In addition, the department must consider the following
4254 factors when selecting participants for the reentry program:

4255 (a) The offender's history of disciplinary reports.

4256 (b) The offender's criminal history.

4257 (c) The severity of the offender's addiction.

4258 (d) The offender's history of criminal behavior related to
4259 substance abuse.

4260 (e) Whether the offender has participated or requested to
4261 participate in any general educational development certificate
4262 program or other educational, technical, work, vocational, or
4263 self-rehabilitation program.

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4264 (f) The results of any risk assessment of the offender.

4265 (g) The outcome of all past participation of the offender
4266 in substance abuse treatment programs.

4267 (h) The possible rehabilitative benefits that substance
4268 abuse treatment, educational programming, vocational training,
4269 and other rehabilitative programming might have on the offender.

4270 (i) The likelihood that the offender's participation in the
4271 program will produce the same deterrent effect, protect the
4272 public, save taxpayer dollars, and prevent or delay recidivism
4273 to an equal or greater extent than completion of the sentence
4274 previously imposed.

4275 (5) (a) If an offender volunteers to participate in the
4276 reentry program, meets the eligibility criteria, and is selected
4277 by the department based on the considerations in subsection (4)
4278 and if space is available in the reentry program, the department
4279 may request the sentencing court to approve the offender's
4280 participation in the reentry program. The request must be made
4281 in writing, must include a brief summation of the department's
4282 evaluation under subsection (4), and must identify the documents
4283 or other information upon which the evaluation is based. The
4284 request and all accompanying documents may be delivered to the
4285 sentencing court electronically.

4286 (b)1. The department shall notify the state attorney that
4287 the offender is being considered for placement in the reentry
4288 program. The notice must include a copy of all documents
4289 provided with the request to the court. The notice and all
4290 accompanying documents may be delivered to the state attorney
4291 electronically and may take the form of a copy of an electronic
4292 delivery made to the sentencing court.

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4293 2. The notice must also state that the state attorney may
4294 notify the sentencing court in writing of any objection he or
4295 she may have to placement of the nonviolent offender in the
4296 reentry program. Such notification must be made within 15 days
4297 after receipt of the notice by the state attorney from the
4298 department. Regardless of whether an objection is raised, the
4299 state attorney may provide the sentencing court with any
4300 information supplemental or contrary to the information provided
4301 by the department which may assist the court in its
4302 determination.

4303 (c) In determining whether to approve a nonviolent offender
4304 for participation in the reentry program, the sentencing court
4305 may consider any facts that the court considers relevant,
4306 including, but not limited to, the criteria listed in subsection
4307 (4); the original sentencing report and any evidence admitted in
4308 a previous sentencing proceeding; the offender's record of
4309 arrests without conviction for crimes; any other evidence of
4310 allegations of unlawful conduct or the use of violence by the
4311 offender; the offender's family ties, length of residence in the
4312 community, employment history, and mental condition; the
4313 likelihood that participation in the program will produce the
4314 same deterrent effect, rehabilitate the offender, and prevent or
4315 delay recidivism to an equal or greater extent than completion
4316 of the sentence previously imposed; and the likelihood that the
4317 offender will engage again in criminal conduct.

4318 (d) The sentencing court shall notify the department in
4319 writing of the court's decision to approve or disapprove the
4320 requested placement of the nonviolent offender no later than 30
4321 days after the court receives the department's request to place

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4322 the offender in the reentry program. If the court approves the
4323 placement, the notification must list the factors upon which the
4324 court relied in making its determination.

4325 (6) After the nonviolent offender is admitted to the
4326 reentry program, he or she shall undergo a complete substance
4327 abuse assessment to determine his or her substance abuse
4328 treatment needs. The offender shall also receive an educational
4329 assessment, which must be accomplished using the Test of Adult
4330 Basic Education or any other testing instrument approved by the
4331 Department of Education. Each offender who has not obtained a
4332 high school diploma shall be enrolled in an adult education
4333 program designed to aid the offender in improving his or her
4334 academic skills and earning a high school diploma. Additional
4335 assessments of the offender's vocational skills and future
4336 career education shall be provided to the offender as needed. A
4337 periodic reevaluation shall be made to assess the progress of
4338 each offender.

4339 (7) (a) If a nonviolent offender in the reentry program
4340 becomes unmanageable, the department may revoke the offender's
4341 gain-time and place the offender in disciplinary confinement in
4342 accordance with department rule. Except as provided in paragraph
4343 (b), the offender shall be readmitted to the reentry program
4344 after completing the ordered discipline. Any period during which
4345 the offender cannot participate in the reentry program must be
4346 excluded from the specified time requirements in the reentry
4347 program.

4348 (b) The department may terminate an offender from the
4349 reentry program if:

4350 1. The offender commits or threatens to commit a violent

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4351 act;

4352 2. The department determines that the offender cannot
4353 participate in the reentry program because of the offender's
4354 medical condition;

4355 3. The offender's sentence is modified or expires;

4356 4. The department reassigns the offender's classification
4357 status; or

4358 5. The department determines that removing the offender
4359 from the reentry program is in the best interest of the offender
4360 or the security of the reentry program facility.

4361 (8) (a) The department shall submit a report to the
4362 sentencing court at least 30 days before the nonviolent offender
4363 is scheduled to complete the reentry program. The report must
4364 describe the offender's performance in the reentry program and
4365 certify whether the performance is satisfactory. The court may
4366 schedule a hearing to consider any modification to the imposed
4367 sentence. Notwithstanding the eligibility criteria contained in
4368 s. 948.20, if the offender's performance is satisfactory to the
4369 department and the court, the court shall issue an order
4370 modifying the sentence imposed and placing the offender on drug
4371 offender probation, as described in s. 948.20(2), subject to the
4372 department's certification of the offender's successful
4373 completion of the remainder of the reentry program. The term of
4374 drug offender probation must not be less than the remaining time
4375 the offender would have served in prison had he or she not
4376 participated in the program. A condition of drug offender
4377 probation may include electronic monitoring or placement in a
4378 community residential or nonresidential licensed substance abuse
4379 treatment facility under the jurisdiction of the department or

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4380 the Department of Children and Families or any public or private
4381 entity providing such services. The order must include findings
4382 that the offender's performance is satisfactory, that the
4383 requirements for resentencing under this section are satisfied,
4384 and that public safety will not be compromised. If the
4385 nonviolent offender violates the conditions of drug offender
4386 probation, the court may revoke probation and impose any
4387 sentence that it might have originally imposed. An offender may
4388 not be released from the custody of the department under this
4389 section except pursuant to a judicial order modifying his or her
4390 sentence.

4391 (b) If an offender released pursuant to paragraph (a)
4392 intends to reside in a county that has established a
4393 postadjudicatory drug court program as described in s. 397.334,
4394 the sentencing court may require the offender to successfully
4395 complete the postadjudicatory drug court program as a condition
4396 of drug offender probation. The original sentencing court shall
4397 relinquish jurisdiction of the offender's case to the
4398 postadjudicatory drug court program until the offender is no
4399 longer active in the program, the case is returned to the
4400 sentencing court due to the offender's termination from the
4401 program for failure to comply with the terms of the program, or
4402 the offender's sentence is completed. An offender who is
4403 transferred to a postadjudicatory drug court program shall
4404 comply with all conditions and orders of the program.

4405 (9) The department shall implement the reentry program to
4406 the fullest extent feasible within available resources.

4407 (10) The department may enter into performance-based
4408 contracts with qualified individuals, agencies, or corporations

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4409 for the provision of any or all of the services for the reentry
4410 program. However, an offender may not be released from the
4411 custody of the department under this section except pursuant to
4412 a judicial order modifying a sentence.

4413 (11) A nonviolent offender in the reentry program is
4414 subject to rules of conduct established by the department and
4415 may have sanctions imposed, including loss of privileges,
4416 restrictions, disciplinary confinement, alteration of release
4417 plans, or other program modifications in keeping with the nature
4418 and gravity of the program violation. Administrative or
4419 protective confinement, as necessary, may be imposed.

4420 (12) This section does not create or confer any right to
4421 any offender to placement in the reentry program or any right to
4422 placement or early release under supervision of any type. An
4423 inmate does not have a cause of action under this section
4424 against the department, a court, or the state attorney related
4425 to the reentry program.

4426 (13) The department may establish a system of incentives
4427 within the reentry program which the department may use to
4428 promote participation in rehabilitative programs and the orderly
4429 operation of institutions and facilities.

4430 (14) The department shall develop a system for tracking
4431 recidivism, including, but not limited to, rearrests and
4432 recommitment of nonviolent offenders who successfully complete
4433 the reentry program, and shall report the recidivism rate in the
4434 annual report required under this section.

4435 (15) The department shall submit an annual report to the
4436 Governor, the President of the Senate, and the Speaker of the
4437 House of Representatives detailing the extent of implementation

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4438 of the reentry program and the number of participants who are
4439 selected by the department, the number of participants who are
4440 approved by the court, and the number of participants who
4441 successfully complete the program. The report must include a
4442 reasonable estimate or description of the additional public
4443 costs incurred and any public funds saved with respect to each
4444 participant, a brief description of each sentence modification,
4445 and a brief description of the subsequent criminal history, if
4446 any, of each participant following any modification of sentence
4447 under this section. The report must also include future goals
4448 and any recommendations that the department has for future
4449 legislative action.

4450 (16) The department shall adopt rules as necessary to
4451 administer the reentry program.

4452 (17) Nothing in this section is severable from the
4453 remaining provisions of this section. If any subsection of this
4454 section is determined by any state or federal court to be not
4455 fully enforceable, this section shall stand repealed in its
4456 entirety.

4457 Section 39. Paragraph (a) of subsection (7) of section
4458 948.08, Florida Statutes, is amended to read:

4459 948.08 Pretrial intervention program.—

4460 (7) (a) Notwithstanding any provision of this section, a
4461 person who is charged with a felony, other than a felony listed
4462 in s. 948.06(8)(c), and identified as a veteran, as defined in
4463 s. 1.01, including a veteran who was discharged or released
4464 under a general discharge, or servicemember, as defined in s.
4465 250.01, who suffers from a military service-related mental
4466 illness, traumatic brain injury, substance abuse disorder, or

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4467 psychological problem, is eligible for voluntary admission into
4468 a pretrial veterans' treatment intervention program approved by
4469 the chief judge of the circuit, upon motion of either party or
4470 the court's own motion, except:

4471 1. If a defendant was previously offered admission to a
4472 pretrial veterans' treatment intervention program at any time
4473 before trial and the defendant rejected that offer on the
4474 record, the court may deny the defendant's admission to such a
4475 program.

4476 2. If a defendant previously entered a court-ordered
4477 veterans' treatment program, the court may deny the defendant's
4478 admission into the pretrial veterans' treatment program.

4479 Section 40. Paragraph (a) of subsection (2) of section
4480 948.16, Florida Statutes, is amended to read:

4481 948.16 Misdemeanor pretrial substance abuse education and
4482 treatment intervention program; misdemeanor pretrial veterans'
4483 treatment intervention program.-

4484 (2) (a) A veteran, as defined in s. 1.01, including a
4485 veteran who was discharged or released under a general
4486 discharge, or servicemember, as defined in s. 250.01, who
4487 suffers from a military service-related mental illness,
4488 traumatic brain injury, substance abuse disorder, or
4489 psychological problem, and who is charged with a misdemeanor is
4490 eligible for voluntary admission into a misdemeanor pretrial
4491 veterans' treatment intervention program approved by the chief
4492 judge of the circuit, for a period based on the program's
4493 requirements and the treatment plan for the offender, upon
4494 motion of either party or the court's own motion. However, the
4495 court may deny the defendant admission into a misdemeanor

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4496 pretrial veterans' treatment intervention program if the
4497 defendant has previously entered a court-ordered veterans'
4498 treatment program.

4499 Section 41. Section 948.21, Florida Statutes, is amended to
4500 read:

4501 948.21 Condition of probation or community control;
4502 military servicemembers and veterans.—

4503 (1) Effective for a probationer or community controllee
4504 whose crime was committed on or after July 1, 2012, and who is a
4505 veteran, as defined in s. 1.01, or servicemember, as defined in
4506 s. 250.01, who suffers from a military service-related mental
4507 illness, traumatic brain injury, substance abuse disorder, or
4508 psychological problem, the court may, in addition to any other
4509 conditions imposed, impose a condition requiring the probationer
4510 or community controllee to participate in a treatment program
4511 capable of treating the probationer or community controllee's
4512 mental illness, traumatic brain injury, substance abuse
4513 disorder, or psychological problem.

4514 (2) Effective for a probationer or community controllee
4515 whose crime was committed on or after July 1, 2015, and who is a
4516 veteran, as defined in s. 1.01, including a veteran who was
4517 discharged or released under a general discharge, or a
4518 servicemember, as defined in s. 250.01, who suffers from a
4519 military service-related mental illness, traumatic brain injury,
4520 substance abuse disorder, or psychological problem, the court
4521 may impose, in addition to any other conditions imposed, a
4522 condition requiring the probationer or community controllee to
4523 participate in a treatment program established to treat the
4524 probationer or community controllee's mental illness, traumatic

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4525 brain injury, substance abuse disorder, or psychological
4526 problem.

4527 (3) The court shall give preference to treatment programs
4528 for which the probationer or community controllee is eligible
4529 through the United States Department of Veterans Affairs or the
4530 Florida Department of Veterans' Affairs. The Department of
4531 Corrections is not required to spend state funds to implement
4532 this section.

4533 Section 42. Paragraph (1) is added to subsection (3) of
4534 section 1002.20, Florida Statutes, to read:

4535 1002.20 K-12 student and parent rights.—Parents of public
4536 school students must receive accurate and timely information
4537 regarding their child's academic progress and must be informed
4538 of ways they can help their child to succeed in school. K-12
4539 students and their parents are afforded numerous statutory
4540 rights including, but not limited to, the following:

4541 (3) HEALTH ISSUES.—

4542 (1) Notification of involuntary examinations.—The public
4543 school principal or the principal's designee shall immediately
4544 notify the parent of a student who is removed from school,
4545 school transportation, or a school-sponsored activity and taken
4546 to a receiving facility for an involuntary examination pursuant
4547 to s. 394.463. The principal or the principal's designee may
4548 delay notification for no more than 24 hours after the student
4549 is removed from school if the principal or designee deems the
4550 delay to be in the student's best interest and if a report has
4551 been submitted to the central abuse hotline, pursuant to s.
4552 39.201, based upon knowledge or suspicion of abuse, abandonment,
4553 or neglect. Each district school board shall develop a policy

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4554 and procedures for notification under this paragraph.

4555 Section 43. Paragraph (q) is added to subsection (9) of
4556 section 1002.33, Florida Statutes, to read:

4557 1002.33 Charter schools.—

4558 (9) CHARTER SCHOOL REQUIREMENTS.—

4559 (q) The charter school principal or the principal's
4560 designee shall immediately notify the parent of a student who is
4561 removed from school, school transportation, or a school-
4562 sponsored activity and taken to a receiving facility for an
4563 involuntary examination pursuant to s. 394.463. The principal or
4564 the principal's designee may delay notification for no more than
4565 24 hours after the student is removed from school if the
4566 principal or designee deems the delay to be in the student's
4567 best interest and if a report has been submitted to the central
4568 abuse hotline, pursuant to s. 39.201, based upon knowledge or
4569 suspicion of abuse, abandonment, or neglect. Each charter school
4570 governing board shall develop a policy and procedures for
4571 notification under this paragraph.

4572 Section 44. Effective July 1, 2016, paragraph (a) of
4573 subsection (3) of section 39.407, Florida Statutes, is amended
4574 to read:

4575 39.407 Medical, psychiatric, and psychological examination
4576 and treatment of child; physical, mental, or substance abuse
4577 examination of person with or requesting child custody.—

4578 (3) (a) 1. Except as otherwise provided in subparagraph (b) 1.
4579 or paragraph (e), before the department provides psychotropic
4580 medications to a child in its custody, the prescribing physician
4581 shall attempt to obtain express and informed consent, as defined
4582 in s. 394.455(13) ~~s. 394.455(9)~~ and as described in s.

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4583 394.459(4)(a) ~~s. 394.459(3)(a)~~, from the child's parent or legal
4584 guardian. The department must take steps necessary to facilitate
4585 the inclusion of the parent in the child's consultation with the
4586 physician. However, if the parental rights of the parent have
4587 been terminated, the parent's location or identity is unknown or
4588 cannot reasonably be ascertained, or the parent declines to give
4589 express and informed consent, the department may, after
4590 consultation with the prescribing physician, seek court
4591 authorization to provide the psychotropic medications to the
4592 child. Unless parental rights have been terminated and if it is
4593 possible to do so, the department shall continue to involve the
4594 parent in the decisionmaking process regarding the provision of
4595 psychotropic medications. If, at any time, a parent whose
4596 parental rights have not been terminated provides express and
4597 informed consent to the provision of a psychotropic medication,
4598 the requirements of this section that the department seek court
4599 authorization do not apply to that medication until such time as
4600 the parent no longer consents.

4601 2. Any time the department seeks a medical evaluation to
4602 determine the need to initiate or continue a psychotropic
4603 medication for a child, the department must provide to the
4604 evaluating physician all pertinent medical information known to
4605 the department concerning that child.

4606 Section 45. Effective July 1, 2016, subsection (2) of
4607 section 394.4612, Florida Statutes, is amended to read:

4608 394.4612 Integrated adult mental health crisis
4609 stabilization and addictions receiving facilities.—

4610 (2) An integrated mental health crisis stabilization unit
4611 and addictions receiving facility may provide services under

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4612 this section to adults who are 18 years of age or older and who
4613 fall into one ~~or more~~ of the following categories:

4614 (a) An adult meeting the requirements for voluntary
4615 admission for mental health treatment under s. 394.4625.

4616 (b) An adult meeting the criteria for involuntary
4617 examination for mental illness under s. 394.463.

4618 (c) An adult qualifying for voluntary admission for
4619 substance abuse treatment under s. 394.4625 ~~s. 397.601~~.

4620 (d) An adult meeting the criteria for involuntary admission
4621 for substance abuse impairment under s. 394.463 ~~s. 397.675~~.

4622 Section 46. Effective July 1, 2016, paragraphs (a) and (c)
4623 of subsection (3) of section 394.495, Florida Statutes, are
4624 amended to read:

4625 394.495 Child and adolescent mental health system of care;
4626 programs and services.—

4627 (3) Assessments must be performed by:

4628 (a) A professional as defined in s. 394.455(6), (31), (34),
4629 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~;

4630 (c) A person who is under the direct supervision of a
4631 professional as defined in s. 394.455(6), (31), (34), (35), or
4632 (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a professional
4633 licensed under chapter 491.

4634
4635 The department shall adopt by rule statewide standards for
4636 mental health assessments, which must be based on current
4637 relevant professional and accreditation standards.

4638 Section 47. Effective July 1, 2016, subsection (6) of
4639 section 394.496, Florida Statutes, is amended to read:

4640 394.496 Service planning.—

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4641 (6) A professional as defined in s. 394.455(6), (31), (34),
4642 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a
4643 professional licensed under chapter 491 must be included among
4644 those persons developing the services plan.

4645 Section 48. Effective July 1, 2016, subsection (2) of
4646 section 394.499, Florida Statutes, is amended to read:

4647 394.499 Integrated children's crisis stabilization
4648 unit/juvenile addictions receiving facility services.-

4649 (2) Children eligible to receive integrated children's
4650 crisis stabilization unit/juvenile addictions receiving facility
4651 services include:

4652 (a) A person under 18 years of age for whom voluntary
4653 application is made by his or her guardian, if such person is
4654 found to show evidence of mental illness and to be suitable for
4655 treatment pursuant to s. 394.4625. A person under 18 years of
4656 age may be admitted for integrated facility services only after
4657 a hearing to verify that the consent to admission is voluntary.

4658 (b) A person under 18 years of age who may be taken to a
4659 receiving facility for involuntary examination, if there is
4660 reason to believe that he or she is mentally ill and because of
4661 his or her mental illness, pursuant to s. 394.463:

4662 1. Has refused voluntary examination after conscientious
4663 explanation and disclosure of the purpose of the examination; or

4664 2. Is unable to determine for himself or herself whether
4665 examination is necessary; and

4666 a. Without care or treatment is likely to suffer from
4667 neglect or refuse to care for himself or herself; such neglect
4668 or refusal poses a real and present threat of substantial harm
4669 to his or her well-being; and it is not apparent that such harm

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4670 may be avoided through the help of willing family members or
4671 friends or the provision of other services; or

4672 b. There is a substantial likelihood that without care or
4673 treatment he or she will cause serious bodily harm to himself or
4674 herself or others in the near future, as evidenced by recent
4675 behavior.

4676 (c) A person under 18 years of age who wishes to enter
4677 treatment for substance abuse and applies to a service provider
4678 for voluntary admission, pursuant to s. 394.4625(1)(a) ~~s.~~
4679 ~~397.601.~~

4680 ~~(d) A person under 18 years of age who meets the criteria~~
4681 ~~for involuntary admission because there is good faith reason to~~
4682 ~~believe the person is substance abuse impaired pursuant to s.~~
4683 ~~397.675 and, because of such impairment:~~

4684 1. ~~Has lost the power of self control with respect to~~
4685 ~~substance use; and~~

4686 2.a. ~~Has inflicted, or threatened or attempted to inflict,~~
4687 ~~or unless admitted is likely to inflict, physical harm on~~
4688 ~~himself or herself or another; or~~

4689 b. ~~Is in need of substance abuse services and, by reason of~~
4690 ~~substance abuse impairment, his or her judgment has been so~~
4691 ~~impaired that the person is incapable of appreciating his or her~~
4692 ~~need for such services and of making a rational decision in~~
4693 ~~regard thereto; however, mere refusal to receive such services~~
4694 ~~does not constitute evidence of lack of judgment with respect to~~
4695 ~~his or her need for such services.~~

4696 (d)(e) A person under 18 years of age who meets the
4697 criteria for examination or admission under paragraph (b) ~~or~~
4698 ~~paragraph (d)~~ and has a coexisting mental health and substance

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4699 abuse disorder.

4700 Section 49. Effective July 1, 2016, subsection (18) of
4701 section 394.67, Florida Statutes, is amended to read:

4702 394.67 Definitions.—As used in this part, the term:

4703 (18) "Person who is experiencing an acute substance abuse
4704 crisis" means a child, adolescent, or adult who is experiencing
4705 a medical or emotional crisis because of the use of alcoholic
4706 beverages or any psychoactive or mood-altering substance. The
4707 term includes an individual who meets the criteria for
4708 involuntary admission specified in s. 394.463 ~~s. 397.675~~.

4709 Section 50. Effective July 1, 2016, subsection (2) of
4710 section 394.674, Florida Statutes, is amended to read:

4711 394.674 Eligibility for publicly funded substance abuse and
4712 mental health services; fee collection requirements.—

4713 (2) Crisis services, as defined in s. 394.67, must, within
4714 the limitations of available state and local matching resources,
4715 be available to each person who is eligible for services under
4716 subsection (1), regardless of the person's ability to pay for
4717 such services. A person who is experiencing a mental health
4718 crisis and who does not meet the criteria for involuntary
4719 examination under s. 394.463(1), or a person who is experiencing
4720 a substance abuse crisis and who does not meet the involuntary
4721 admission criteria in s. 394.463 ~~s. 397.675~~, must contribute to
4722 the cost of his or her care and treatment pursuant to the
4723 sliding fee scale developed under subsection (4), unless
4724 charging a fee is contraindicated because of the crisis
4725 situation.

4726 Section 51. Effective July 1, 2016, subsection (6) of
4727 section 394.9085, Florida Statutes, is amended to read:

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4728 394.9085 Behavioral provider liability.—

4729 (6) For purposes of this section, the terms "detoxification
4730 services," "addictions receiving facility," and "receiving
4731 facility" have the same meanings as those provided in ss.
4732 397.311(18)(a)4., 397.311(18)(a)1., and 394.455(27) ~~394.455(26)~~,
4733 respectively.

4734 Section 52. Effective July 1, 2016, subsection (11) and
4735 paragraph (a) of subsection (18) of section 397.311, Florida
4736 Statutes, are amended to read:

4737 397.311 Definitions.—As used in this chapter, except part
4738 VIII, the term:

4739 (11) "Habitual abuser" means a person who is brought to the
4740 attention of law enforcement for being substance impaired, who
4741 meets the criteria for involuntary admission in s.394.463 ~~s.~~
4742 ~~397.675~~, and who has been taken into custody for such impairment
4743 three or more times during the preceding 12 months.

4744 (18) Licensed service components include a comprehensive
4745 continuum of accessible and quality substance abuse prevention,
4746 intervention, and clinical treatment services, including the
4747 following services:

4748 (a) "Clinical treatment" means a professionally directed,
4749 deliberate, and planned regimen of services and interventions
4750 that are designed to reduce or eliminate the misuse of drugs and
4751 alcohol and promote a healthy, drug-free lifestyle. As defined
4752 by rule, "clinical treatment services" include, but are not
4753 limited to, the following licensable service components:

4754 1. "Addictions receiving facility" is a secure, acute care
4755 facility that provides, at a minimum, detoxification and
4756 stabilization services and is operated 24 hours per day, 7 days

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4757 per week; and is designated by the department to serve
4758 individuals found to be substance use impaired as described in
4759 s. 394.463 ~~s. 397.675~~ who meet the placement criteria for this
4760 component.

4761 2. "Day or night treatment" is a service provided in a
4762 nonresidential environment, with a structured schedule of
4763 treatment and rehabilitative services.

4764 3. "Day or night treatment with community housing" means a
4765 program intended for individuals who can benefit from living
4766 independently in peer community housing while participating in
4767 treatment services for a minimum of 5 hours a day for a minimum
4768 of 25 hours per week.

4769 4. "Detoxification" is a service involving subacute care
4770 that is provided on an inpatient or an outpatient basis to
4771 assist individuals to withdraw from the physiological and
4772 psychological effects of substance abuse and who meet the
4773 placement criteria for this component.

4774 5. "Intensive inpatient treatment" includes a planned
4775 regimen of evaluation, observation, medical monitoring, and
4776 clinical protocols delivered through an interdisciplinary team
4777 approach provided 24-hours-per-day ~~24 hours per day~~, 7-days-per-
4778 week ~~7 days per week~~, in a highly structured, live-in
4779 environment.

4780 6. "Intensive outpatient treatment" is a service that
4781 provides individual or group counseling in a more structured
4782 environment, is of higher intensity and duration than outpatient
4783 treatment, and is provided to individuals who meet the placement
4784 criteria for this component.

4785 7. "Medication-assisted treatment for opiate addiction" is

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4786 a service that uses methadone or other medication as authorized
4787 by state and federal law, in combination with medical,
4788 rehabilitative, and counseling services in the treatment of
4789 individuals who are dependent on opioid drugs.

4790 8. "Outpatient treatment" is a service that provides
4791 individual, group, or family counseling by appointment during
4792 scheduled operating hours for individuals who meet the placement
4793 criteria for this component.

4794 9. "Residential treatment" is a service provided in a
4795 structured live-in environment within a nonhospital setting on a
4796 24-hours-per-day, 7-days-per-week basis, and is intended for
4797 individuals who meet the placement criteria for this component.

4798 Section 53. Effective July 1, 2016, paragraph (b) of
4799 subsection (2) of section 397.702, Florida Statutes, is amended
4800 to read:

4801 397.702 Authorization of local ordinances for treatment of
4802 habitual abusers in licensed secure facilities.-

4803 (2) Ordinances for the treatment of habitual abusers must
4804 provide:

4805 (b) That when seeking treatment of a habitual abuser, the
4806 county or municipality, through an officer or agent specified in
4807 the ordinance, must file with the court a petition which alleges
4808 the following information about the alleged habitual abuser (the
4809 respondent):

4810 1. The name, address, age, and gender of the respondent.

4811 2. The name of any spouse, adult child, other relative, or
4812 guardian of the respondent, if known to the petitioner, and the
4813 efforts, if any, by the petitioner, ~~if any~~, to ascertain this
4814 information.

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4815 3. The name of the petitioner, the name of the person who
4816 has physical custody of the respondent, and the current location
4817 of the respondent.

4818 4. That the respondent has been taken into custody for
4819 impairment in a public place, or has been arrested for an
4820 offense committed while impaired, three or more times during the
4821 preceding 12 months.

4822 5. Specific facts indicating that the respondent meets the
4823 criteria for involuntary admission in s. 394.463 ~~s. 397.675~~.

4824 6. Whether the respondent was advised of his or her right
4825 to be represented by counsel and to request that the court
4826 appoint an attorney if he or she is unable to afford one, and
4827 whether the respondent indicated to petitioner his or her desire
4828 to have an attorney appointed.

4829 Section 54. Section 402.3057, Florida Statutes, is amended
4830 to read:

4831 402.3057 Persons not required to be refingerprinted or
4832 rescreened.—Any provision of law to the contrary
4833 notwithstanding, human resource personnel who have been
4834 fingerprinted or screened pursuant to chapters 393, 394, 397,
4835 402, and 409, and teachers and noninstructional personnel who
4836 have been fingerprinted pursuant to chapter 1012, who have not
4837 been unemployed for more than 90 days thereafter, and who under
4838 the penalty of perjury attest to the completion of such
4839 fingerprinting or screening and to compliance with the
4840 provisions of this section and the standards for good moral
4841 character as contained in such provisions as ss. 110.1127(2)(c),
4842 393.0655(1), ~~394.457(6)~~, 397.451, 402.305(2), and 409.175(6),
4843 shall not be required to be refingerprinted or rescreened in

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4844 order to comply with any caretaker screening or fingerprinting
4845 requirements.

4846 Section 55. Section 409.1757, Florida Statutes, is amended
4847 to read:

4848 409.1757 Persons not required to be refingerprinted or
4849 rescreened.—Any law to the contrary notwithstanding, human
4850 resource personnel who have been fingerprinted or screened
4851 pursuant to chapters 393, 394, 397, 402, and this chapter,
4852 teachers who have been fingerprinted pursuant to chapter 1012,
4853 and law enforcement officers who meet the requirements of s.
4854 943.13, who have not been unemployed for more than 90 days
4855 thereafter, and who under the penalty of perjury attest to the
4856 completion of such fingerprinting or screening and to compliance
4857 with this section and the standards for good moral character as
4858 contained in such provisions as ss. 110.1127(2)(c), 393.0655(1),
4859 ~~394.457(6)~~, 397.451, 402.305(2), 409.175(6), and 943.13(7), are
4860 not required to be refingerprinted or rescreened in order to
4861 comply with any caretaker screening or fingerprinting
4862 requirements.

4863 Section 56. Effective July 1, 2016, paragraph (b) of
4864 subsection (1) of section 409.972, Florida Statutes, is amended
4865 to read:

4866 409.972 Mandatory and voluntary enrollment.—

4867 (1) The following Medicaid-eligible persons are exempt from
4868 mandatory managed care enrollment required by s. 409.965, and
4869 may voluntarily choose to participate in the managed medical
4870 assistance program:

4871 (b) Medicaid recipients residing in residential commitment
4872 facilities operated through the Department of Juvenile Justice

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4873 or mental health treatment facilities as defined by s.
4874 394.455(47) ~~s. 394.455(32)~~.

4875 Section 57. Effective July 1, 2016, subsection (7) of
4876 section 744.704, Florida Statutes, is amended to read:

4877 744.704 Powers and duties.—

4878 (7) A public guardian shall not commit a ward to a mental
4879 health treatment facility, as defined in s. 394.455(47) ~~s.~~
4880 ~~394.455(32)~~, without an involuntary placement proceeding as
4881 provided by law.

4882 Section 58. Effective July 1, 2016, paragraph (a) of
4883 subsection (2) of section 790.065, Florida Statutes, is amended
4884 to read:

4885 790.065 Sale and delivery of firearms.—

4886 (2) Upon receipt of a request for a criminal history record
4887 check, the Department of Law Enforcement shall, during the
4888 licensee's call or by return call, forthwith:

4889 (a) Review any records available to determine if the
4890 potential buyer or transferee:

4891 1. Has been convicted of a felony and is prohibited from
4892 receipt or possession of a firearm pursuant to s. 790.23;

4893 2. Has been convicted of a misdemeanor crime of domestic
4894 violence, and therefore is prohibited from purchasing a firearm;

4895 3. Has had adjudication of guilt withheld or imposition of
4896 sentence suspended on any felony or misdemeanor crime of
4897 domestic violence unless 3 years have elapsed since probation or
4898 any other conditions set by the court have been fulfilled or
4899 expunction has occurred; or

4900 4. Has been adjudicated mentally defective or has been
4901 committed to a mental institution by a court or as provided in

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4902 sub-sub-subparagraph b.(II), and as a result is prohibited by
4903 state or federal law from purchasing a firearm.

4904 a. As used in this subparagraph, "adjudicated mentally
4905 defective" means a determination by a court that a person, as a
4906 result of marked subnormal intelligence, or mental illness,
4907 incompetency, condition, or disease, is a danger to himself or
4908 herself or to others or lacks the mental capacity to contract or
4909 manage his or her own affairs. The phrase includes a judicial
4910 finding of incapacity under s. 744.331(6)(a), an acquittal by
4911 reason of insanity of a person charged with a criminal offense,
4912 and a judicial finding that a criminal defendant is not
4913 competent to stand trial.

4914 b. As used in this subparagraph, "committed to a mental
4915 institution" means:

4916 (I) Involuntary commitment, commitment for mental
4917 defectiveness or mental illness, and commitment for substance
4918 abuse. The phrase includes involuntary inpatient placement as
4919 defined in s. 394.467, involuntary outpatient placement as
4920 defined in s. 394.4655, involuntary assessment and stabilization
4921 under s. 394.463(2)(g) ~~s. 397.6818~~, or ~~and~~ involuntary substance
4922 abuse treatment under s. 394.463 ~~s. 397.6957~~, but does not
4923 include a person in a mental institution for observation or
4924 discharged from a mental institution based upon the initial
4925 review by the physician or a voluntary admission to a mental
4926 institution; or

4927 (II) Notwithstanding sub-sub-subparagraph (I), voluntary
4928 admission to a mental institution for outpatient or inpatient
4929 treatment of a person who had an involuntary examination under
4930 s. 394.463, where each of the following conditions have been

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4931 met:

4932 (A) An examining physician found that the person is an
4933 imminent danger to himself or herself or others.

4934 (B) The examining physician certified that if the person
4935 did not agree to voluntary treatment, a petition for involuntary
4936 outpatient or inpatient treatment would have been filed under s.
4937 394.463(2)(g) ~~s. 394.463(2)(i)4.~~, or the examining physician
4938 certified that a petition was filed and the person subsequently
4939 agreed to voluntary treatment prior to a court hearing on the
4940 petition.

4941 (C) Before agreeing to voluntary treatment, the person
4942 received written notice of that finding and certification, and
4943 written notice that as a result of such finding, he or she may
4944 be prohibited from purchasing a firearm, and may not be eligible
4945 to apply for or retain a concealed weapon or firearms license
4946 under s. 790.06 and the person acknowledged such notice in
4947 writing, in substantially the following form:

4948

4949 "I understand that the doctor who examined me believes I am
4950 a danger to myself or to others. I understand that if I do not
4951 agree to voluntary treatment, a petition will be filed in court
4952 to require me to receive involuntary treatment. I understand
4953 that if that petition is filed, I have the right to contest it.
4954 In the event a petition has been filed, I understand that I can
4955 subsequently agree to voluntary treatment prior to a court
4956 hearing. I understand that by agreeing to voluntary treatment in
4957 either of these situations, I may be prohibited from buying
4958 firearms and from applying for or retaining a concealed weapons
4959 or firearms license until I apply for and receive relief from

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4960 that restriction under Florida law.”

4961

4962 (D) A judge or a magistrate has, pursuant to sub-sub-
4963 subparagraph c.(II), reviewed the record of the finding,
4964 certification, notice, and written acknowledgment classifying
4965 the person as an imminent danger to himself or herself or
4966 others, and ordered that such record be submitted to the
4967 department.

4968 c. In order to check for these conditions, the department
4969 shall compile and maintain an automated database of persons who
4970 are prohibited from purchasing a firearm based on court records
4971 of adjudications of mental defectiveness or commitments to
4972 mental institutions.

4973 (I) Except as provided in sub-sub-subparagraph (II), clerks
4974 of court shall submit these records to the department within 1
4975 month after the rendition of the adjudication or commitment.
4976 Reports shall be submitted in an automated format. The reports
4977 must, at a minimum, include the name, along with any known alias
4978 or former name, the sex, and the date of birth of the subject.

4979 (II) For persons committed to a mental institution pursuant
4980 to sub-sub-subparagraph b.(II), within 24 hours after the
4981 person's agreement to voluntary admission, a record of the
4982 finding, certification, notice, and written acknowledgment must
4983 be filed by the administrator of the receiving or treatment
4984 facility, as defined in s. 394.455, with the clerk of the court
4985 for the county in which the involuntary examination under s.
4986 394.463 occurred. No fee shall be charged for the filing under
4987 this sub-sub-subparagraph. The clerk must present the records to
4988 a judge or magistrate within 24 hours after receipt of the

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4989 records. A judge or magistrate is required and has the lawful
4990 authority to review the records ex parte and, if the judge or
4991 magistrate determines that the record supports the classifying
4992 of the person as an imminent danger to himself or herself or
4993 others, to order that the record be submitted to the department.
4994 If a judge or magistrate orders the submittal of the record to
4995 the department, the record must be submitted to the department
4996 within 24 hours.

4997 d. A person who has been adjudicated mentally defective or
4998 committed to a mental institution, as those terms are defined in
4999 this paragraph, may petition the circuit court that made the
5000 adjudication or commitment, or the court that ordered that the
5001 record be submitted to the department pursuant to sub-sub-
5002 subparagraph c.(II), for relief from the firearm disabilities
5003 imposed by such adjudication or commitment. A copy of the
5004 petition shall be served on the state attorney for the county in
5005 which the person was adjudicated or committed. The state
5006 attorney may object to and present evidence relevant to the
5007 relief sought by the petition. The hearing on the petition may
5008 be open or closed as the petitioner may choose. The petitioner
5009 may present evidence and subpoena witnesses to appear at the
5010 hearing on the petition. The petitioner may confront and cross-
5011 examine witnesses called by the state attorney. A record of the
5012 hearing shall be made by a certified court reporter or by court-
5013 approved electronic means. The court shall make written findings
5014 of fact and conclusions of law on the issues before it and issue
5015 a final order. The court shall grant the relief requested in the
5016 petition if the court finds, based on the evidence presented
5017 with respect to the petitioner's reputation, the petitioner's

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5018 mental health record and, if applicable, criminal history
5019 record, the circumstances surrounding the firearm disability,
5020 and any other evidence in the record, that the petitioner will
5021 not be likely to act in a manner that is dangerous to public
5022 safety and that granting the relief would not be contrary to the
5023 public interest. If the final order denies relief, the
5024 petitioner may not petition again for relief from firearm
5025 disabilities until 1 year after the date of the final order. The
5026 petitioner may seek judicial review of a final order denying
5027 relief in the district court of appeal having jurisdiction over
5028 the court that issued the order. The review shall be conducted
5029 de novo. Relief from a firearm disability granted under this
5030 sub-subparagraph has no effect on the loss of civil rights,
5031 including firearm rights, for any reason other than the
5032 particular adjudication of mental defectiveness or commitment to
5033 a mental institution from which relief is granted.

5034 e. Upon receipt of proper notice of relief from firearm
5035 disabilities granted under sub-subparagraph d., the department
5036 shall delete any mental health record of the person granted
5037 relief from the automated database of persons who are prohibited
5038 from purchasing a firearm based on court records of
5039 adjudications of mental defectiveness or commitments to mental
5040 institutions.

5041 f. The department is authorized to disclose data collected
5042 pursuant to this subparagraph to agencies of the Federal
5043 Government and other states for use exclusively in determining
5044 the lawfulness of a firearm sale or transfer. The department is
5045 also authorized to disclose this data to the Department of
5046 Agriculture and Consumer Services for purposes of determining

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5047 eligibility for issuance of a concealed weapons or concealed
5048 firearms license and for determining whether a basis exists for
5049 revoking or suspending a previously issued license pursuant to
5050 s. 790.06(10). When a potential buyer or transferee appeals a
5051 nonapproval based on these records, the clerks of court and
5052 mental institutions shall, upon request by the department,
5053 provide information to help determine whether the potential
5054 buyer or transferee is the same person as the subject of the
5055 record. Photographs and any other data that could confirm or
5056 negate identity must be made available to the department for
5057 such purposes, notwithstanding any other provision of state law
5058 to the contrary. Any such information that is made confidential
5059 or exempt from disclosure by law shall retain such confidential
5060 or exempt status when transferred to the department.

5061 Section 59. Effective July 1, 2016, section 397.601,
5062 Florida Statutes, which composes part IV of chapter 397, Florida
5063 Statutes, is repealed.

5064 Section 60. Effective July 1, 2016, sections 397.675,
5065 397.6751, 397.6752, 397.6758, 397.6759, 397.677, 397.6771,
5066 397.6772, 397.6773, 397.6774, 397.6775, 397.679, 397.6791,
5067 397.6793, 397.6795, 397.6797, 397.6798, 397.6799, 397.681,
5068 397.6811, 397.6814, 397.6815, 397.6818, 397.6819, 397.6821,
5069 397.6822, 397.693, 397.695, 397.6951, 397.6955, 397.6957,
5070 397.697, 397.6971, 397.6975, and 397.6977, Florida Statutes,
5071 which compose part V of chapter 397, Florida Statutes, are
5072 repealed.

5073 Section 61. For the purpose of incorporating the amendment
5074 made by this act to section 394.4599, Florida Statutes, in a
5075 reference thereto, subsection (1) of section 394.4685, Florida

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5076 Statutes, is reenacted to read:

5077 394.4685 Transfer of patients among facilities.—

5078 (1) TRANSFER BETWEEN PUBLIC FACILITIES.—

5079 (a) A patient who has been admitted to a public receiving
5080 facility, or the family member, guardian, or guardian advocate
5081 of such patient, may request the transfer of the patient to
5082 another public receiving facility. A patient who has been
5083 admitted to a public treatment facility, or the family member,
5084 guardian, or guardian advocate of such patient, may request the
5085 transfer of the patient to another public treatment facility.
5086 Depending on the medical treatment or mental health treatment
5087 needs of the patient and the availability of appropriate
5088 facility resources, the patient may be transferred at the
5089 discretion of the department. If the department approves the
5090 transfer of an involuntary patient, notice according to the
5091 provisions of s. 394.4599 shall be given prior to the transfer
5092 by the transferring facility. The department shall respond to
5093 the request for transfer within 2 working days after receipt of
5094 the request by the facility administrator.

5095 (b) When required by the medical treatment or mental health
5096 treatment needs of the patient or the efficient utilization of a
5097 public receiving or public treatment facility, a patient may be
5098 transferred from one receiving facility to another, or one
5099 treatment facility to another, at the department's discretion,
5100 or, with the express and informed consent of the patient or the
5101 patient's guardian or guardian advocate, to a facility in
5102 another state. Notice according to the provisions of s. 394.4599
5103 shall be given prior to the transfer by the transferring
5104 facility. If prior notice is not possible, notice of the

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5105 transfer shall be provided as soon as practicable after the
5106 transfer.

5107 Section 62. For the purpose of incorporating the amendment
5108 made by this act to section 394.4599, Florida Statutes, in a
5109 reference thereto, subsection (2) of section 394.469, Florida
5110 Statutes, is reenacted to read:

5111 394.469 Discharge of involuntary patients.—

5112 (2) NOTICE.—Notice of discharge or transfer of a patient
5113 shall be given as provided in s. 394.4599.

5114 Section 63. Subsections (1), (4), (5), and (6) of section
5115 394.492, Florida Statutes, are amended to read:

5116 394.492 Definitions.—As used in ss. 394.490–394.497, the
5117 term:

5118 (1) "Adolescent" means a person who is at least 13 years of
5119 age but under ~~18~~ 21 years of age.

5120 (4) "Child or adolescent at risk of emotional disturbance"
5121 means a person under ~~18~~ 21 years of age who has an increased
5122 likelihood of becoming emotionally disturbed because of risk
5123 factors that include, but are not limited to:

5124 (a) Being homeless.

5125 (b) Having a family history of mental illness.

5126 (c) Being physically or sexually abused or neglected.

5127 (d) Abusing alcohol or other substances.

5128 (e) Being infected with human immunodeficiency virus (HIV).

5129 (f) Having a chronic and serious physical illness.

5130 (g) Having been exposed to domestic violence.

5131 (h) Having multiple out-of-home placements.

5132 (5) "Child or adolescent who has an emotional disturbance"
5133 means a person under 21 ~~18~~ years of age who is diagnosed with a

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5134 mental, emotional, or behavioral disorder of sufficient duration
5135 to meet one of the diagnostic categories specified in the most
5136 recent edition of the Diagnostic and Statistical Manual of the
5137 American Psychiatric Association, but who does not exhibit
5138 behaviors that substantially interfere with or limit his or her
5139 role or ability to function in the family, school, or community.
5140 The emotional disturbance must not be considered to be a
5141 temporary response to a stressful situation. The term does not
5142 include a child or adolescent who meets the criteria for
5143 involuntary placement under s. 394.467(1).

5144 (6) "Child or adolescent who has a serious emotional
5145 disturbance or mental illness" means a person under ~~18~~ 21 years
5146 of age who:

5147 (a) Is diagnosed as having a mental, emotional, or
5148 behavioral disorder that meets one of the diagnostic categories
5149 specified in the most recent edition of the Diagnostic and
5150 Statistical Manual of Mental Disorders of the American
5151 Psychiatric Association; and

5152 (b) Exhibits behaviors that substantially interfere with or
5153 limit his or her role or ability to function in the family,
5154 school, or community, which behaviors are not considered to be a
5155 temporary response to a stressful situation.

5156
5157 The term includes a child or adolescent who meets the criteria
5158 for involuntary placement under s. 394.467(1).

5159 Section 64. Section 394.761, Florida Statutes, is created
5160 to read:

5161 394.761 Revenue maximization.—The agency and the department
5162 shall develop a plan to obtain federal approval for increasing

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5163 the availability of federal Medicaid funding for behavioral
5164 health care. The plan must give preference to quality
5165 improvement organizations as defined in the Social Security Act,
5166 42 U.S.C. s. 1320c-1. Increased funding will be used to advance
5167 the goal of improved integration of behavioral health and
5168 primary care services through development and effective
5169 implementation of coordinated care organizations as described in
5170 s. 394.9082(3). The agency and the department shall submit the
5171 written plan to the President of the Senate and the Speaker of
5172 the House of Representatives no later than November 1, 2015. The
5173 plan shall identify the amount of general revenue funding
5174 appropriated for mental health and substance abuse services
5175 which is eligible to be used as state Medicaid match. The plan
5176 must evaluate alternative uses of increased Medicaid funding,
5177 including expansion of Medicaid eligibility for the severely and
5178 persistently mentally ill; increased reimbursement rates for
5179 behavioral health services; adjustments to the capitation rate
5180 for Medicaid enrollees with chronic mental illness and substance
5181 use disorders; supplemental payments to mental health and
5182 substance abuse providers through a designated state health
5183 program or other mechanisms; and innovative programs for
5184 incentivizing improved outcomes for behavioral health
5185 conditions. The plan shall identify the advantages and
5186 disadvantages of each alternative and assess the potential of
5187 each for achieving improved integration of services. The plan
5188 shall identify the types of federal approvals necessary to
5189 implement each alternative and project a timeline for
5190 implementation.

5191 Section 65. Effective upon this act becoming law, section

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5192 394.9082, Florida Statutes, is amended to read:

5193 394.9082 Behavioral health managing entities.—

5194 (1) LEGISLATIVE FINDINGS AND INTENT.—The Legislature finds
5195 that untreated behavioral health disorders constitute major
5196 health problems for residents of this state, are a major
5197 economic burden to the citizens of this state, and substantially
5198 increase demands on the state's juvenile and adult criminal
5199 justice systems, the child welfare system, and health care
5200 systems. The Legislature finds that behavioral health disorders
5201 respond to appropriate treatment, rehabilitation, and supportive
5202 intervention. The Legislature finds that the state's return on
5203 its ~~it has made a substantial long term~~ investment in the
5204 funding of the community-based behavioral health prevention and
5205 treatment service systems and facilities can be enhanced by
5206 integration of these services with primary care ~~in order to~~
5207 ~~provide critical emergency, acute care, residential, outpatient,~~
5208 ~~and rehabilitative and recovery-based services.~~ The Legislature
5209 finds that local communities have also made substantial
5210 investments in behavioral health services, contracting with
5211 safety net providers who by mandate and mission provide
5212 specialized services to vulnerable and hard-to-serve populations
5213 and have strong ties to local public health and public safety
5214 agencies. The Legislature finds that a regional management
5215 structure that facilitates a comprehensive and cohesive system
5216 of coordinated care for ~~places the responsibility for publicly~~
5217 ~~financed~~ behavioral health treatment and prevention services
5218 ~~within a single private, nonprofit entity at the local level~~
5219 will improve ~~promote improved~~ access to care, promote service
5220 continuity, and provide for more efficient and effective

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5221 delivery of substance abuse and mental health services. The
5222 Legislature finds that streamlining administrative processes
5223 will create cost efficiencies and provide flexibility to better
5224 match available services to consumers' identified needs.

5225 (2) DEFINITIONS.—As used in this section, the term:

5226 (a) "Behavioral health services" means mental health
5227 services and substance abuse prevention and treatment services
5228 as defined in this chapter and chapter 397 which are provided
5229 using state and federal funds.

5230 ~~(b) "Decisionmaking model" means a comprehensive management~~
5231 ~~information system needed to answer the following management~~
5232 ~~questions at the federal, state, regional, circuit, and local~~
5233 ~~provider levels: who receives what services from which providers~~
5234 ~~with what outcomes and at what costs?~~

5235 (b)(e) "Geographic area" means a county, circuit, regional,
5236 or a region as described in s. 409.966 ~~multiregional area in~~
5237 ~~this state.~~

5238 (c) "Managed behavioral health organization" means a
5239 Medicaid managed care organization currently under contract with
5240 the Medicaid managed medical assistance program in this state
5241 pursuant to part IV, including a managed care organization
5242 operating as a behavioral health specialty plan.

5243 (d) "Managing entity" means a corporation that is ~~organized~~
5244 ~~in this state, is designated or filed as a nonprofit~~
5245 ~~organization under s. 501(c)(3) of the Internal Revenue Code,~~
5246 ~~and is under contract to~~ selected by the department to execute
5247 the administrative duties specified in subsection (3) to
5248 facilitate the ~~manage the day-to-day operational~~ delivery of
5249 behavioral health services through ~~an organized~~ a coordinated

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5250 system of care.

5251 (e) "Provider networks" mean the direct service agencies
5252 ~~that are under contract with a managing entity to provide~~
5253 behavioral health services. ~~and that together constitute The~~
5254 provider network may also include noncontracted providers as
5255 partners in the delivery of coordinated care and a comprehensive
5256 array of emergency, acute care, residential, outpatient,
5257 recovery support, and consumer support services.

5258 ~~(3) SERVICE DELIVERY STRATEGIES. The department may work~~
5259 ~~through managing entities to develop service delivery strategies~~
5260 ~~that will improve the coordination, integration, and management~~
5261 ~~of the delivery of behavioral health services to people who have~~
5262 ~~mental or substance use disorders. It is the intent of the~~
5263 ~~Legislature that a well-managed service delivery system will~~
5264 ~~increase access for those in need of care, improve the~~
5265 ~~coordination and continuity of care for vulnerable and high-risk~~
5266 ~~populations, and redirect service dollars from restrictive care~~
5267 ~~settings to community-based recovery services.~~

5268 ~~(3)~~ (4) CONTRACT FOR SERVICES.—

5269 (a) The department must ~~may~~ contract for the purchase and
5270 management of behavioral health services with community-based
5271 organizations to serve as managing entities. ~~The department may~~
5272 ~~require a managing entity to contract for specialized services~~
5273 ~~that are not currently part of the managing entity's network if~~
5274 ~~the department determines that to do so is in the best interests~~
5275 ~~of consumers of services. The secretary shall determine the~~
5276 ~~schedule for phasing in contracts with managing entities. The~~
5277 ~~managing entities shall, at a minimum, be accountable for the~~
5278 ~~operational oversight of the delivery of behavioral health~~

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5279 ~~services funded by the department and for the collection and~~
5280 ~~submission of the required data pertaining to these contracted~~
5281 ~~services.~~ A managing entity shall serve a geographic area
5282 designated by the department. The geographic area must be of
5283 sufficient size in population, funding, and services ~~and have~~
5284 ~~enough public funds for behavioral health services~~ to allow for
5285 flexibility and ~~maximum~~ efficiency.

5286 (b) ~~The operating costs of the managing entity contract~~
5287 ~~shall be funded through funds from the department and any~~
5288 ~~savings and efficiencies achieved through the implementation of~~
5289 ~~managing entities when realized by their participating provider~~
5290 ~~network agencies. The department recognizes that managing~~
5291 ~~entities will have infrastructure development costs during~~
5292 ~~start-up so that any efficiencies to be realized by providers~~
5293 ~~from consolidation of management functions, and the resulting~~
5294 ~~savings, will not be achieved during the early years of~~
5295 ~~operation. The department shall negotiate a reasonable and~~
5296 ~~appropriate administrative cost rate with the managing entity.~~
5297 ~~The Legislature intends that reduced local and state contract~~
5298 ~~management and other administrative duties passed on to the~~
5299 ~~managing entity allows funds previously allocated for these~~
5300 ~~purposes to be proportionately reduced and the savings used to~~
5301 ~~purchase the administrative functions of the managing entity.~~
5302 ~~Policies and procedures of the department for monitoring~~
5303 ~~contracts with managing entities shall include provisions for~~
5304 ~~eliminating duplication of the department's and the managing~~
5305 ~~entities' contract management and other administrative~~
5306 ~~activities in order to achieve the goals of cost-effectiveness~~
5307 ~~and regulatory relief. To the maximum extent possible, provider-~~

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5308 ~~monitoring activities shall be assigned to the managing entity.~~

5309 ~~(c) Contracting and payment mechanisms for services must~~
5310 ~~promote clinical and financial flexibility and responsiveness~~
5311 ~~and must allow different categorical funds to be integrated at~~
5312 ~~the point of service. The contracted service array must be~~
5313 ~~determined by using public input, needs assessment, and~~
5314 ~~evidence-based and promising best practice models. The~~
5315 ~~department may employ care management methodologies, prepaid~~
5316 ~~capitation, and case rate or other methods of payment which~~
5317 ~~promote flexibility, efficiency, and accountability.~~

5318 (b) The primary contractual responsibilities of the
5319 managing entity are administrative and fiscal management duties
5320 necessary to comply with federal requirements for the Substance
5321 Abuse and Mental Health Services grant and to enter into
5322 subcontracts with behavioral health service providers using
5323 funds appropriated by the Legislature for this purpose.
5324 Additional duties of the managing entity include:

5325 1. Assessing community needs for behavioral health
5326 services;

5327 2. Collecting and reporting data, including use of a unique
5328 identifier developed by the department to facilitate consumer
5329 care coordination;

5330 3. Monitoring provider performance through application of
5331 nationally recognized standards;

5332 4. Promoting quality improvement through dissemination of
5333 evidence informed practices;

5334 5. Facilitating effective provider relationships and
5335 arrangements that support coordinated service delivery and
5336 continuity of care; and

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5337 6. Advising the department on ways to improve behavioral
5338 health outcomes.

5339 (c) No later than July 1, 2016, the department shall revise
5340 contracts with all current managing entities. The revised
5341 contract shall be for a term of 5 years with an option to renew
5342 for an additional 5 years. The revised contract will be
5343 performance based, which means the contract establishes a
5344 limited number of measurable outcomes, sets timelines for
5345 achievement of those outcomes that are characterized by specific
5346 milestones, and establishes a schedule of penalties scaled to
5347 the nature and significance of the performance failure. Such
5348 penalties may include a corrective action plan, liquidated
5349 damages, or termination of the contract.

5350 (d) The revised contract must establish a clear and
5351 consistent framework for managing limited resources to serve
5352 priority populations identified in federal regulations and state
5353 law.

5354 (e) In developing the revised contract, the department must
5355 consult with current managing entities, behavioral health
5356 service providers, and the Legislature.

5357 (f) The revised contract will incorporate a plan prepared
5358 by the managing entity that describes how the managing entity
5359 and the provider network in the region will earn, no later than
5360 July 1, 2019, the designation of coordinated care organization
5361 pursuant to subsection (5).

5362 (g) The department may terminate a contract with a managing
5363 entity for causes specified in the contract or for failure to
5364 earn designation as a coordinated care organization in
5365 accordance with the plan approved by the department.

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5366 (h) When necessary due to contract termination or the
5367 expiration of the allowable contract term, the department will
5368 issue an invitation to negotiate in order to select an
5369 organization to serve as a managing entity. Qualified bidders
5370 include managing entities, managed behavioral health
5371 organizations or nonprofit organizations with experience
5372 managing integrated provider networks specializing in behavioral
5373 health services. The department shall consider the input and
5374 recommendations of the provider network when selecting a new
5375 contractor. The invitation to negotiate shall specify the
5376 criteria and the relative weight of the criteria that will be
5377 used in selecting the new contractor. The department must
5378 consider all of the following factors:

- 5379 1. Experience serving persons with mental health and
5380 substance use disorders.
- 5381 2. Establishment of community partnerships with behavioral
5382 health providers.
- 5383 3. Demonstrated organizational capabilities for network
5384 management functions.
- 5385 4. Capability to integrate behavioral health with primary
5386 care services.

5387 (i) When the contractor serving as the managing entity
5388 changes, the department is responsible for developing and
5389 implementing a transition plan that ensures continuity of care
5390 for patients receiving behavioral health services.

5391 ~~(4)-(5) GOALS. The goal of the service delivery strategies~~
5392 ~~is to provide a design for an effective coordination,~~
5393 ~~integration, and management approach for delivering effective~~
5394 ~~behavioral health services to persons who are experiencing a~~

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5395 ~~mental health or substance abuse crisis, who have a disabling~~
5396 ~~mental illness or a substance use or co-occurring disorder, and~~
5397 ~~require extended services in order to recover from their~~
5398 ~~illness, or who need brief treatment or longer-term supportive~~
5399 ~~interventions to avoid a crisis or disability. Other goals~~
5400 include The department must develop and incorporate into the
5401 revised contract with the managing entities, measureable outcome
5402 standards that address the following goals:

5403 (a) The provider network in the region delivers effective,
5404 quality services that are evidence-informed, coordinated, and
5405 integrated with primary care services and other programs such as
5406 vocational rehabilitation, education, child welfare, juvenile
5407 justice, and criminal justice.

5408 (b)(a) Behavioral health services supported with public
5409 funds are accountable to the public and responsive to local
5410 needs ~~Improving accountability for a local system of behavioral~~
5411 ~~health care services to meet performance outcomes and standards~~
5412 ~~through the use of reliable and timely data.~~

5413 (c)(b) Interactions and relationships among members of the
5414 provider network are supported by the managing entity in order
5415 to effectively coordinate services and provide continuity of
5416 care for priority populations ~~Enhancing the continuity of care~~
5417 ~~for all children, adolescents, and adults who enter the publicly~~
5418 ~~funded behavioral health service system.~~

5419 ~~(c) Preserving the "safety net" of publicly funded~~
5420 ~~behavioral health services and providers, and recognizing and~~
5421 ~~ensuring continued local contributions to these services, by~~
5422 ~~establishing locally designed and community-monitored systems of~~
5423 ~~care.~~

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5424 ~~(d) Providing early diagnosis and treatment interventions~~
5425 ~~to enhance recovery and prevent hospitalization.~~

5426 ~~(e) Improving the assessment of local needs for behavioral~~
5427 ~~health services.~~

5428 ~~(f) Improving the overall quality of behavioral health~~
5429 ~~services through the use of evidence-based, best practice, and~~
5430 ~~promising practice models.~~

5431 ~~(g) Demonstrating improved service integration between~~
5432 ~~behavioral health programs and other programs, such as~~
5433 ~~vocational rehabilitation, education, child welfare, primary~~
5434 ~~health care, emergency services, juvenile justice, and criminal~~
5435 ~~justice.~~

5436 ~~(h) Providing for additional testing of creative and~~
5437 ~~flexible strategies for financing behavioral health services to~~
5438 ~~enhance individualized treatment and support services.~~

5439 ~~(i) Promoting cost-effective quality care.~~

5440 ~~(j) Working with the state to coordinate admissions and~~
5441 ~~discharges from state civil and forensic hospitals and~~
5442 ~~coordinating admissions and discharges from residential~~
5443 ~~treatment centers.~~

5444 ~~(k) Improving the integration, accessibility, and~~
5445 ~~dissemination of behavioral health data for planning and~~
5446 ~~monitoring purposes.~~

5447 ~~(l) Promoting specialized behavioral health services to~~
5448 ~~residents of assisted living facilities.~~

5449 ~~(m) Working with the state and other stakeholders to reduce~~
5450 ~~the admissions and the length of stay for dependent children in~~
5451 ~~residential treatment centers.~~

5452 ~~(n) Providing services to adults and children with co-~~

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5453 ~~occurring disorders of mental illnesses and substance abuse~~
5454 ~~problems.~~

5455 ~~(e) Providing services to elder adults in crisis or at-risk~~
5456 ~~for placement in a more restrictive setting due to a serious~~
5457 ~~mental illness or substance abuse.~~

5458 (5) COORDINATED CARE ORGANIZATIONS.—

5459 (a) Managing entities may earn designation as coordinated
5460 care organizations by developing and implementing a plan that
5461 enables the members of the provider network, including those
5462 under contract to the managing entity as well as other
5463 noncontracted community service providers, to work together to
5464 improve outcomes for individuals with mental health and
5465 substance use disorders. The plan must:

5466 1. Assess working relationships among providers of a
5467 comprehensive range of services as described in subsection (6)
5468 and propose strategies for improving access to care for priority
5469 populations;

5470 2. Identify gaps in the current system of care and propose
5471 methods for improving continuity and effectiveness of care;

5472 3. Assess current methods and capabilities for consumer
5473 care coordination and propose enhancements to increase the
5474 number of individuals served and the effectiveness of care
5475 coordination services; and

5476 4. Result from a collaborative effort of providers in the
5477 region that is facilitated and documented by the managing
5478 entity.

5479 (b) In order to earn designation as a coordinated care
5480 organization, the managing entity must document working
5481 relationships among providers established through written

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5482 coordination agreements that define common protocols for intake
5483 and assessment, create methods of data sharing, institute joint
5484 operational procedures, provide for integrated care planning and
5485 case management, and initiate cooperative evaluation procedures.

5486 (c) After earning designation, the managing entity must
5487 maintain this status by documenting the ongoing use and
5488 continuous improvement of the coordination methods specified in
5489 the written agreements.

5490 (d) Before designating a managing entity as a coordinated
5491 care organization, the department must seek input from the
5492 providers and other community stakeholders to assess the
5493 effectiveness of entity's coordination efforts.

5494 (6) ESSENTIAL ELEMENTS. ~~It is the intent of the Legislature~~
5495 ~~that the department may plan for and enter into contracts with~~
5496 ~~managing entities to manage care in geographical areas~~
5497 ~~throughout the state~~ A comprehensive range of services includes
5498 the following essential elements:

5499 1. A centralized receiving facility or a coordinated
5500 receiving system consisting of written agreements and
5501 operational policies that support efficient methods of triaging
5502 patients to appropriate providers. A coordinated receiving
5503 system must be developed with input from community providers of
5504 behavioral health, including but not limited to inpatient
5505 psychiatric care providers.

5506 2. Crisis services, including mobile response teams and
5507 crisis stabilization units.

5508 3. Case management and consumer care coordination.

5509 4. Outpatient services.

5510 5. Residential services.

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- 5511 6. Hospital inpatient care.
- 5512 7. Aftercare and other postdischarge services.
- 5513 8. Recovery support, including housing assistance and
5514 support for competitive employment, educational attainment,
5515 independent living skills development, family support and
5516 education, and wellness management and self-care.
- 5517 9. Medical services necessary for coordination of
5518 behavioral health services with primary care.
- 5519 10. Prevention and outreach services.
- 5520 11. Medication-assisted treatment.
- 5521 12. Detoxification services.
- 5522 ~~(a) The managing entity must demonstrate the ability of its~~
5523 ~~network of providers to comply with the pertinent provisions of~~
5524 ~~this chapter and chapter 397 and to ensure the provision of~~
5525 ~~comprehensive behavioral health services. The network of~~
5526 ~~providers must include, but need not be limited to, community~~
5527 ~~mental health agencies, substance abuse treatment providers, and~~
5528 ~~best practice consumer services providers.~~
- 5529 ~~(b) The department shall terminate its mental health or~~
5530 ~~substance abuse provider contracts for services to be provided~~
5531 ~~by the managing entity at the same time it contracts with the~~
5532 ~~managing entity.~~
- 5533 ~~(c) The managing entity shall ensure that its provider~~
5534 ~~network is broadly conceived. All mental health or substance~~
5535 ~~abuse treatment providers currently under contract with the~~
5536 ~~department shall be offered a contract by the managing entity.~~
- 5537 ~~(d) The department may contract with managing entities to~~
5538 ~~provide the following core functions:~~
- 5539 ~~1. Financial accountability.~~

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5540 2. ~~Allocation of funds to network providers in a manner~~
5541 ~~that reflects the department's strategic direction and plans.~~
5542 3. ~~Provider monitoring to ensure compliance with federal~~
5543 ~~and state laws, rules, and regulations.~~
5544 4. ~~Data collection, reporting, and analysis.~~
5545 5. ~~Operational plans to implement objectives of the~~
5546 ~~department's strategic plan.~~
5547 6. ~~Contract compliance.~~
5548 7. ~~Performance management.~~
5549 8. ~~Collaboration with community stakeholders, including~~
5550 ~~local government.~~
5551 9. ~~System of care through network development.~~
5552 10. ~~Consumer care coordination.~~
5553 11. ~~Continuous quality improvement.~~
5554 12. ~~Timely access to appropriate services.~~
5555 13. ~~Cost-effectiveness and system improvements.~~
5556 14. ~~Assistance in the development of the department's~~
5557 ~~strategic plan.~~
5558 15. ~~Participation in community, circuit, regional, and~~
5559 ~~state planning.~~
5560 16. ~~Resource management and maximization, including pursuit~~
5561 ~~of third-party payments and grant applications.~~
5562 17. ~~Incentives for providers to improve quality and access.~~
5563 18. ~~Liaison with consumers.~~
5564 19. ~~Community needs assessment.~~
5565 20. ~~Securing local matching funds.~~
5566 (e) ~~The managing entity shall ensure that written~~
5567 ~~cooperative agreements are developed and implemented among the~~
5568 ~~criminal and juvenile justice systems, the local community based~~

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5569 ~~care network, and the local behavioral health providers in the~~
5570 ~~geographic area which define strategies and alternatives for~~
5571 ~~diverting people who have mental illness and substance abuse~~
5572 ~~problems from the criminal justice system to the community.~~
5573 ~~These agreements must also address the provision of appropriate~~
5574 ~~services to persons who have behavioral health problems and~~
5575 ~~leave the criminal justice system.~~

5576 ~~(f) Managing entities must collect and submit data to the~~
5577 ~~department regarding persons served, outcomes of persons served,~~
5578 ~~and the costs of services provided through the department's~~
5579 ~~contract. The department shall evaluate managing entity services~~
5580 ~~based on consumer-centered outcome measures that reflect~~
5581 ~~national standards that can dependably be measured. The~~
5582 ~~department shall work with managing entities to establish~~
5583 ~~performance standards related to:~~

5584 ~~1. The extent to which individuals in the community receive~~
5585 ~~services.~~

5586 ~~2. The improvement of quality of care for individuals~~
5587 ~~served.~~

5588 ~~3. The success of strategies to divert jail, prison, and~~
5589 ~~forensic facility admissions.~~

5590 ~~4. Consumer and family satisfaction.~~

5591 ~~5. The satisfaction of key community constituents such as~~
5592 ~~law enforcement agencies, juvenile justice agencies, the courts,~~
5593 ~~the schools, local government entities, hospitals, and others as~~
5594 ~~appropriate for the geographical area of the managing entity.~~

5595 ~~(g) The Agency for Health Care Administration may establish~~
5596 ~~a certified match program, which must be voluntary. Under a~~
5597 ~~certified match program, reimbursement is limited to the federal~~

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5598 ~~Medicaid share to Medicaid-enrolled strategy participants. The~~
5599 ~~agency may take no action to implement a certified match program~~
5600 ~~unless the consultation provisions of chapter 216 have been met.~~
5601 ~~The agency may seek federal waivers that are necessary to~~
5602 ~~implement the behavioral health service delivery strategies.~~

5603 (7) MANAGING ENTITY REQUIREMENTS.—The department may adopt
5604 rules and contractual standards related to ~~and a process for~~ the
5605 qualification and operation of managing entities which are
5606 based, in part, on the following criteria:

5607 (a) As of the execution of the revised contract, the
5608 department must verify that each A managing entity's governing
5609 board meets the requirements of this section. ~~governance~~
5610 ~~structure shall be representative and shall, at a minimum,~~
5611 ~~include consumers and family members, appropriate community~~
5612 ~~stakeholders and organizations, and providers of substance abuse~~
5613 ~~and mental health services as defined in this chapter and~~
5614 ~~chapter 397. If there are one or more private-receiving~~
5615 ~~facilities in the geographic coverage area of a managing entity,~~
5616 ~~the managing entity shall have one representative for the~~
5617 ~~private-receiving facilities as an ex officio member of its~~
5618 ~~board of directors.~~

5619 1. The composition of the board must be broadly
5620 representative of the community and include consumers and family
5621 members, community organizations that do not contract with the
5622 managing entity, local governments, area law enforcement
5623 agencies, business leaders, community-based care lead agency
5624 representatives, health care professionals, and representatives
5625 of health care facilities. Representatives of local governments,
5626 including counties, school boards, sheriffs, and independent

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5627 hospital taxing districts may, however, serve as voting members
5628 even if they contract with the managing entity.

5629 2. The managing entity must establish a technical advisory
5630 panel consisting of providers of mental health and substance
5631 abuse services that selects at least one member to serve as an
5632 ex officio member of the governing board.

5633 (b) The managing entity must create a transparent process
5634 for nomination and selection of board members and must adopt a
5635 procedure for establishing staggered term limits with ensures
5636 that no individual serves more than 8 consecutive years on the
5637 board ~~A managing entity that was originally formed primarily by~~
5638 ~~substance abuse or mental health providers must present and~~
5639 ~~demonstrate a detailed, consensus approach to expanding its~~
5640 ~~provider network and governance to include both substance abuse~~
5641 ~~and mental health providers.~~

5642 ~~(c) A managing entity must submit a network management plan~~
5643 ~~and budget in a form and manner determined by the department.~~
5644 ~~The plan must detail the means for implementing the duties to be~~
5645 ~~contracted to the managing entity and the efficiencies to be~~
5646 ~~anticipated by the department as a result of executing the~~
5647 ~~contract. The department may require modifications to the plan~~
5648 ~~and must approve the plan before contracting with a managing~~
5649 ~~entity. The department may contract with a managing entity that~~
5650 ~~demonstrates readiness to assume core functions, and may~~
5651 ~~continue to add functions and responsibilities to the managing~~
5652 ~~entity's contract over time as additional competencies are~~
5653 ~~developed as identified in paragraph (g). Notwithstanding other~~
5654 ~~provisions of this section, the department may continue and~~
5655 ~~expand managing entity contracts if the department determines~~

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5656 ~~that the managing entity meets the requirements specified in~~
5657 ~~this section.~~

5658 ~~(d) Notwithstanding paragraphs (b) and (c), a managing~~
5659 ~~entity that is currently a fully integrated system providing~~
5660 ~~mental health and substance abuse services, Medicaid, and child~~
5661 ~~welfare services is permitted to continue operating under its~~
5662 ~~current governance structure as long as the managing entity can~~
5663 ~~demonstrate to the department that consumers, other~~
5664 ~~stakeholders, and network providers are included in the planning~~
5665 ~~process.~~

5666 (c)~~(e)~~ Managing entities shall operate in a transparent
5667 manner, providing public access to information, notice of
5668 meetings, and opportunities for broad public participation in
5669 decisionmaking. The managing entity's network management plan
5670 must detail policies and procedures that ensure transparency.

5671 (d)~~(f)~~ Before contracting with a managing entity, the
5672 department must perform an onsite readiness review of a managing
5673 entity to determine its operational capacity to satisfactorily
5674 perform the duties to be contracted.

5675 (e)~~(g)~~ The department shall engage community stakeholders,
5676 including providers and managing entities under contract with
5677 the department, in the development of objective standards to
5678 measure the competencies of managing entities and their
5679 readiness to assume the responsibilities described in this
5680 section, and the outcomes to hold them accountable.

5681 ~~(8) DEPARTMENT RESPONSIBILITIES. With the introduction of~~
5682 ~~managing entities to monitor department contracted providers'~~
5683 ~~day-to-day operations, the department and its regional and~~
5684 ~~circuit offices will have increased ability to focus on broad~~

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5685 ~~systemic substance abuse and mental health issues. After the~~
5686 ~~department enters into a managing entity contract in a~~
5687 ~~geographic area, the regional and circuit offices of the~~
5688 ~~department in that area shall direct their efforts primarily to~~
5689 ~~monitoring the managing entity contract, including negotiation~~
5690 ~~of system quality improvement goals each contract year, and~~
5691 ~~review of the managing entity's plans to execute department~~
5692 ~~strategic plans; carrying out statutorily mandated licensure~~
5693 ~~functions; conducting community and regional substance abuse and~~
5694 ~~mental health planning; communicating to the department the~~
5695 ~~local needs assessed by the managing entity; preparing~~
5696 ~~department strategic plans; coordinating with other state and~~
5697 ~~local agencies; assisting the department in assessing local~~
5698 ~~trends and issues and advising departmental headquarters on~~
5699 ~~local priorities; and providing leadership in disaster planning~~
5700 ~~and preparation.~~

5701 (8) ~~(9)~~ FUNDING FOR MANAGING ENTITIES.-

5702 (a) A contract established between the department and a
5703 managing entity under this section shall be funded by general
5704 revenue, other applicable state funds, or applicable federal
5705 funding sources. A managing entity may carry forward documented
5706 unexpended state funds from one fiscal year to the next;
5707 however, the cumulative amount carried forward may not exceed 8
5708 percent of the total contract. Any unexpended state funds in
5709 excess of that percentage must be returned to the department.
5710 The funds carried forward may not be used in a way that would
5711 create increased recurring future obligations or for any program
5712 or service that is not currently authorized under the existing
5713 contract with the department. Expenditures of funds carried

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5714 forward must be separately reported to the department. Any
5715 unexpended funds that remain at the end of the contract period
5716 shall be returned to the department. Funds carried forward may
5717 be retained through contract renewals and new procurements as
5718 long as the same managing entity is retained by the department.

5719 (b) The method of payment for a fixed-price contract with a
5720 managing entity must provide for a 2-month advance payment at
5721 the beginning of each fiscal year and equal monthly payments
5722 thereafter.

5723 ~~(10) REPORTING.—Reports of the department's activities,~~
5724 ~~progress, and needs in achieving the goal of contracting with~~
5725 ~~managing entities in each circuit and region statewide must be~~
5726 ~~submitted to the appropriate substantive and appropriations~~
5727 ~~committees in the Senate and the House of Representatives on~~
5728 ~~January 1 and July 1 of each year until the full transition to~~
5729 ~~managing entities has been accomplished statewide.~~

5730 (9) (11) RULES.—The department may shall adopt rules to
5731 administer this section and, as necessary, ~~to further specify~~
5732 ~~requirements of managing entities.~~

5733 (10) CRISIS STABILIZATION SERVICES UTILIZATION DATABASE.—
5734 The department shall develop, implement, and maintain standards
5735 under which a managing entity shall collect utilization data
5736 from all public receiving facilities situated within its
5737 geographic service area. As used in this subsection, the term
5738 "public receiving facility" means an entity that meets the
5739 licensure requirements of and is designated by the department to
5740 operate as a public receiving facility under s. 394.875 and that
5741 is operating as a licensed crisis stabilization unit.

5742 (a) The department shall develop standards and protocols

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5743 for managing entities and public receiving facilities to use in
5744 the collection, storage, transmittal, and analysis of data. The
5745 standards and protocols must allow for compatibility of data and
5746 data transmittal between public receiving facilities, managing
5747 entities, and the department for the implementation and
5748 requirements of this subsection. The department shall require
5749 managing entities contracted under this section to comply with
5750 this subsection by August 1, 2015.

5751 (b) A managing entity shall require a public receiving
5752 facility within its provider network to submit data to the
5753 managing entity, in real time or at least daily, for:

5754 1. All admissions and discharges of clients receiving
5755 public receiving facility services who qualify as indigent, as
5756 defined in s. 394.4787; and

5757 2. A current active census of total licensed beds, the
5758 number of beds purchased by the department, the number of
5759 clients qualifying as indigent occupying those beds, and the
5760 total number of unoccupied licensed beds regardless of funding.

5761 (c) A managing entity shall require a public receiving
5762 facility within its provider network to submit data, on a
5763 monthly basis, to the managing entity which aggregates the daily
5764 data submitted under paragraph (b). The managing entity shall
5765 reconcile the data in the monthly submission to the data
5766 received by the managing entity under paragraph (b) to check for
5767 consistency. If the monthly aggregate data submitted by a public
5768 receiving facility under this paragraph is inconsistent with the
5769 daily data submitted under paragraph (b), the managing entity
5770 shall consult with the public receiving facility to make
5771 corrections as necessary to ensure accurate data.

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5772 (d) A managing entity shall require a public receiving
5773 facility within its provider network to submit data, on an
5774 annual basis, to the managing entity which aggregates the data
5775 submitted and reconciled under paragraph (c). The managing
5776 entity shall reconcile the data in the annual submission to the
5777 data received and reconciled by the managing entity under
5778 paragraph (c) to check for consistency. If the annual aggregate
5779 data submitted by a public receiving facility under this
5780 paragraph is inconsistent with the data received and reconciled
5781 under paragraph (c), the managing entity shall consult with the
5782 public receiving facility to make corrections as necessary to
5783 ensure accurate data.

5784 (e) After ensuring accurate data under paragraphs (c) and
5785 (d), the managing entity shall submit the data to the department
5786 on a monthly and an annual basis. The department shall create a
5787 statewide database for the data described under paragraph (b)
5788 and submitted under this paragraph for the purpose of analyzing
5789 the payments for and the use of crisis stabilization services
5790 funded under the Baker Act on a statewide basis and on an
5791 individual public receiving facility basis.

5792 (f) The department shall adopt rules to administer this
5793 subsection.

5794 (g) The department shall submit a report by January 31,
5795 2016, and annually thereafter, to the Governor, the President of
5796 the Senate, and the Speaker of the House of Representatives
5797 which provides details on the implementation of this subsection,
5798 including the status of the data collection process and a
5799 detailed analysis of the data collected under this subsection.

5800 Section 66. For the 2015-2016 fiscal year, the sum of

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5801 \$175,000 in nonrecurring funds from the Alcohol, Drug Abuse, and
5802 Mental Health Trust Fund is appropriated to the Department of
5803 Children and Families to implement s. 394.9082(10).

5804 Section 67. Section 397.402, Florida Statutes, is created
5805 to read:

5806 397.402 Single, consolidated licensure.— The department and
5807 the Agency for Health Care Administration shall develop a plan
5808 for modifying licensure statutes and rules to provide options
5809 for a single, consolidated license for a provider that offers
5810 multiple types of mental health and substance abuse services
5811 regulated under chapters 394 and 397. The plan shall identify
5812 options for license consolidation within the department and
5813 within the agency, and shall identify interagency license
5814 consolidation options. The department and the agency shall
5815 submit the plan to the Governor, the President of the Senate,
5816 and the Speaker of the House of Representatives by November 1,
5817 2015.

5818 Section 68. Present paragraphs (d) through (m) of
5819 subsection (2) of section 409.967, Florida Statutes, are
5820 redesignated as paragraphs (e) through (n), respectively, and a
5821 new paragraph (d) is added to that subsection, to read:

5822 409.967 Managed care plan accountability.—

5823 (2) The agency shall establish such contract requirements
5824 as are necessary for the operation of the statewide managed care
5825 program. In addition to any other provisions the agency may deem
5826 necessary, the contract must require:

5827 (d) Quality care.—Managed care plans shall provide, or
5828 contract for the provision of, care coordination to facilitate
5829 the appropriate delivery of behavioral health care services in

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5830 the least restrictive setting with treatment and recovery
5831 capabilities that address the needs of the patient. Services
5832 shall be provided in a manner that integrates behavioral health
5833 services and primary care. Plans shall be required to achieve
5834 specific behavioral health outcome standards, established by the
5835 agency in consultation with the Department of Children and
5836 Families.

5837 Section 69. Subsection (5) is added to section 409.973,
5838 Florida Statutes, to read:

5839 409.973 Benefits.—

5840 (5) INTEGRATED BEHAVIORAL HEALTH INITIATIVE.—Each plan
5841 operating in the managed medical assistance program shall work
5842 with the managing entity in its service area to establish
5843 specific organizational supports and service protocols that
5844 enhance the integration and coordination of primary care and
5845 behavioral health services for Medicaid recipients. Progress in
5846 this initiative will be measured using the integration framework
5847 and core measures developed by the Agency for Healthcare
5848 Research and Quality.

5849 Section 70. Section 394.4674, Florida Statutes, is
5850 repealed.

5851 Section 71. Section 394.4985, Florida Statutes, is
5852 repealed.

5853 Section 72. Section 394.745, Florida Statutes, is repealed.

5854 Section 73. Section 397.331, Florida Statutes, is repealed.

5855 Section 74. Section 397.333, Florida Statutes, is repealed.

5856 Section 75. Section 397.801, Florida Statutes, is repealed.

5857 Section 76. Section 397.811, Florida Statutes, is repealed.

5858 Section 77. Section 397.821, Florida Statutes, is repealed.

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5859 Section 78. Section 397.901, Florida Statutes, is repealed.

5860 Section 79. Section 397.93, Florida Statutes, is repealed.

5861 Section 80. Section 397.94, Florida Statutes, is repealed.

5862 Section 81. Section 397.951, Florida Statutes, is repealed.

5863 Section 82. Section 397.97, Florida Statutes, is repealed.

5864 Section 83. Section 491.0045, Florida Statutes, is amended

5865 to read:

5866 491.0045 Intern registration; requirements.—

5867 (1) ~~Effective January 1, 1998,~~ An individual who has not
5868 satisfied intends to practice in Florida to satisfy the
5869 postgraduate or post-master's level experience requirements, as
5870 specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register
5871 as an intern in the profession for which he or she is seeking
5872 licensure prior to commencing the post-master's experience
5873 requirement or an individual who intends to satisfy part of the
5874 required graduate-level practicum, internship, or field
5875 experience, outside the academic arena for any profession, must
5876 register as an intern in the profession for which he or she is
5877 seeking licensure prior to commencing the practicum, internship,
5878 or field experience.

5879 (2) The department shall register as a clinical social
5880 worker intern, marriage and family therapist intern, or mental
5881 health counselor intern each applicant who the board certifies
5882 has:

5883 (a) Completed the application form and remitted a
5884 nonrefundable application fee not to exceed \$200, as set by
5885 board rule;

5886 (b)1. Completed the education requirements as specified in
5887 s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for which

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5888 he or she is applying for licensure, if needed; and

5889 2. Submitted an acceptable supervision plan, as determined
5890 by the board, for meeting the practicum, internship, or field
5891 work required for licensure that was not satisfied in his or her
5892 graduate program.

5893 (c) Identified a qualified supervisor.

5894 (3) An individual registered under this section must remain
5895 under supervision while practicing under registered intern
5896 status until he or she is in receipt of a license or a letter
5897 ~~from the department stating that he or she is licensed to~~
5898 ~~practice the profession for which he or she applied.~~

5899 ~~(4) An individual who has applied for intern registration~~
5900 ~~on or before December 31, 2001, and has satisfied the education~~
5901 ~~requirements of s. 491.005 that are in effect through December~~
5902 ~~31, 2000, will have met the educational requirements for~~
5903 ~~licensure for the profession for which he or she has applied.~~

5904 (4)(5) An individual who fails ~~Individuals who have~~
5905 ~~commenced the experience requirement as specified in s.~~
5906 ~~491.005(1)(c), (3)(c), or (4)(c) but failed to register as~~
5907 ~~required by subsection (1) shall register with the department~~
5908 ~~before January 1, 2000. Individuals who fail to comply with this~~
5909 ~~section may~~ subsection shall not be granted a license under this
5910 chapter, and any time spent by the individual completing the
5911 experience requirement as specified in s. 491.005(1)(c), (3)(c),
5912 or (4)(c) before ~~prior to~~ registering as an intern does ~~shall~~
5913 not count toward completion of the ~~such~~ requirement.

5914 (5) An intern registration is valid for 5 years.

5915 (6) Any registration issued on or before March 31, 2016,
5916 expires March 31, 2021, and may not be renewed or reissued. Any

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5917 registration issued after March 31, 2016, expires 60 months
5918 after the date it is issued. A subsequent intern registration
5919 may not be issued unless the candidate has passed the theory and
5920 practice examination described in s. 491.005(1)(d), (3)(d), and
5921 (4)(d).

5922 (7) An individual who has held a provisional license issued
5923 by the board may not apply for an intern registration in the
5924 same profession.

5925 Section 84. Subsection (15) of section 397.321, Florida
5926 Statutes, is amended to read:

5927 397.321 Duties of the department.—The department shall:

5928 (15) Appoint a substance abuse impairment coordinator to
5929 represent the department in efforts initiated by the statewide
5930 substance abuse impairment prevention and treatment coordinator
5931 ~~established in s. 397.801~~ and to assist the statewide
5932 coordinator in fulfilling the responsibilities of that position.

5933 Section 85. Subsection (1) of section 397.98, Florida
5934 Statutes, is amended to read:

5935 397.98 Children's substance abuse services; utilization
5936 management.—

5937 (1) Utilization management shall be an integral part of
5938 each Children's Network of Care Demonstration Model ~~as described~~
5939 ~~under s. 397.97~~. The utilization management process shall
5940 include procedures for analyzing the allocation and use of
5941 resources by the purchasing agent. Such procedures shall
5942 include:

5943 (a) Monitoring the appropriateness of admissions to
5944 residential services or other levels of care as determined by
5945 the department.

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5946 (b) Monitoring the duration of care.

5947 (c) Developing profiles of network providers which describe
5948 their patterns of delivering care.

5949 (d) Authorizing care for high-cost services.

5950 Section 86. Paragraph (e) of subsection (3) of section
5951 409.966, Florida Statutes, is amended to read:

5952 409.966 Eligible plans; selection.—

5953 (3) QUALITY SELECTION CRITERIA.—

5954 (e) To ensure managed care plan participation in Regions 1
5955 and 2, the agency shall award an additional contract to each
5956 plan with a contract award in Region 1 or Region 2. Such
5957 contract shall be in any other region in which the plan
5958 submitted a responsive bid and negotiates a rate acceptable to
5959 the agency. If a plan that is awarded an additional contract
5960 pursuant to this paragraph is subject to penalties pursuant to
5961 s. 409.967(2)(i) ~~s. 409.967(2)(h)~~ for activities in Region 1 or
5962 Region 2, the additional contract is automatically terminated
5963 180 days after the imposition of the penalties. The plan must
5964 reimburse the agency for the cost of enrollment changes and
5965 other transition activities.

5966 Section 87. Paragraph (a) of subsection (5) of section
5967 943.031, Florida Statutes, is amended to read:

5968 943.031 Florida Violent Crime and Drug Control Council.—

5969 (5) DUTIES OF COUNCIL.—Subject to funding provided to the
5970 department by the Legislature, the council shall provide advice
5971 and make recommendations, as necessary, to the executive
5972 director of the department.

5973 (a) The council may advise the executive director on the
5974 feasibility of undertaking initiatives which include, but are

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5975 not limited to, the following:

5976 1. Establishing a program that provides grants to criminal
5977 justice agencies that develop and implement effective violent
5978 crime prevention and investigative programs and which provides
5979 grants to law enforcement agencies for the purpose of drug
5980 control, criminal gang, and illicit money laundering
5981 investigative efforts or task force efforts that are determined
5982 by the council to significantly contribute to achieving the
5983 state's goal of reducing drug-related crime, that represent
5984 significant criminal gang investigative efforts, that represent
5985 a significant illicit money laundering investigative effort, or
5986 that otherwise significantly support statewide strategies
5987 developed by the Statewide Drug Policy Advisory Council
5988 ~~established under s. 397.333~~, subject to the limitations
5989 provided in this section. The grant program may include an
5990 innovations grant program to provide startup funding for new
5991 initiatives by local and state law enforcement agencies to
5992 combat violent crime or to implement drug control, criminal
5993 gang, or illicit money laundering investigative efforts or task
5994 force efforts by law enforcement agencies, including, but not
5995 limited to, initiatives such as:

5996 a. Providing enhanced community-oriented policing.

5997 b. Providing additional undercover officers and other
5998 investigative officers to assist with violent crime
5999 investigations in emergency situations.

6000 c. Providing funding for multiagency or statewide drug
6001 control, criminal gang, or illicit money laundering
6002 investigative efforts or task force efforts that cannot be
6003 reasonably funded completely by alternative sources and that

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6004 significantly contribute to achieving the state's goal of
6005 reducing drug-related crime, that represent significant criminal
6006 gang investigative efforts, that represent a significant illicit
6007 money laundering investigative effort, or that otherwise
6008 significantly support statewide strategies developed by the
6009 Statewide Drug Policy Advisory Council ~~established under s.~~
6010 ~~397.333~~.

6011 2. Expanding the use of automated biometric identification
6012 systems at the state and local levels.

6013 3. Identifying methods to prevent violent crime.

6014 4. Identifying methods to enhance multiagency or statewide
6015 drug control, criminal gang, or illicit money laundering
6016 investigative efforts or task force efforts that significantly
6017 contribute to achieving the state's goal of reducing drug-
6018 related crime, that represent significant criminal gang
6019 investigative efforts, that represent a significant illicit
6020 money laundering investigative effort, or that otherwise
6021 significantly support statewide strategies developed by the
6022 Statewide Drug Policy Advisory Council ~~established under s.~~
6023 ~~397.333~~.

6024 5. Enhancing criminal justice training programs that
6025 address violent crime, drug control, illicit money laundering
6026 investigative techniques, or efforts to control and eliminate
6027 criminal gangs.

6028 6. Developing and promoting crime prevention services and
6029 educational programs that serve the public, including, but not
6030 limited to:

6031 a. Enhanced victim and witness counseling services that
6032 also provide crisis intervention, information referral,

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6033 transportation, and emergency financial assistance.

6034 b. A well-publicized rewards program for the apprehension
6035 and conviction of criminals who perpetrate violent crimes.

6036 7. Enhancing information sharing and assistance in the
6037 criminal justice community by expanding the use of community
6038 partnerships and community policing programs. Such expansion may
6039 include the use of civilian employees or volunteers to relieve
6040 law enforcement officers of clerical work in order to enable the
6041 officers to concentrate on street visibility within the
6042 community.

6043 Section 88. Subsection (1) of section 943.042, Florida
6044 Statutes, is amended to read:

6045 943.042 Violent Crime Investigative Emergency and Drug
6046 Control Strategy Implementation Account.—

6047 (1) There is created a Violent Crime Investigative
6048 Emergency and Drug Control Strategy Implementation Account
6049 within the Department of Law Enforcement Operating Trust Fund.
6050 The account shall be used to provide emergency supplemental
6051 funds to:

6052 (a) State and local law enforcement agencies that are
6053 involved in complex and lengthy violent crime investigations, or
6054 matching funding to multiagency or statewide drug control or
6055 illicit money laundering investigative efforts or task force
6056 efforts that significantly contribute to achieving the state's
6057 goal of reducing drug-related crime, that represent a
6058 significant illicit money laundering investigative effort, or
6059 that otherwise significantly support statewide strategies
6060 developed by the Statewide Drug Policy Advisory Council
6061 ~~established under s. 397.333;~~

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6062 (b) State and local law enforcement agencies that are
6063 involved in violent crime investigations which constitute a
6064 significant emergency within the state; or

6065 (c) Counties that demonstrate a significant hardship or an
6066 inability to cover extraordinary expenses associated with a
6067 violent crime trial.

6068 Section 89. For the purpose of incorporating the amendment
6069 made by this act to section 394.492, Florida Statutes, in a
6070 reference thereto, paragraph (a) of subsection (6) of section
6071 39.407, Florida Statutes, is reenacted to read:

6072 39.407 Medical, psychiatric, and psychological examination
6073 and treatment of child; physical, mental, or substance abuse
6074 examination of person with or requesting child custody.—

6075 (6) Children who are in the legal custody of the department
6076 may be placed by the department, without prior approval of the
6077 court, in a residential treatment center licensed under s.
6078 394.875 or a hospital licensed under chapter 395 for residential
6079 mental health treatment only pursuant to this section or may be
6080 placed by the court in accordance with an order of involuntary
6081 examination or involuntary placement entered pursuant to s.
6082 394.463 or s. 394.467. All children placed in a residential
6083 treatment program under this subsection must have a guardian ad
6084 litem appointed.

6085 (a) As used in this subsection, the term:

6086 1. "Residential treatment" means placement for observation,
6087 diagnosis, or treatment of an emotional disturbance in a
6088 residential treatment center licensed under s. 394.875 or a
6089 hospital licensed under chapter 395.

6090 2. "Least restrictive alternative" means the treatment and

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6091 conditions of treatment that, separately and in combination, are
6092 no more intrusive or restrictive of freedom than reasonably
6093 necessary to achieve a substantial therapeutic benefit or to
6094 protect the child or adolescent or others from physical injury.

6095 3. "Suitable for residential treatment" or "suitability"
6096 means a determination concerning a child or adolescent with an
6097 emotional disturbance as defined in s. 394.492(5) or a serious
6098 emotional disturbance as defined in s. 394.492(6) that each of
6099 the following criteria is met:

6100 a. The child requires residential treatment.

6101 b. The child is in need of a residential treatment program
6102 and is expected to benefit from mental health treatment.

6103 c. An appropriate, less restrictive alternative to
6104 residential treatment is unavailable.

6105 Section 90. For the purpose of incorporating the amendment
6106 made by this act to section 394.492, Florida Statutes, in a
6107 reference thereto, subsection (21) of section 394.67, Florida
6108 Statutes, is reenacted to read:

6109 394.67 Definitions.—As used in this part, the term:

6110 (21) "Residential treatment center for children and
6111 adolescents" means a 24-hour residential program, including a
6112 therapeutic group home, which provides mental health services to
6113 emotionally disturbed children or adolescents as defined in s.
6114 394.492(5) or (6) and which is a private for-profit or not-for-
6115 profit corporation licensed by the agency which offers a variety
6116 of treatment modalities in a more restrictive setting.

6117 Section 91. For the purpose of incorporating the amendment
6118 made by this act to section 394.492, Florida Statutes, in a
6119 reference thereto, paragraph (b) of subsection (1) of section

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6120 394.674, Florida Statutes, is reenacted to read:

6121 394.674 Eligibility for publicly funded substance abuse and
6122 mental health services; fee collection requirements.—

6123 (1) To be eligible to receive substance abuse and mental
6124 health services funded by the department, an individual must be
6125 a member of at least one of the department's priority
6126 populations approved by the Legislature. The priority
6127 populations include:

6128 (b) For children's mental health services:

6129 1. Children who are at risk of emotional disturbance as
6130 defined in s. 394.492(4).

6131 2. Children who have an emotional disturbance as defined in
6132 s. 394.492(5).

6133 3. Children who have a serious emotional disturbance as
6134 defined in s. 394.492(6).

6135 4. Children diagnosed as having a co-occurring substance
6136 abuse and emotional disturbance or serious emotional
6137 disturbance.

6138 Section 92. For the purpose of incorporating the amendment
6139 made by this act to section 394.492, Florida Statutes, in a
6140 reference thereto, subsection (1) of section 394.676, Florida
6141 Statutes, is reenacted to read:

6142 394.676 Indigent psychiatric medication program.—

6143 (1) Within legislative appropriations, the department may
6144 establish the indigent psychiatric medication program to
6145 purchase psychiatric medications for persons as defined in s.
6146 394.492(5) or (6) or pursuant to s. 394.674(1), who do not
6147 reside in a state mental health treatment facility or an
6148 inpatient unit.

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6149 Section 93. For the purpose of incorporating the amendment
6150 made by this act to section 394.492, Florida Statutes, in a
6151 reference thereto, paragraph (c) of subsection (2) of section
6152 409.1676, Florida Statutes, is reenacted to read:

6153 409.1676 Comprehensive residential group care services to
6154 children who have extraordinary needs.—

6155 (2) As used in this section, the term:

6156 (c) "Serious behavioral problems" means behaviors of
6157 children who have been assessed by a licensed master's-level
6158 human-services professional to need at a minimum intensive
6159 services but who do not meet the criteria of s. 394.492(7). A
6160 child with an emotional disturbance as defined in s. 394.492(5)
6161 or (6) may be served in residential group care unless a
6162 determination is made by a mental health professional that such
6163 a setting is inappropriate. A child having a serious behavioral
6164 problem must have been determined in the assessment to have at
6165 least one of the following risk factors:

6166 1. An adjudication of delinquency and be on conditional
6167 release status with the Department of Juvenile Justice.

6168 2. A history of physical aggression or violent behavior
6169 toward self or others, animals, or property within the past
6170 year.

6171 3. A history of setting fires within the past year.

6172 4. A history of multiple episodes of running away from home
6173 or placements within the past year.

6174 5. A history of sexual aggression toward other youth.

6175 Section 94. For the purpose of incorporating the amendment
6176 made by this act to section 394.492, Florida Statutes, in a
6177 reference thereto, paragraph (b) of subsection (1) of section

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6178 409.1677, Florida Statutes, is reenacted to read:

6179 409.1677 Model comprehensive residential services
6180 programs.—

6181 (1) As used in this section, the term:

6182 (b) "Serious behavioral problems" means behaviors of
6183 children who have been assessed by a licensed master's-level
6184 human-services professional to need at a minimum intensive
6185 services but who do not meet the criteria of s. 394.492(6) or
6186 (7). A child with an emotional disturbance as defined in s.
6187 394.492(5) may be served in residential group care unless a
6188 determination is made by a mental health professional that such
6189 a setting is inappropriate.

6190 Section 95. Except as otherwise expressly provided in this
6191 act, this act shall take effect July 1, 2015.