



223708

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/28/2016	.	
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Appropriations Subcommittee on Health and Human Services
(Garcia) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

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

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



223708

11 (10) Case management. Case management includes:
12 (e) Service referral, coordination, monitoring, and
13 tracking for mental health programs under chapter 394.
14

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

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

21 39.001 Purposes and intent; personnel standards and
22 screening.—

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

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

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

31 1. To ensure the safety of children.

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

39 3. To expedite permanency for children and reunify healthy,



223708

40 intact families, when appropriate.

41 4. To support families in recovery.

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

55 (d) It is the intent of the Legislature to encourage the
56 use of the mental health programs established under chapter 394
57 and the drug court program model established under ~~by~~ s. 397.334
58 and authorize courts to assess children and persons who have
59 custody or are requesting custody of children where good cause
60 is shown to identify and address mental illnesses and substance
61 abuse disorders ~~problems~~ as the court deems appropriate at every
62 stage of the dependency process. Participation in treatment,
63 including a treatment-based mental health court program or a
64 treatment-based drug court program, may be required by the court
65 following adjudication. Participation in assessment and
66 treatment before ~~prior to~~ adjudication is ~~shall be~~ voluntary,
67 except as provided in s. 39.407(16).

68 (e) It is therefore the purpose of the Legislature to



223708

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

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

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

82 39.507 Adjudicatory hearings; orders of adjudication.—

83 (10) After an adjudication of dependency, or a finding of
84 dependency where adjudication is withheld, the court may order a
85 person who has custody or is requesting custody of the child to
86 submit to a mental health or substance abuse disorder assessment
87 or evaluation. The assessment or evaluation must be administered
88 by a qualified professional, as defined in s. 397.311. The court
89 may also require such person to participate in and comply with
90 treatment and services identified as necessary, including, when
91 appropriate and available, participation in and compliance with
92 a mental health program established under chapter 394 or a
93 treatment-based drug court program established under s. 397.334.
94 In addition to supervision by the department, the court,
95 including a treatment-based mental health court program or a ~~the~~
96 treatment-based drug court program, may oversee the progress and
97 compliance with treatment by a person who has custody or is



223708

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

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

110 39.521 Disposition hearings; powers of disposition.—

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

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

122 1. Require the parent and, when appropriate, the legal
123 custodian and the child to participate in treatment and services
124 identified as necessary. The court may require the person who
125 has custody or who is requesting custody of the child to submit
126 to a mental illness or substance abuse disorder assessment or



223708

127 evaluation. The assessment or evaluation must be administered by
128 a qualified professional, as defined in s. 397.311. The court
129 may also require such person to participate in and comply with
130 treatment and services identified as necessary, including, when
131 appropriate and available, participation in and compliance with
132 a mental health program established under chapter 394 or a
133 treatment-based drug court program established under s. 397.334.
134 In addition to supervision by the department, the court,
135 including a treatment-based mental health court program or a ~~the~~
136 treatment-based drug court program, may oversee the progress and
137 compliance with treatment by a person who has custody or is
138 requesting custody of the child. The court may impose
139 appropriate available sanctions for noncompliance upon a person
140 who has custody or is requesting custody of the child or make a
141 finding of noncompliance for consideration in determining
142 whether an alternative placement of the child is in the child's
143 best interests. Any order entered under this subparagraph may be
144 made only upon good cause shown. This subparagraph does not
145 authorize placement of a child with a person seeking custody of
146 the child, other than the child's parent or legal custodian, who
147 requires mental health or substance abuse treatment.

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

150 3. Require placement of the child either under the
151 protective supervision of an authorized agent of the department
152 in the home of one or both of the child's parents or in the home
153 of a relative of the child or another adult approved by the
154 court, or in the custody of the department. Protective
155 supervision continues until the court terminates it or until the



223708

156 child reaches the age of 18, whichever date is first. Protective
157 supervision shall be terminated by the court whenever the court
158 determines that permanency has been achieved for the child,
159 whether with a parent, another relative, or a legal custodian,
160 and that protective supervision is no longer needed. The
161 termination of supervision may be with or without retaining
162 jurisdiction, at the court's discretion, and shall in either
163 case be considered a permanency option for the child. The order
164 terminating supervision by the department must ~~shall~~ set forth
165 the powers of the custodian of the child and ~~shall~~ include the
166 powers ordinarily granted to a guardian of the person of a minor
167 unless otherwise specified. Upon the court's termination of
168 supervision by the department, ~~no~~ further judicial reviews are
169 not required if, so long as permanency has been established for
170 the child.

171 Section 5. Section 394.455, Florida Statutes, is amended to
172 read:

173 394.455 Definitions.—As used in this part, ~~unless the~~
174 ~~context clearly requires otherwise,~~ the term:

175 (1) "Access center" means a facility staffed by medical,
176 behavioral, and substance abuse professionals which provides
177 emergency screening and evaluation for mental health or
178 substance abuse disorders and may provide transportation to an
179 appropriate facility if an individual is in need of more
180 intensive services.

181 (2) "Addictions receiving facility" means a secure, acute
182 care facility that, at a minimum, provides emergency screening,
183 evaluation, and short-term stabilization services; is operated
184 24 hours per day, 7 days per week; and is designated by the



223708

185 department to serve individuals found to have substance abuse
186 impairment who qualify for services under this part.

187 (3)~~(1)~~ "Administrator" means the chief administrative
188 officer of a receiving or treatment facility or his or her
189 designee.

190 (4) "Adult" means an individual who is 18 years of age or
191 older or who has had the disability of nonage removed under
192 chapter 743.

193 (5) "Advanced registered nurse practitioner" means any
194 person licensed in this state to practice professional nursing
195 who is certified in advanced or specialized nursing practice
196 under s. 464.012.

197 (6)~~(2)~~ "Clinical psychologist" means a psychologist as
198 defined in s. 490.003(7) with 3 years of postdoctoral experience
199 in the practice of clinical psychology, inclusive of the
200 experience required for licensure, or a psychologist employed by
201 a facility operated by the United States Department of Veterans
202 Affairs that qualifies as a receiving or treatment facility
203 under this part.

204 (7)~~(3)~~ "Clinical record" means all parts of the record
205 required to be maintained and includes all medical records,
206 progress notes, charts, and admission and discharge data, and
207 all other information recorded by ~~a~~ facility staff which
208 pertains to the patient's hospitalization or treatment.

209 (8)~~(4)~~ "Clinical social worker" means a person licensed as
210 a clinical social worker under s. 491.005 or s. 491.006 ~~chapter~~
211 ~~491.~~

212 (9)~~(5)~~ "Community facility" means a ~~any~~ community service
213 provider that contracts ~~contracting~~ with the department to



223708

214 furnish substance abuse or mental health services under part IV
215 of this chapter.

216 (10)~~(6)~~ "Community mental health center or clinic" means a
217 publicly funded, not-for-profit center that ~~which~~ contracts with
218 the department for the provision of inpatient, outpatient, day
219 treatment, or emergency services.

220 (11)~~(7)~~ "Court," unless otherwise specified, means the
221 circuit court.

222 (12)~~(8)~~ "Department" means the Department of Children and
223 Families.

224 (13) "Designated receiving facility" means a facility
225 approved by the department which may be a crisis stabilization
226 unit, addictions receiving facility and provides, at a minimum,
227 emergency screening, evaluation, and short-term stabilization
228 for mental health or substance abuse disorders, and which may
229 have an agreement with a corresponding facility for
230 transportation and services.

231 (14) "Detoxification facility" means a facility licensed to
232 provide detoxification services under chapter 397.

233 (15) "Electronic means" is a form of telecommunication
234 which requires all parties to maintain visual as well as audio
235 communication.

236 (16)~~(9)~~ "Express and informed consent" means consent
237 voluntarily given in writing, by a competent person, after
238 sufficient explanation and disclosure of the subject matter
239 involved to enable the person to make a knowing and willful
240 decision without any element of force, fraud, deceit, duress, or
241 other form of constraint or coercion.

242 (17)~~(10)~~ "Facility" means any hospital, community facility,



223708

243 public or private facility, or receiving or treatment facility
244 providing for the evaluation, diagnosis, care, treatment,
245 training, or hospitalization of persons who appear to have a
246 ~~mental illness~~ or who have been diagnosed as having a mental
247 illness or substance abuse impairment. The term "Facility" does
248 not include a any program or an entity licensed under ~~pursuant~~
249 ~~to~~ chapter 400 or chapter 429.

250 (18) "Governmental facility" means a facility owned,
251 operated, or administered by the Department of Corrections or
252 the United States Department of Veterans Affairs.

253 (19)-(11) "Guardian" means the natural guardian of a minor,
254 or a person appointed by a court to act on behalf of a ward's
255 person if the ward is a minor or has been adjudicated
256 incapacitated.

257 (20)-(12) "Guardian advocate" means a person appointed by a
258 court to make decisions regarding mental health or substance
259 abuse treatment on behalf of a patient who has been found
260 incompetent to consent to treatment pursuant to this part. ~~The~~
261 ~~guardian advocate may be granted specific additional powers by~~
262 ~~written order of the court, as provided in this part.~~

263 (21)-(13) "Hospital" means a hospital ~~facility as defined in~~
264 ~~s. 395.002 and~~ licensed under chapter 395 and part II of chapter
265 408.

266 (22)-(14) "Incapacitated" means that a person has been
267 adjudicated incapacitated pursuant to part V of chapter 744 and
268 a guardian of the person has been appointed.

269 (23)-(15) "Incompetent to consent to treatment" means a
270 state in which ~~that~~ a person's judgment is so affected by a his
271 ~~or her~~ mental illness, a substance abuse impairment, that he or



223708

272 ~~she the person~~ lacks the capacity to make a well-reasoned,
273 willful, and knowing decision concerning his or her medical, ~~or~~
274 mental health, or substance abuse treatment.

275 (24) "Involuntary examination" means an examination
276 performed under s. 394.463 or s. 397.675 to determine whether a
277 person qualifies for involuntary outpatient services pursuant to
278 s. 394.4655 or involuntary inpatient placement.

279 (25) "Involuntary services" means court-ordered outpatient
280 services or inpatient placement for mental health treatment
281 pursuant to s. 394.4655 or s. 394.467.

282 (26)-(16) "Law enforcement officer" has the same meaning as
283 provided means a law enforcement officer as defined in s.
284 943.10.

285 (27) "Marriage and family therapist" means a person
286 licensed to practice marriage and family therapy under s.
287 491.005 or s. 491.006.

288 (28) "Mental health counselor" means a person licensed to
289 practice mental health counseling under s. 491.005 or s.
290 491.006.

291 (29)-(17) "Mental health overlay program" means a mobile
292 service that ~~which~~ provides an independent examination for
293 voluntary admission ~~admissions~~ and a range of supplemental
294 onsite services to persons with a mental illness in a
295 residential setting such as a nursing home, an assisted living
296 facility, or an adult family-care home, or a nonresidential
297 setting such as an adult day care center. Independent
298 examinations provided ~~pursuant to this part~~ through a mental
299 health overlay program must only be provided under contract with
300 the department ~~for this service~~ or be attached to a public



223708

301 receiving facility that is also a community mental health
302 center.

303 ~~(30)(18)~~ "Mental illness" means an impairment of the mental
304 or emotional processes that exercise conscious control of one's
305 actions or of the ability to perceive or understand reality,
306 which impairment substantially interferes with the person's
307 ability to meet the ordinary demands of living. For the purposes
308 of this part, the term does not include a developmental
309 disability as defined in chapter 393, intoxication, or
310 conditions manifested only by antisocial behavior or substance
311 abuse impairment.

312 (31) "Minor" means an individual who is 17 years of age or
313 younger and who has not had the disability of nonage removed
314 pursuant to s. 743.01 or s. 743.015.

315 ~~(32)(19)~~ "Mobile crisis response service" means a
316 nonresidential crisis service ~~attached to a public receiving~~
317 ~~facility and~~ available 24 hours a day, 7 days a week, ~~through~~
318 which provides immediate intensive assessments and
319 interventions, including screening for admission into a mental
320 health receiving facility, an addictions receiving facility, or
321 a detoxification facility, ~~take place~~ for the purpose of
322 identifying appropriate treatment services.

323 ~~(33)(20)~~ "Patient" means any person who is held or accepted
324 for mental health or substance abuse treatment.

325 ~~(34)(21)~~ "Physician" means a medical practitioner licensed
326 under chapter 458 or chapter 459 ~~who has experience in the~~
327 ~~diagnosis and treatment of mental and nervous disorders~~ or a
328 physician employed by a facility operated by the United States
329 Department of Veterans Affairs or the United States Department



223708

330 ~~of Defense which qualifies as a receiving or treatment facility~~
331 ~~under this part.~~

332 (35) "Physician assistant" means a person licensed under
333 chapter 458 or chapter 459 who has experience in the diagnosis
334 and treatment of mental disorders.

335 ~~(36)~~~~(22)~~ "Private facility" means any hospital or facility
336 operated by a for-profit or not-for-profit corporation or
337 association which that provides mental health or substance abuse
338 services and is not a public facility.

339 ~~(37)~~~~(23)~~ "Psychiatric nurse" means an advanced registered
340 nurse practitioner certified under s. 464.012 who has a master's
341 or doctoral degree in psychiatric nursing, holds a national
342 advanced practice certification as a psychiatric mental health
343 advanced practice nurse, and has 2 years of post-master's
344 clinical experience under the supervision of a physician.

345 ~~(38)~~~~(24)~~ "Psychiatrist" means a medical practitioner
346 licensed under chapter 458 or chapter 459 ~~who has primarily~~
347 ~~diagnosed and treated mental and nervous disorders for at least~~
348 ~~a period of not less than~~ 3 years, inclusive of psychiatric
349 residency.

350 ~~(39)~~~~(25)~~ "Public facility" means a ~~any~~ facility that has
351 contracted with the department to provide mental health or
352 substance abuse services to all persons, regardless of ~~their~~
353 ability to pay, and is receiving state funds for such purpose.

354 (40) "Qualified professional" means a physician or a
355 physician assistant licensed under chapter 458 or chapter 459; a
356 professional licensed under chapter 490.003(7) or chapter 491; a
357 psychiatrist licensed under chapter 458 or chapter 459; or a
358 psychiatric nurse as defined in subsection (37).



223708

359 ~~(41)-(26)~~ "Receiving facility" means any public or private
360 facility designated by the department to receive and hold or
361 refer, as appropriate, involuntary patients under emergency
362 conditions ~~or~~ for mental health or substance abuse psychiatric
363 evaluation and to provide ~~short-term~~ treatment or transportation
364 to the appropriate service provider. The term does not include a
365 county jail.

366 ~~(42)-(27)~~ "Representative" means a person selected to
367 receive notice of proceedings during the time a patient is held
368 in or admitted to a receiving or treatment facility.

369 ~~(43)-(28)(a)~~ "Restraint" means: a physical device, method,
370 or drug used to control behavior.

371 (a) A physical restraint, including is any manual method or
372 physical or mechanical device, material, or equipment attached
373 or adjacent to an the individual's body so that he or she cannot
374 easily remove the restraint and which restricts freedom of
375 movement or normal access to one's body. Physical restraint
376 includes the physical holding of a person during a procedure to
377 forcibly administer psychotropic medication. Physical restraint
378 does not include physical devices such as orthopedically
379 prescribed appliances, surgical dressings and bandages,
380 supportive body bands, or other physical holding when necessary
381 for routine physical examinations and tests or for purposes of
382 orthopedic, surgical, or other similar medical treatment, when
383 used to provide support for the achievement of functional body
384 position or proper balance, or when used to protect a person
385 from falling out of bed.

386 (b) A drug or ~~used as a restraint is a~~ medication used to
387 control a the person's behavior or to restrict his or her



223708

388 freedom of movement which ~~and~~ is not part of the standard
389 treatment regimen of a person with a diagnosed mental illness
390 ~~who is a client of the department. Physically holding a person~~
391 ~~during a procedure to forcibly administer psychotropic~~
392 ~~medication is a physical restraint.~~

393 ~~(c) Restraint does not include physical devices, such as~~
394 ~~orthopedically prescribed appliances, surgical dressings and~~
395 ~~bandages, supportive body bands, or other physical holding when~~
396 ~~necessary for routine physical examinations and tests; or for~~
397 ~~purposes of orthopedic, surgical, or other similar medical~~
398 ~~treatment; when used to provide support for the achievement of~~
399 ~~functional body position or proper balance; or when used to~~
400 ~~protect a person from falling out of bed.~~

401 (44) "School psychologist" has the same meaning as in s.
402 490.003.

403 ~~(45)-(29)~~ "Seclusion" means the physical segregation ~~of a~~
404 ~~person in any fashion~~ or involuntary isolation of a person in a
405 room or area from which the person is prevented from leaving.
406 The prevention may be by physical barrier or by a staff member
407 who is acting in a manner, or who is physically situated, so as
408 to prevent the person from leaving the room or area. For
409 purposes of this part ~~chapter~~, the term does not mean isolation
410 due to a person's medical condition or symptoms.

411 ~~(46)-(30)~~ "Secretary" means the Secretary of Children and
412 Families.

413 (47) "Service provider" means a receiving facility, any
414 facility licensed under chapter 397, a treatment facility, an
415 entity under contract with the department to provide mental
416 health or substance abuse services, a community mental health



223708

417 center or clinic, a psychologist, a clinical social worker, a
418 marriage and family therapist, a mental health counselor, a
419 physician, a psychiatrist, an advanced registered nurse
420 practitioner, a psychiatric nurse, or a qualified professional
421 as defined in this section.

422 (48) "Substance abuse impairment" means a condition
423 involving the use of alcoholic beverages or any psychoactive or
424 mood-altering substance in such a manner that a person has lost
425 the power of self-control and has inflicted or is likely to
426 inflict physical harm on himself or herself or others.

427 (49)-(31) "Transfer evaluation" means the process by which
428 as approved by the appropriate district office of the
429 department, whereby a person who is being considered for
430 placement in a state treatment facility is first evaluated for
431 appropriateness of admission to a state treatment the facility
432 by a community-based public receiving facility or by a community
433 mental health center or clinic if the public receiving facility
434 is not a community mental health center or clinic.

435 (50)-(32) "Treatment facility" means a any state-owned,
436 state-operated, or state-supported hospital, center, or clinic
437 designated by the department for extended treatment and
438 hospitalization, beyond that provided for by a receiving
439 facility, of persons who have a mental illness, including
440 facilities of the United States Government, and any private
441 facility designated by the department when rendering such
442 services to a person pursuant to the provisions of this part.
443 Patients treated in facilities of the United States Government
444 shall be solely those whose care is the responsibility of the
445 United States Department of Veterans Affairs.



223708

446 (51) "Triage center" means a facility that is approved by
447 the department and has medical, behavioral, and substance abuse
448 professionals present or on call to provide emergency screening
449 and evaluation of individuals transported to the center by a law
450 enforcement officer.

451 ~~(33) "Service provider" means any public or private~~
452 ~~receiving facility, an entity under contract with the Department~~
453 ~~of Children and Families to provide mental health services, a~~
454 ~~clinical psychologist, a clinical social worker, a marriage and~~
455 ~~family therapist, a mental health counselor, a physician, a~~
456 ~~psychiatric nurse as defined in subsection (23), or a community~~
457 ~~mental health center or clinic as defined in this part.~~

458 ~~(34) "Involuntary examination" means an examination~~
459 ~~performed under s. 394.463 to determine if an individual~~
460 ~~qualifies for involuntary inpatient treatment under s.~~
461 ~~394.467(1) or involuntary outpatient treatment under s.~~
462 ~~394.4655(1).~~

463 ~~(35) "Involuntary placement" means either involuntary~~
464 ~~outpatient treatment pursuant to s. 394.4655 or involuntary~~
465 ~~inpatient treatment pursuant to s. 394.467.~~

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

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

470 ~~(38) "Electronic means" means a form of telecommunication~~
471 ~~that requires all parties to maintain visual as well as audio~~
472 ~~communication.~~

473 Section 6. Section 394.4573, Florida Statutes, is amended
474 to read:



223708

475 394.4573 Coordinated system of care; annual assessment;
476 essential elements ~~Continuity of care management system;~~
477 measures of performance; system improvement grants; reports. ~~On~~
478 or before October 1 of each year, the department shall submit to
479 the Governor, the President of the Senate, and the Speaker of
480 the House of Representatives an assessment of the behavioral
481 health services in this state in the context of the No-Wrong-
482 Door model and standards set forth in this section. The
483 department's assessment shall be based on both quantitative and
484 qualitative data and must identify any significant regional
485 variations. The assessment must include information gathered
486 from managing entities, service providers, law enforcement,
487 judicial officials, local governments, behavioral health
488 consumers and their family members, and the public.

489 (1) As used in ~~For the purposes of~~ this section:

490 (a) "Case management" means those direct services provided
491 to a client in order to assess his or her activities aimed at
492 assessing client needs, plan or arrange planning services,
493 coordinate service providers, monitor linking the service system
494 to a client, coordinating the various system components,
495 monitoring service delivery, and evaluate patient outcomes
496 evaluating the effect of service delivery.

497 (b) "Case manager" means an individual who works with
498 clients, and their families and significant others, to provide
499 case management.

500 (c) "Client manager" means an employee of the managing
501 entity or entity under contract with the managing entity
502 department who is assigned to specific provider agencies and
503 geographic areas to ensure that the full range of needed



223708

504 services is available to clients.

505 (d) "Coordinated system Continuity of care management
506 system" means a ~~system that assures, within available resources,~~
507 ~~that clients have access to~~ the full array of behavioral and
508 related services in a region or community offered by all service
509 providers, whether participating under contract with the
510 managing entity or another method of community partnership or
511 mutual agreement within the mental health services delivery
512 system.

513 (e) "No-Wrong-Door model" means a model for the delivery of
514 health care services to persons who have mental health or
515 substance abuse disorders, or both, which optimizes access to
516 care, regardless of the entry point to the behavioral health
517 care system.

518 (2) The essential elements of a coordinated system of care
519 include:

520 (a) Community interventions, such as prevention, primary
521 care for behavioral health needs, therapeutic and supportive
522 services, crisis response services, and diversion programs.

523 (b) A designated receiving system consisting of one or more
524 facilities serving a defined geographic area and responsible for
525 assessment and evaluation, both voluntary and involuntary, and
526 treatment or triage for patients who present with mental
527 illness, substance abuse disorder, or co-occurring disorders.

528 The system must be approved by each county or by several
529 counties, planned through an inclusive process, approved by the
530 managing entity, and documented through written memoranda of
531 agreement or other binding arrangements. The designated
532 receiving system may be organized in any of the following ways



223708

533 so long as it functions as a No-Wrong-Door model that responds
534 to individual needs and integrates services among various
535 providers:

536 1. A central receiving system, which consists of a
537 designated central receiving facility that serves as a single
538 entry point for persons with mental health or substance abuse
539 disorders, or both. The designated receiving facility must be
540 capable of assessment, evaluation, and triage or treatment for
541 various conditions and circumstances.

542 2. A coordinated receiving system, which consists of
543 multiple entry points that are linked by shared data systems,
544 formal referral agreements, and cooperative arrangements for
545 care coordination and case management. Each entry point must be
546 a designated receiving facility and must provide or arrange for
547 necessary services following an initial assessment and
548 evaluation.

549 3. A tiered receiving system, which consists of multiple
550 entry points, some of which offer only specialized or limited
551 services. Each service provider must be classified according to
552 its capabilities as either a designated receiving facility, or
553 another type of service provider such as a triage center, or an
554 access center. All participating service providers must be
555 linked by methods to share data that are compliant with both
556 state and federal patient privacy laws, formal referral
557 agreements, and cooperative arrangements for care coordination
558 and case management. An accurate inventory of the participating
559 service providers which specifies the capabilities and
560 limitations of each provider must be maintained and made
561 available at all times to all first responders in the service



223708

562 area.
563 (c) Transportation in accordance with a plan developed
564 under s. 394.462.
565 (d) Crisis services, including mobile response teams,
566 crisis stabilization units, addiction receiving facilities, and
567 detoxification facilities.
568 (e) Case management, including intensive case management
569 for individuals determined to be high-need or high-utilization
570 individuals under s. 394.9082(2)(e).
571 (f) Outpatient services.
572 (g) Residential services.
573 (h) Hospital inpatient care.
574 (i) Aftercare and other post-discharge services.
575 (j) Medication Assisted Treatment and medication
576 management.
577 (k) Recovery support, including housing assistance and
578 support for competitive employment, educational attainment,
579 independent living skills development, family support and
580 education, and wellness management and self-care.
581 (3) The department's annual assessment must compare the
582 status and performance of the extant behavioral health system
583 with the following standards and any other standards or measures
584 that the department determines to be applicable.
585 (a) The capacity of the contracted service providers to
586 meet estimated need when such estimates are based on credible
587 evidence and sound methodologies.
588 (b) The extent to which the behavioral health system uses
589 evidence-informed practices and broadly disseminates the results
590 of quality improvement activities to all service providers.



223708

591 (c) The degree to which services are offered in the least
592 restrictive and most appropriate therapeutic environment.

593 (d) The scope of systemwide accountability activities used
594 to monitor patient outcomes and measure continuous improvement
595 in the behavioral health system.

596 (4) Subject to a specific appropriation by the Legislature,
597 the department may award system improvement grants to managing
598 entities based on the submission of a detailed plan to enhance
599 services, coordination, or performance measurement in accordance
600 with the model and standards specified in this section. Such a
601 grant must be awarded through a performance-based contract that
602 links payments to the documented and measurable achievement of
603 system improvements ~~The department is directed to implement a~~
604 ~~continuity of care management system for the provision of mental~~
605 ~~health care, through the provision of client and case~~
606 ~~management, including clients referred from state treatment~~
607 ~~facilities to community mental health facilities. Such system~~
608 ~~shall include a network of client managers and case managers~~
609 ~~throughout the state designed to:~~

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

612 ~~(b) Provide for the creation or designation of an agency in~~
613 ~~each county to provide single intake services for each person~~
614 ~~seeking mental health services. Such agency shall provide~~
615 ~~information and referral services necessary to ensure that~~
616 ~~clients receive the most appropriate and least restrictive form~~
617 ~~of care, based on the individual needs of the person seeking~~
618 ~~treatment. Such agency shall have a single telephone number,~~
619 ~~operating 24 hours per day, 7 days per week, where practicable,~~



223708

620 ~~at a central location, where each client will have a central~~
621 ~~record.~~

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

625 ~~(d) Require that any public receiving facility initiating a~~
626 ~~patient transfer to a licensed hospital for acute care mental~~
627 ~~health services not accessible through the public receiving~~
628 ~~facility shall notify the hospital of such transfer and send all~~
629 ~~records relating to the emergency psychiatric or medical~~
630 ~~condition.~~

631 ~~(3) The department is directed to develop and include in~~
632 ~~contracts with service providers measures of performance with~~
633 ~~regard to goals and objectives as specified in the state plan.~~
634 ~~Such measures shall use, to the extent practical, existing data~~
635 ~~collection methods and reports and shall not require, as a~~
636 ~~result of this subsection, additional reports on the part of~~
637 ~~service providers. The department shall plan monitoring visits~~
638 ~~of community mental health facilities with other state, federal,~~
639 ~~and local governmental and private agencies charged with~~
640 ~~monitoring such facilities.~~

641 Section 7. Paragraphs (d) and (e) of subsection (2) of
642 section 394.4597, Florida Statutes, are amended to read:

643 394.4597 Persons to be notified; patient's representative.-

644 (2) INVOLUNTARY PATIENTS.-

645 (d) When the receiving or treatment facility selects a
646 representative, first preference shall be given to a health care
647 surrogate, if one has been previously selected by the patient.
648 If the patient has not previously selected a health care



223708

649 surrogate, the selection, except for good cause documented in
650 the patient's clinical record, shall be made from the following
651 list in the order of listing:

- 652 1. The patient's spouse.
- 653 2. An adult child of the patient.
- 654 3. A parent of the patient.
- 655 4. The adult next of kin of the patient.
- 656 5. An adult friend of the patient.
- 657 ~~6. The appropriate Florida local advocacy council as~~
658 ~~provided in s. 402.166.~~

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

- 661 1. A professional providing clinical services to the
662 patient under this part.
- 663 2. The licensed professional who initiated the involuntary
664 examination of the patient, if the examination was initiated by
665 professional certificate.
- 666 3. An employee, an administrator, or a board member of the
667 facility providing the examination of the patient.
- 668 4. An employee, an administrator, or a board member of a
669 treatment facility providing treatment for the patient.
- 670 5. A person providing any substantial professional services
671 to the patient, including clinical services.
- 672 6. A creditor of the patient.
- 673 7. A person subject to an injunction for protection against
674 domestic violence under s. 741.30, whether the order of
675 injunction is temporary or final, and for which the patient was
676 the petitioner.
- 677 8. A person subject to an injunction for protection against



678 repeat violence, sexual violence, or dating violence under s.
679 784.046, whether the order of injunction is temporary or final,
680 and for which the patient was the petitioner A licensed
681 ~~professional providing services to the patient under this part,~~
682 ~~an employee of a facility providing direct services to the~~
683 ~~patient under this part, a department employee, a person~~
684 ~~providing other substantial services to the patient in a~~
685 ~~professional or business capacity, or a creditor of the patient~~
686 ~~shall not be appointed as the patient's representative.~~

687 Section 8. Present subsections (2) through (7) of section
688 394.4598, Florida Statutes, are redesignated as subsections (3)
689 through (8), respectively, a new subsection (2) is added to that
690 section, and present subsections (3) and (4) of that section are
691 amended, to read:

692 394.4598 Guardian advocate.—

693 (2) The following persons are prohibited from appointment
694 as a patient's guardian advocate:

695 (a) A professional providing clinical services to the
696 patient under this part.

697 (b) The licensed professional who initiated the involuntary
698 examination of the patient, if the examination was initiated by
699 professional certificate.

700 (c) An employee, an administrator, or a board member of the
701 facility providing the examination of the patient.

702 (d) An employee, an administrator, or a board member of a
703 treatment facility providing treatment of the patient.

704 (e) A person providing any substantial professional
705 services to the patient, including clinical services.

706 (f) A creditor of the patient.



223708

707 (g) A person subject to an injunction for protection
708 against domestic violence under s. 741.30, whether the order of
709 injunction is temporary or final, and for which the patient was
710 the petitioner.

711 (h) A person subject to an injunction for protection
712 against repeat violence, sexual violence, or dating violence
713 under s. 784.046, whether the order of injunction is temporary
714 or final, and for which the patient was the petitioner.

715 (4)(3) In lieu of the training required of guardians
716 appointed pursuant to chapter 744, Prior to a guardian advocate
717 must, at a minimum, participate in a 4-hour training course
718 approved by the court before exercising his or her authority,
719 ~~the guardian advocate shall attend a training course approved by~~
720 ~~the court. At a minimum, this training course, of not less than~~
721 ~~4 hours, must include, at minimum, information about the patient~~
722 ~~rights, psychotropic medications, the diagnosis of mental~~
723 ~~illness, the ethics of medical decisionmaking, and duties of~~
724 ~~guardian advocates. This training course shall take the place of~~
725 ~~the training required for guardians appointed pursuant to~~
726 ~~chapter 744.~~

727 (5)(4) The required training course and the information to
728 be supplied to prospective guardian advocates before prior to
729 their appointment and the training course for guardian advocates
730 must be developed and completed through a course developed by
731 the department, and approved by the chief judge of the circuit
732 court, and taught by a court-approved organization, which-
733 ~~Court-approved organizations may include, but is are not limited~~
734 ~~to, a community college community or junior colleges, a~~
735 guardianship organization guardianship organizations, a and the



223708

736 local bar association, or The Florida Bar. The training course
737 may be web-based, provided in video format, or other electronic
738 means but must be capable of ensuring the identity and
739 participation of the prospective guardian advocate. The court
740 may, ~~in its discretion,~~ waive some or all of the training
741 requirements for guardian advocates or impose additional
742 requirements. The court shall make its decision on a case-by-
743 case basis and, in making its decision, shall consider the
744 experience and education of the guardian advocate, the duties
745 assigned to the guardian advocate, and the needs of the patient.

746 Section 9. Section 394.462, Florida Statutes, is amended to
747 read:

748 394.462 Transportation.—A transportation plan must be
749 developed and implemented by each county in accordance with this
750 section. A county may enter into a memorandum of understanding
751 with the governing boards of nearby counties to establish a
752 shared transportation plan. When multiple counties enter into a
753 memorandum of understanding for this purpose, the managing
754 entity must be notified and provided a copy of the agreement.
755 The transportation plan must describe methods of transport to a
756 facility within the designated receiving system and may identify
757 responsibility for other transportation to a participating
758 facility when necessary and agreed to by the facility. The plan
759 must ensure that individuals who meet the criteria for
760 involuntary assessment and evaluation pursuant to ss. 394.463
761 and 397.675 will be transported. The plan may rely on emergency
762 medical transport services or private transport companies as
763 appropriate.

764 (1) TRANSPORTATION TO A RECEIVING FACILITY.—



223708

765 (a) Each county shall designate a single law enforcement
766 agency within the county, or portions thereof, to take a person
767 into custody upon the entry of an ex parte order or the
768 execution of a certificate for involuntary examination by an
769 authorized professional and to transport that person to an
770 appropriate facility within the designated receiving system ~~the~~
771 ~~nearest receiving facility~~ for examination.

772 (b)1. The designated law enforcement agency may decline to
773 transport the person to a receiving facility only if:

774 ~~a.1.~~ The jurisdiction designated by the county has
775 contracted on an annual basis with an emergency medical
776 transport service or private transport company for
777 transportation of persons to receiving facilities pursuant to
778 this section at the sole cost of the county; and

779 ~~b.2.~~ The law enforcement agency and the emergency medical
780 transport service or private transport company agree that the
781 continued presence of law enforcement personnel is not necessary
782 for the safety of the person or others.

783 ~~2.3.~~ The entity providing transportation jurisdiction
784 ~~designated by the county~~ may seek reimbursement for
785 transportation expenses. The party responsible for payment for
786 such transportation is the person receiving the transportation.
787 The county shall seek reimbursement from the following sources
788 in the following order:

789 a. From a private or public third-party payor ~~an insurance~~
790 ~~company, health care corporation, or other source,~~ if the person
791 receiving the transportation has applicable coverage ~~is covered~~
792 ~~by an insurance policy or subscribes to a health care~~
793 ~~corporation or other source for payment of such expenses.~~



223708

794 b. From the person receiving the transportation.
795 c. From a financial settlement for medical care, treatment,
796 hospitalization, or transportation payable or accruing to the
797 injured party.

798 ~~(c)~~ ~~(b)~~ A Any company that transports a patient pursuant to
799 this subsection is considered an independent contractor and is
800 solely liable for the safe and dignified transport
801 ~~transportation~~ of the patient. Such company must be insured and
802 provide no less than \$100,000 in liability insurance with
803 respect to the transport ~~transportation~~ of patients.

804 ~~(d)~~ ~~(e)~~ Any company that contracts with a governing board of
805 a county to transport patients shall comply with the applicable
806 rules of the department to ensure the safety and dignity of ~~the~~
807 patients.

808 ~~(e)~~ ~~(d)~~ When a law enforcement officer takes custody of a
809 person pursuant to this part, the officer may request assistance
810 from emergency medical personnel if such assistance is needed
811 for the safety of the officer or the person in custody.

812 ~~(f)~~ ~~(e)~~ When a member of a mental health overlay program or
813 a mobile crisis response service is a professional authorized to
814 initiate an involuntary examination pursuant to s. 394.463 or s.
815 397.675 and that professional evaluates a person and determines
816 that transportation to a receiving facility is needed, the
817 service, at its discretion, may transport the person to the
818 facility or may call on the law enforcement agency or other
819 transportation arrangement best suited to the needs of the
820 patient.

821 ~~(g)~~ ~~(f)~~ When any law enforcement officer has custody of a
822 person based on either noncriminal or minor criminal behavior



223708

823 that meets the statutory guidelines for involuntary examination
824 under this part, the law enforcement officer shall transport the
825 person to an appropriate ~~the nearest receiving~~ facility within
826 the designated receiving system for examination.

827 (h) ~~(g)~~ When any law enforcement officer has arrested a
828 person for a felony and it appears that the person meets the
829 statutory guidelines for involuntary examination or placement
830 under this part, such person must ~~shall~~ first be processed in
831 the same manner as any other criminal suspect. The law
832 enforcement agency shall thereafter immediately notify the
833 appropriate ~~nearest public receiving~~ facility within the
834 designated receiving system, which shall be responsible for
835 promptly arranging for the examination and treatment of the
836 person. A receiving facility is not required to admit a person
837 charged with a crime for whom the facility determines and
838 documents that it is unable to provide adequate security, but
839 shall provide ~~mental health~~ examination and treatment to the
840 person where he or she is held.

841 (i) ~~(h)~~ If the appropriate law enforcement officer believes
842 that a person has an emergency medical condition as defined in
843 s. 395.002, the person may be first transported to a hospital
844 for emergency medical treatment, regardless of whether the
845 hospital is a designated receiving facility.

846 (j) ~~(i)~~ The costs of transportation, evaluation,
847 hospitalization, and treatment incurred under this subsection by
848 persons who have been arrested for violations of any state law
849 or county or municipal ordinance may be recovered as provided in
850 s. 901.35.

851 (k) ~~(j)~~ The ~~nearest receiving~~ facility within the designated



223708

852 receiving system must accept, pursuant to this part, persons
853 brought by law enforcement officers, an emergency medical
854 transport service, or a private transport company for
855 involuntary examination.

856 (l) ~~(k)~~ Each law enforcement agency designated pursuant to
857 paragraph (a) shall establish a policy that ~~develop a memorandum~~
858 ~~of understanding with each receiving facility within the law~~
859 ~~enforcement agency's jurisdiction which~~ reflects a single set of
860 protocols approved by the managing entity for the safe and
861 secure transportation ~~of the person~~ and transfer of custody of
862 the person. ~~These protocols must also address crisis~~
863 ~~intervention measures.~~

864 (m) ~~(l)~~ When a jurisdiction has entered into a contract with
865 an emergency medical transport service or a private transport
866 company for transportation of persons to ~~receiving~~ facilities
867 within the designated receiving system, such service or company
868 shall be given preference for transportation of persons from
869 nursing homes, assisted living facilities, adult day care
870 centers, or adult family-care homes, unless the behavior of the
871 person being transported is such that transportation by a law
872 enforcement officer is necessary.

873 (n) ~~(m)~~ ~~Nothing in~~ This section may not ~~shall~~ be construed
874 to limit emergency examination and treatment of incapacitated
875 persons provided in accordance with ~~the provisions of s.~~
876 401.445.

877 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

878 (a) If neither the patient nor any person legally obligated
879 or responsible for the patient is able to pay for the expense of
880 transporting a voluntary or involuntary patient to a treatment



223708

881 facility, the transportation plan established by the governing
882 board of the county or counties must specify how in which the
883 hospitalized patient will be transported to, from, and between
884 facilities in a ~~is hospitalized shall arrange for such required~~
885 ~~transportation and shall ensure the safe and dignified manner~~
886 ~~transportation of the patient. The governing board of each~~
887 ~~county is authorized to contract with private transport~~
888 ~~companies for the transportation of such patients to and from a~~
889 ~~treatment facility.~~

890 (b) A Any company that transports a patient pursuant to
891 this subsection is considered an independent contractor and is
892 solely liable for the safe and dignified transportation of the
893 patient. Such company must be insured and provide no less than
894 \$100,000 in liability insurance with respect to the transport
895 transportation of patients.

896 (c) A Any company that contracts with one or more counties
897 ~~the governing board of a county~~ to transport patients in
898 accordance with this section shall comply with the applicable
899 rules of the department to ensure the safety and dignity of ~~the~~
900 patients.

901 (d) County or municipal law enforcement and correctional
902 personnel and equipment may ~~shall~~ not be used to transport
903 patients adjudicated incapacitated or found by the court to meet
904 the criteria for involuntary placement pursuant to s. 394.467,
905 except in small rural counties where there are no cost-efficient
906 alternatives.

907 (3) TRANSFER OF CUSTODY.—Custody of a person who is
908 transported pursuant to this part, along with related
909 documentation, shall be relinquished to a responsible individual



223708

910 at the appropriate receiving or treatment facility.

911 ~~(4) EXCEPTIONS. An exception to the requirements of this~~
912 ~~section may be granted by the secretary of the department for~~
913 ~~the purposes of improving service coordination or better meeting~~
914 ~~the special needs of individuals. A proposal for an exception~~
915 ~~must be submitted by the district administrator after being~~
916 ~~approved by the governing boards of any affected counties, prior~~
917 ~~to submission to the secretary.~~

918 ~~(a) A proposal for an exception must identify the specific~~
919 ~~provision from which an exception is requested; describe how the~~
920 ~~proposal will be implemented by participating law enforcement~~
921 ~~agencies and transportation authorities; and provide a plan for~~
922 ~~the coordination of services such as case management.~~

923 ~~(b) The exception may be granted only for:~~

924 ~~1. An arrangement centralizing and improving the provision~~
925 ~~of services within a district, which may include an exception to~~
926 ~~the requirement for transportation to the nearest receiving~~
927 ~~facility;~~

928 ~~2. An arrangement by which a facility may provide, in~~
929 ~~addition to required psychiatric services, an environment and~~
930 ~~services which are uniquely tailored to the needs of an~~
931 ~~identified group of persons with special needs, such as persons~~
932 ~~with hearing impairments or visual impairments, or elderly~~
933 ~~persons with physical frailties; or~~

934 ~~3. A specialized transportation system that provides an~~
935 ~~efficient and humane method of transporting patients to~~
936 ~~receiving facilities, among receiving facilities, and to~~
937 ~~treatment facilities.~~

938 ~~(c) Any exception approved pursuant to this subsection~~



223708

939 ~~shall be reviewed and approved every 5 years by the secretary.~~

940 Section 10. Subsection (2) of section 394.463, Florida
941 Statutes, is amended to read:

942 394.463 Involuntary examination.-

943 (2) INVOLUNTARY EXAMINATION.-

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

946 1. A circuit or county court may enter an ex parte order
947 stating that a person appears to meet the criteria for
948 involuntary examination and specifying,~~giving~~ the findings on
949 which that conclusion is based. The ex parte order for
950 involuntary examination must be based on written or oral sworn
951 testimony that includes specific facts that support the
952 findings,~~written or oral~~. If other, less restrictive, means are
953 not available, such as voluntary appearance for outpatient
954 evaluation, a law enforcement officer, or other designated agent
955 of the court, shall take the person into custody and deliver him
956 or her to an appropriate ~~the nearest receiving~~ facility within
957 the designated receiving system for involuntary examination. The
958 order of the court shall be made a part of the patient's
959 clinical record. A ~~No~~ fee may not ~~shall~~ be charged for the
960 filing of an order under this subsection. Any ~~receiving~~ facility
961 accepting the patient based on this order must send a copy of
962 the order to the managing entity in the region ~~Agency for Health~~
963 ~~Care Administration~~ on the next working day. The order may be
964 submitted electronically through existing data systems, if
965 available. The order shall be valid only until the person is
966 delivered to the appropriate facility ~~executed~~ or, ~~if not~~
967 ~~executed,~~ for the period specified in the order itself,



223708

968 whichever comes first. If no time limit is specified in the
969 order, the order shall be valid for 7 days after the date that
970 the order was signed.

971 2. A law enforcement officer shall take a person who
972 appears to meet the criteria for involuntary examination into
973 custody and deliver the person or have him or her delivered to
974 the appropriate nearest receiving facility within the designated
975 receiving system for examination. The officer shall execute a
976 written report detailing the circumstances under which the
977 person was taken into custody, which must ~~and the report shall~~
978 be made a part of the patient's clinical record. Any ~~receiving~~
979 facility accepting the patient based on this report must send a
980 copy of the report to the department and the managing entity
981 ~~Agency for Health Care Administration~~ on the next working day.

982 3. A physician, clinical psychologist, psychiatric nurse
983 practitioner, mental health counselor, marriage and family
984 therapist, or clinical social worker may execute a certificate
985 stating that he or she has examined a person within the
986 preceding 48 hours and finds that the person appears to meet the
987 criteria for involuntary examination and stating the
988 observations upon which that conclusion is based. If other, less
989 restrictive means, such as voluntary appearance for outpatient
990 evaluation, are not available, ~~such as voluntary appearance for~~
991 ~~outpatient evaluation~~, a law enforcement officer shall take into
992 custody the person named in the certificate ~~into custody~~ and
993 deliver him or her to the appropriate nearest receiving facility
994 within the designated receiving system for involuntary
995 examination. The law enforcement officer shall execute a written
996 report detailing the circumstances under which the person was



223708

997 taken into custody. The report and certificate shall be made a
998 part of the patient's clinical record. Any ~~receiving~~ facility
999 accepting the patient based on this certificate must send a copy
1000 of the certificate to the managing entity ~~Agency for Health Care~~
1001 ~~Administration~~ on the next working day. The document may be
1002 submitted electronically through existing data systems, if
1003 applicable.

1004 (b) A person may ~~shall~~ not be removed from any program or
1005 residential placement licensed under chapter 400 or chapter 429
1006 and transported to a receiving facility for involuntary
1007 examination unless an ex parte order, a professional
1008 certificate, or a law enforcement officer's report is first
1009 prepared. If the condition of the person is such that
1010 preparation of a law enforcement officer's report is not
1011 practicable before removal, the report shall be completed as
1012 soon as possible after removal, but in any case before the
1013 person is transported to a receiving facility. A ~~receiving~~
1014 facility admitting a person for involuntary examination who is
1015 not accompanied by the required ex parte order, professional
1016 certificate, or law enforcement officer's report shall notify
1017 the managing entity ~~Agency for Health Care Administration~~ of
1018 such admission by certified mail or by e-mail, if available, by
1019 ~~no later than~~ the next working day. The provisions of this
1020 paragraph do not apply when transportation is provided by the
1021 patient's family or guardian.

1022 (c) A law enforcement officer acting in accordance with an
1023 ex parte order issued pursuant to this subsection may serve and
1024 execute such order on any day of the week, at any time of the
1025 day or night.



223708

1026 (d) A law enforcement officer acting in accordance with an
1027 ex parte order issued pursuant to this subsection may use such
1028 reasonable physical force as is necessary to gain entry to the
1029 premises, and any dwellings, buildings, or other structures
1030 located on the premises, and to take custody of the person who
1031 is the subject of the ex parte order.

1032 (e) The managing entity and the department ~~Agency for~~
1033 ~~Health Care Administration~~ shall receive and maintain the copies
1034 of ex parte petitions and orders, involuntary outpatient
1035 services placement orders issued pursuant to s. 394.4655,
1036 involuntary inpatient placement orders issued pursuant to s.
1037 394.467, professional certificates, and law enforcement
1038 officers' reports. These documents shall be considered part of
1039 the clinical record, governed by the provisions of s. 394.4615.
1040 These documents shall be provided by the department to the
1041 Agency for Health Care Administration and used by the agency to
1042 ~~The agency shall~~ prepare annual reports analyzing the data
1043 obtained from these documents, without information identifying
1044 patients, and shall provide copies of reports to the department,
1045 the President of the Senate, the Speaker of the House of
1046 Representatives, and the minority leaders of the Senate and the
1047 House of Representatives.

1048 (f) A patient shall be examined by a physician or, a
1049 clinical psychologist, or by a psychiatric nurse practitioner,
1050 performing within the framework of an established protocol with
1051 a psychiatrist at a ~~receiving~~ facility without unnecessary delay
1052 to determine if the criteria for involuntary services are met.
1053 Emergency treatment may be provided and may, upon the order of a
1054 physician, if the physician determines ~~be given emergency~~



223708

1055 ~~treatment if it is determined~~ that such treatment is necessary
1056 for the safety of the patient or others. The patient may not be
1057 released by the receiving facility or its contractor without the
1058 documented approval of a psychiatrist or a clinical psychologist
1059 or, ~~if the receiving facility is owned or operated by a hospital~~
1060 ~~or health system, the release may also be approved by a~~
1061 psychiatric nurse practitioner performing within the framework
1062 of an established protocol with a psychiatrist, or an attending
1063 emergency department physician with experience in the diagnosis
1064 and treatment of mental illness ~~and nervous disorders~~ and after
1065 completion of an involuntary examination pursuant to this
1066 subsection. A psychiatric nurse practitioner may not approve the
1067 release of a patient if the involuntary examination was
1068 initiated by a psychiatrist unless the release is approved by
1069 the initiating psychiatrist. ~~However, a patient may not be held~~
1070 ~~in a receiving facility for involuntary examination longer than~~
1071 ~~72 hours.~~

1072 (g) A person may not be held for involuntary examination
1073 for more than 72 hours from the time of his or her arrival at
1074 the facility. Based on the person's needs, one of the following
1075 actions must be taken within the involuntary examination period:

1076 1. The person must be released with the approval of a
1077 physician, psychiatrist, psychiatric nurse practitioner, or
1078 clinical psychologist. However, if the examination is conducted
1079 in a hospital, an attending emergency department physician with
1080 experience in the diagnosis and treatment of mental illness may
1081 approve the release.

1082 2. The person must be asked to give express and informed
1083 consent for voluntary admission if a physician, psychiatrist,



223708

1084 psychiatric nurse practitioner, or clinical psychologist has
1085 determined that the individual is competent to consent to
1086 treatment.

1087 3. A petition for involuntary services must be completed
1088 and filed in the circuit court by the facility administrator. If
1089 electronic filing of the petition is not available in the county
1090 and the 72-hour period ends on a weekend or legal holiday, the
1091 petition must be filed by the next working day. If involuntary
1092 services are deemed necessary, the least restrictive treatment
1093 consistent with the optimum improvement of the person's
1094 condition must be made available.

1095 (h) An individual discharged from a facility on a voluntary
1096 or an involuntary basis who is currently charged with a crime
1097 shall be released to the custody of a law enforcement officer,
1098 unless the individual has been released from law enforcement
1099 custody by posting of a bond, by a pretrial conditional release,
1100 or by other judicial release.

1101 (i) ~~(g)~~ A person for whom an involuntary examination has
1102 been initiated who is being evaluated or treated at a hospital
1103 for an emergency medical condition specified in s. 395.002 must
1104 be examined by an appropriate ~~a receiving~~ facility within 72
1105 hours. The 72-hour period begins when the patient arrives at the
1106 hospital and ceases when the attending physician documents that
1107 the patient has an emergency medical condition. If the patient
1108 is examined at a hospital providing emergency medical services
1109 by a professional qualified to perform an involuntary
1110 examination and is found as a result of that examination not to
1111 meet the criteria for involuntary outpatient services placement
1112 pursuant to s. 394.4655(1) or involuntary inpatient placement



223708

1113 pursuant to s. 394.467(1), the patient may be offered voluntary
1114 placement, if appropriate, or released directly from the
1115 hospital providing emergency medical services. The finding by
1116 the professional that the patient has been examined and does not
1117 meet the criteria for involuntary inpatient placement or
1118 involuntary outpatient services ~~placement~~ must be entered into
1119 the patient's clinical record. ~~Nothing in~~ This paragraph is not
1120 intended to prevent a hospital providing emergency medical
1121 services from appropriately transferring a patient to another
1122 hospital before ~~prior to~~ stabilization if, ~~provided~~ the
1123 requirements of s. 395.1041(3)(c) have been met.

1124 ~~(j)~~ ~~(h)~~ One of the following must occur within 12 hours
1125 after the patient's attending physician documents that the
1126 patient's medical condition has stabilized or that an emergency
1127 medical condition does not exist:

1128 1. The patient must be examined by an appropriate a
1129 ~~designated receiving~~ facility and released; or

1130 2. The patient must be transferred to a designated
1131 ~~receiving~~ facility in which appropriate medical treatment is
1132 available. However, the ~~receiving~~ facility must be notified of
1133 the transfer within 2 hours after the patient's condition has
1134 been stabilized or after determination that an emergency medical
1135 condition does not exist.

1136 ~~(i) Within the 72-hour examination period or, if the 72~~
1137 ~~hours ends on a weekend or holiday, no later than the next~~
1138 ~~working day thereafter, one of the following actions must be~~
1139 ~~taken, based on the individual needs of the patient:~~

1140 1. ~~The patient shall be released, unless he or she is~~
1141 ~~charged with a crime, in which case the patient shall be~~



223708

1142 ~~returned to the custody of a law enforcement officer;~~
1143 ~~2. The patient shall be released, subject to the provisions~~
1144 ~~of subparagraph 1., for voluntary outpatient treatment;~~
1145 ~~3. The patient, unless he or she is charged with a crime,~~
1146 ~~shall be asked to give express and informed consent to placement~~
1147 ~~as a voluntary patient, and, if such consent is given, the~~
1148 ~~patient shall be admitted as a voluntary patient; or~~
1149 ~~4. A petition for involuntary placement shall be filed in~~
1150 ~~the circuit court when outpatient or inpatient treatment is~~
1151 ~~deemed necessary. When inpatient treatment is deemed necessary,~~
1152 ~~the least restrictive treatment consistent with the optimum~~
1153 ~~improvement of the patient's condition shall be made available.~~
1154 ~~When a petition is to be filed for involuntary outpatient~~
1155 ~~placement, it shall be filed by one of the petitioners specified~~
1156 ~~in s. 394.4655(3)(a). A petition for involuntary inpatient~~
1157 ~~placement shall be filed by the facility administrator.~~
1158 Section 11. Section 394.4655, Florida Statutes, is amended
1159 to read:
1160 394.4655 Involuntary outpatient services placement.-
1161 (1) CRITERIA FOR INVOLUNTARY OUTPATIENT SERVICES
1162 PLACEMENT.-A person may be ordered to involuntary outpatient
1163 services placement upon a finding of the court, by clear and
1164 convincing evidence, that the person meets all of the following
1165 criteria by clear and convincing evidence:
1166 (a) The person is 18 years of age or older.†
1167 (b) The person has a mental illness.†
1168 (c) The person is unlikely to survive safely in the
1169 community without supervision, based on a clinical
1170 determination.†



223708

1171 (d) The person has a history of lack of compliance with
1172 treatment for mental illness.†

1173 (e) The person has:

1174 1. At least twice within the immediately preceding 36
1175 months been involuntarily admitted to a receiving or treatment
1176 facility as defined in s. 394.455, or has received mental health
1177 services in a forensic or correctional facility. The 36-month
1178 period does not include any period during which the person was
1179 admitted or incarcerated; or

1180 2. Engaged in one or more acts of serious violent behavior
1181 toward self or others, or attempts at serious bodily harm to
1182 himself or herself or others, within the preceding 36 months.†

1183 (f) The person is, as a result of his or her mental
1184 illness, unlikely to voluntarily participate in the recommended
1185 treatment plan and ~~either he or she~~ has refused voluntary
1186 services placement for treatment after sufficient and
1187 conscientious explanation and disclosure of why the services are
1188 necessary purpose of placement for treatment or ~~he or she~~ is
1189 unable to determine for himself or herself whether services are
1190 ~~placement is~~ necessary.†

1191 (g) In view of the person's treatment history and current
1192 behavior, the person is in need of involuntary outpatient
1193 services placement in order to prevent a relapse or
1194 deterioration that would be likely to result in serious bodily
1195 harm to himself or herself or others, or a substantial harm to
1196 his or her well-being as set forth in s. 394.463(1).†

1197 (h) It is likely that the person will benefit from
1198 involuntary outpatient services. placement; and

1199 (i) All available, less restrictive alternatives that would



223708

1200 offer an opportunity for improvement of his or her condition
1201 have been judged to be inappropriate or unavailable.

1202 (2) INVOLUNTARY OUTPATIENT SERVICES ~~PLACEMENT~~.—

1203 (a)1. A patient who is being recommended for involuntary
1204 outpatient services ~~placement~~ by the administrator of the
1205 ~~receiving~~ facility where the patient has been examined may be
1206 retained by the facility after adherence to the notice
1207 procedures provided in s. 394.4599. The recommendation must be
1208 supported by the opinion of two qualified professionals ~~a~~
1209 ~~psychiatrist and the second opinion of a clinical psychologist~~
1210 ~~or another psychiatrist~~, both of whom have personally examined
1211 the patient within the preceding 72 hours, that the criteria for
1212 involuntary outpatient services ~~placement~~ are met. However, in a
1213 county having a population of fewer than 50,000, if the
1214 administrator certifies that a qualified professional
1215 ~~psychiatrist or clinical psychologist~~ is not available to
1216 provide the second opinion, the second opinion may be provided
1217 by a ~~licensed~~ physician who has postgraduate training and
1218 experience in diagnosis and treatment of mental ~~and nervous~~
1219 disorders or by a psychiatric nurse practitioner. Any second
1220 opinion authorized in this subparagraph may be conducted through
1221 a face-to-face examination, in person or by electronic means.
1222 Such recommendation must be entered on an involuntary outpatient
1223 services ~~placement~~ certificate that authorizes the ~~receiving~~
1224 facility to retain the patient pending completion of a hearing.
1225 The certificate must ~~shall~~ be made a part of the patient's
1226 clinical record.

1227 2. If the patient has been stabilized and no longer meets
1228 the criteria for involuntary examination pursuant to s.



223708

1229 394.463(1), the patient must be released from the ~~receiving~~
1230 facility while awaiting the hearing for involuntary outpatient
1231 services placement. Before filing a petition for involuntary
1232 outpatient services treatment, the administrator of the a
1233 ~~receiving~~ facility or a designated department representative
1234 must identify the service provider that will have primary
1235 responsibility for service provision under an order for
1236 involuntary outpatient services placement, unless the person is
1237 otherwise participating in outpatient psychiatric treatment and
1238 is not in need of public financing for that treatment, in which
1239 case the individual, if eligible, may be ordered to involuntary
1240 treatment pursuant to the existing psychiatric treatment
1241 relationship.

1242 3. The service provider shall prepare a written proposed
1243 treatment plan in consultation with the patient or the patient's
1244 guardian advocate, if appointed, for the court's consideration
1245 for inclusion in the involuntary outpatient services placement
1246 order. The service provider shall also provide a copy of the
1247 treatment plan that addresses the nature and extent of the
1248 mental illness and any co-occurring substance use disorders that
1249 necessitate involuntary outpatient services. The treatment plan
1250 must specify the likely level of care, including the use of
1251 medication, and anticipated discharge criteria for terminating
1252 involuntary outpatient services. ~~The service provider shall also~~
1253 ~~provide a copy of the proposed treatment plan to the patient and~~
1254 ~~the administrator of the receiving facility. The treatment plan~~
1255 ~~must specify the nature and extent of the patient's mental~~
1256 ~~illness, address the reduction of symptoms that necessitate~~
1257 ~~involuntary outpatient placement, and include measurable goals~~



223708

1258 ~~and objectives for the services and treatment that are provided~~
1259 ~~to treat the person's mental illness and assist the person in~~
1260 ~~living and functioning in the community or to prevent a relapse~~
1261 ~~or deterioration.~~ Service providers may select and supervise
1262 other individuals to implement specific aspects of the treatment
1263 plan. The services in the ~~treatment~~ plan must be deemed
1264 clinically appropriate by a physician, clinical psychologist,
1265 psychiatric nurse practitioner, mental health counselor,
1266 marriage and family therapist, or clinical social worker who
1267 consults with, or is employed or contracted by, the service
1268 provider. The service provider must certify to the court in the
1269 proposed treatment plan whether sufficient services for
1270 improvement and stabilization are currently available and
1271 whether the service provider agrees to provide those services.
1272 If the service provider certifies that the services in the
1273 proposed treatment plan are not available, the petitioner may
1274 not file the petition. The service provider must notify the
1275 managing entity as to the availability of the requested
1276 services. The managing entity must document such efforts to
1277 obtain the requested services.

1278 (b) If a patient in involuntary inpatient placement meets
1279 the criteria for involuntary outpatient services placement, the
1280 administrator of the ~~treatment~~ facility may, before the
1281 expiration of the period during which the ~~treatment~~ facility is
1282 authorized to retain the patient, recommend involuntary
1283 outpatient services placement. The recommendation must be
1284 supported by the opinion of two qualified professionals a
1285 ~~psychiatrist and the second opinion of a clinical psychologist~~
1286 ~~or another psychiatrist~~, both of whom have personally examined



223708

1287 the patient within the preceding 72 hours, that the criteria for
1288 involuntary outpatient services placement are met. However, in a
1289 county having a population of fewer than 50,000, if the
1290 administrator certifies that a qualified professional
1291 ~~psychiatrist or clinical psychologist~~ is not available to
1292 provide the second opinion, the second opinion may be provided
1293 by a ~~licensed~~ physician who has postgraduate training and
1294 experience in diagnosis and treatment of mental ~~and nervous~~
1295 disorders or by a psychiatric nurse practitioner. Any second
1296 opinion authorized in this paragraph ~~subparagraph~~ may be
1297 conducted through a face-to-face examination, in person or by
1298 electronic means. Such recommendation must be entered on an
1299 involuntary outpatient services placement certificate, and the
1300 certificate must be made a part of the patient's clinical
1301 record.

1302 (c)1. The administrator of the ~~treatment~~ facility shall
1303 provide a copy of the involuntary outpatient services placement
1304 certificate and a copy of the state mental health discharge form
1305 to the managing entity ~~a department representative~~ in the county
1306 where the patient will be residing. For persons who are leaving
1307 a state mental health treatment facility, the petition for
1308 involuntary outpatient services placement must be filed in the
1309 county where the patient will be residing.

1310 2. The service provider that will have primary
1311 responsibility for service provision shall be identified by the
1312 designated department representative before ~~prior to~~ the order
1313 for involuntary outpatient services placement and must, before
1314 ~~prior to~~ filing a petition for involuntary outpatient services
1315 ~~placement~~, certify to the court whether the services recommended



223708

1316 in the patient's discharge plan are available ~~in the local~~
1317 ~~community~~ and whether the service provider agrees to provide
1318 those services. The service provider must develop with the
1319 patient, or the patient's guardian advocate, if appointed, a
1320 treatment or service plan that addresses the needs identified in
1321 the discharge plan. The plan must be deemed to be clinically
1322 appropriate by a physician, clinical psychologist, psychiatric
1323 nurse practitioner, mental health counselor, marriage and family
1324 therapist, or clinical social worker, as defined in this
1325 chapter, who consults with, or is employed or contracted by, the
1326 service provider.

1327 3. If the service provider certifies that the services in
1328 the proposed treatment or service plan are not available, the
1329 petitioner may not file the petition. The service provider must
1330 notify the managing entity as to the availability of the
1331 requested services. The managing entity must document such
1332 efforts to obtain the requested services.

1333 (3) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES
1334 PLACEMENT.—

1335 (a) A petition for involuntary outpatient services
1336 ~~placement~~ may be filed by:

- 1337 1. The administrator of a receiving facility; or
1338 2. The administrator of a treatment facility.

1339 (b) Each required criterion for involuntary outpatient
1340 services ~~placement~~ must be alleged and substantiated in the
1341 petition for involuntary outpatient services ~~placement~~. A copy
1342 of the certificate recommending involuntary outpatient services
1343 ~~placement~~ completed by two ~~a~~ qualified professionals
1344 ~~professional specified in subsection (2)~~ must be attached to the



223708

1345 petition. A copy of the proposed treatment plan must be attached
1346 to the petition. Before the petition is filed, the service
1347 provider shall certify that the services in the proposed
1348 treatment plan are available. If the necessary services are not
1349 available ~~in the patient's local community to respond to the~~
1350 ~~person's individual needs~~, the petition may not be filed. The
1351 service provider must notify the managing entity as to the
1352 availability of the requested services. The managing entity must
1353 document such efforts to obtain the requested services.

1354 (c) The petition for involuntary outpatient services
1355 ~~placement~~ must be filed in the county where the patient is
1356 located, unless the patient is being placed from a state
1357 treatment facility, in which case the petition must be filed in
1358 the county where the patient will reside. When the petition has
1359 been filed, the clerk of the court shall provide copies of the
1360 petition and the proposed treatment plan to the department, the
1361 managing entity, the patient, the patient's guardian or
1362 representative, the state attorney, and the public defender or
1363 the patient's private counsel. A fee may not be charged for
1364 filing a petition under this subsection.

1365 (4) APPOINTMENT OF COUNSEL.—Within 1 court working day
1366 after the filing of a petition for involuntary outpatient
1367 services ~~placement~~, the court shall appoint the public defender
1368 to represent the person who is the subject of the petition,
1369 unless the person is otherwise represented by counsel. The clerk
1370 of the court shall immediately notify the public defender of the
1371 appointment. The public defender shall represent the person
1372 until the petition is dismissed, the court order expires, or the
1373 patient is discharged from involuntary outpatient services



223708

1374 ~~placement~~. An attorney who represents the patient must be
1375 provided ~~shall have~~ access to the patient, witnesses, and
1376 records relevant to the presentation of the patient's case and
1377 shall represent the interests of the patient, regardless of the
1378 source of payment to the attorney.

1379 (5) CONTINUANCE OF HEARING.—The patient is entitled, with
1380 the concurrence of the patient's counsel, to at least one
1381 continuance of the hearing. The continuance shall be for a
1382 period of up to 4 weeks.

1383 (6) HEARING ON INVOLUNTARY OUTPATIENT SERVICES ~~PLACEMENT~~.—

1384 (a)1. The court shall hold the hearing on involuntary
1385 outpatient services ~~placement~~ within 5 working days after the
1386 filing of the petition, unless a continuance is granted. The
1387 hearing must ~~shall~~ be held in the county where the petition is
1388 filed, must ~~shall~~ be as convenient to the patient as is
1389 consistent with orderly procedure, and must ~~shall~~ be conducted
1390 in physical settings not likely to be injurious to the patient's
1391 condition. If the court finds that the patient's attendance at
1392 the hearing is not consistent with the best interests of the
1393 patient and if the patient's counsel does not object, the court
1394 may waive the presence of the patient from all or any portion of
1395 the hearing. The state attorney for the circuit in which the
1396 patient is located shall represent the state, rather than the
1397 petitioner, as the real party in interest in the proceeding.

1398 2. The court may appoint a general or special master to
1399 preside at the hearing. One of the professionals who executed
1400 the involuntary outpatient services ~~placement~~ certificate shall
1401 be a witness. The patient and the patient's guardian or
1402 representative shall be informed by the court of the right to an



223708

1403 independent expert examination. If the patient cannot afford
1404 such an examination, the court shall ensure that one is
1405 provided, as otherwise provided by law ~~provide for one~~. The
1406 independent expert's report is ~~shall be~~ confidential and not
1407 discoverable, unless the expert is to be called as a witness for
1408 the patient at the hearing. The court shall allow testimony from
1409 individuals, including family members, deemed by the court to be
1410 relevant under state law, regarding the person's prior history
1411 and how that prior history relates to the person's current
1412 condition. The testimony in the hearing must be given under
1413 oath, and the proceedings must be recorded. The patient may
1414 refuse to testify at the hearing.

1415 (b)1. If the court concludes that the patient meets the
1416 criteria for involuntary outpatient services ~~placement~~ pursuant
1417 to subsection (1), the court shall issue an order for
1418 involuntary outpatient services ~~placement~~. The court order shall
1419 be for a period of up to 90 days ~~6 months~~. The order must
1420 specify the nature and extent of the patient's mental illness.
1421 The order of the court and the treatment plan must ~~shall~~ be made
1422 part of the patient's clinical record. The service provider
1423 shall discharge a patient from involuntary outpatient services
1424 ~~placement~~ when the order expires or any time the patient no
1425 longer meets the criteria for involuntary services ~~placement~~.
1426 Upon discharge, the service provider shall send a certificate of
1427 discharge to the court.

1428 2. The court may not order the department or the service
1429 provider to provide services if the program or service is not
1430 available in the patient's local community, if there is no space
1431 available in the program or service for the patient, or if



223708

1432 funding is not available for the program or service. The service
1433 provider must notify the managing entity as to the availability
1434 of the requested services. The managing entity must document
1435 such efforts to obtain the requested services. A copy of the
1436 order must be sent to the managing entity ~~Agency for Health Care~~
1437 ~~Administration~~ by the service provider within 1 working day
1438 after it is received from the court. The order may be submitted
1439 electronically through existing data systems. After the
1440 ~~placement~~ order for involuntary services is issued, the service
1441 provider and the patient may modify ~~provisions of~~ the treatment
1442 plan. For any material modification of the treatment plan to
1443 which the patient or, if one is appointed, the patient's
1444 guardian advocate agrees, ~~if appointed, does agree,~~ the service
1445 provider shall send notice of the modification to the court. Any
1446 material modifications of the treatment plan which are contested
1447 by the patient or the patient's guardian advocate, if applicable
1448 ~~appointed,~~ must be approved or disapproved by the court
1449 consistent with subsection (2).

1450 3. If, in the clinical judgment of a physician, the patient
1451 has failed or ~~has~~ refused to comply with the treatment ordered
1452 by the court, and, in the clinical judgment of the physician,
1453 efforts were made to solicit compliance and the patient may meet
1454 the criteria for involuntary examination, a person may be
1455 brought to a receiving facility pursuant to s. 394.463. If,
1456 after examination, the patient does not meet the criteria for
1457 involuntary inpatient placement pursuant to s. 394.467, the
1458 patient must be discharged from the ~~receiving~~ facility. The
1459 involuntary outpatient services ~~placement~~ order shall remain in
1460 effect unless the service provider determines that the patient



223708

1461 no longer meets the criteria for involuntary outpatient services
1462 ~~placement~~ or until the order expires. The service provider must
1463 determine whether modifications should be made to the existing
1464 treatment plan and must attempt to continue to engage the
1465 patient in treatment. For any material modification of the
1466 treatment plan to which the patient or the patient's guardian
1467 advocate, if applicable appointed, agrees ~~does agree~~, the
1468 service provider shall send notice of the modification to the
1469 court. Any material modifications of the treatment plan which
1470 are contested by the patient or the patient's guardian advocate,
1471 if applicable appointed, must be approved or disapproved by the
1472 court consistent with subsection (2).

1473 (c) If, at any time before the conclusion of the initial
1474 hearing on involuntary outpatient services placement, it appears
1475 to the court that the person does not meet the criteria for
1476 involuntary outpatient services placement under this section
1477 but, instead, meets the criteria for involuntary inpatient
1478 placement, the court may order the person admitted for
1479 involuntary inpatient examination under s. 394.463. If the
1480 person instead meets the criteria for involuntary assessment,
1481 protective custody, or involuntary admission pursuant to s.
1482 397.675, the court may order the person to be admitted for
1483 involuntary assessment for a period of 5 days pursuant to s.
1484 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by
1485 chapter 397.

1486 (d) At the hearing on involuntary outpatient services
1487 ~~placement~~, the court shall consider testimony and evidence
1488 regarding the patient's competence to consent to treatment. If
1489 the court finds that the patient is incompetent to consent to



223708

1490 treatment, it shall appoint a guardian advocate as provided in
1491 s. 394.4598. The guardian advocate shall be appointed or
1492 discharged in accordance with s. 394.4598.

1493 (e) The administrator of the receiving facility or the
1494 designated department representative shall provide a copy of the
1495 court order and adequate documentation of a patient's mental
1496 illness to the service provider for involuntary outpatient
1497 services placement. Such documentation must include any advance
1498 directives made by the patient, a psychiatric evaluation of the
1499 patient, and any evaluations of the patient performed by a
1500 ~~elinical~~ psychologist or a clinical social worker.

1501 (7) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT SERVICES
1502 PLACEMENT.—

1503 (a)1. If the person continues to meet the criteria for
1504 involuntary outpatient services placement, the service provider
1505 shall, at least 10 days before the expiration of the period
1506 during which the treatment is ordered for the person, file in
1507 the circuit court a petition for continued involuntary
1508 outpatient services placement. The court shall immediately
1509 schedule a hearing on the petition to be held within 15 days
1510 after the petition is filed.

1511 2. The existing involuntary outpatient services placement
1512 order remains in effect until disposition on the petition for
1513 continued involuntary outpatient services placement.

1514 3. A certificate shall be attached to the petition which
1515 includes a statement from the person's physician or clinical
1516 psychologist justifying the request, a brief description of the
1517 patient's treatment during the time he or she was receiving
1518 involuntarily services placed, and an individualized plan of



223708

1519 continued treatment.

1520 4. The service provider shall develop the individualized
1521 plan of continued treatment in consultation with the patient or
1522 the patient's guardian advocate, if applicable ~~appointed~~. When
1523 the petition has been filed, the clerk of the court shall
1524 provide copies of the certificate and the individualized plan of
1525 continued treatment to the department, the patient, the
1526 patient's guardian advocate, the state attorney, and the
1527 patient's private counsel or the public defender.

1528 (b) Within 1 court working day after the filing of a
1529 petition for continued involuntary outpatient services
1530 ~~placement~~, the court shall appoint the public defender to
1531 represent the person who is the subject of the petition, unless
1532 the person is otherwise represented by counsel. The clerk of the
1533 court shall immediately notify the public defender of such
1534 appointment. The public defender shall represent the person
1535 until the petition is dismissed or the court order expires or
1536 the patient is discharged from involuntary outpatient services
1537 ~~placement~~. Any attorney representing the patient shall have
1538 access to the patient, witnesses, and records relevant to the
1539 presentation of the patient's case and shall represent the
1540 interests of the patient, regardless of the source of payment to
1541 the attorney.

1542 (c) Hearings on petitions for continued involuntary
1543 outpatient services must ~~placement shall~~ be before the circuit
1544 court. The court may appoint a general or special master to
1545 preside at the hearing. The procedures for obtaining an order
1546 pursuant to this paragraph must meet the requirements of ~~shall~~
1547 ~~be in accordance with~~ subsection (6), except that the time



223708

1548 period included in paragraph (1) (e) does not apply when is not
1549 ~~applicable in~~ determining the appropriateness of additional
1550 periods of involuntary outpatient services placement.

1551 (d) Notice of the hearing must ~~shall~~ be provided as set
1552 forth in s. 394.4599. The patient and the patient's attorney may
1553 agree to a period of continued outpatient services placement
1554 without a court hearing.

1555 (e) The same procedure must ~~shall~~ be repeated before the
1556 expiration of each additional period the patient is placed in
1557 treatment.

1558 (f) If the patient has previously been found incompetent to
1559 consent to treatment, the court shall consider testimony and
1560 evidence regarding the patient's competence. Section 394.4598
1561 governs the discharge of the guardian advocate if the patient's
1562 competency to consent to treatment has been restored.

1563 Section 12. Section 394.467, Florida Statutes, is amended
1564 to read:

1565 394.467 Involuntary inpatient placement.—

1566 (1) CRITERIA.—A person may be ordered for ~~placed in~~
1567 involuntary inpatient placement for treatment upon a finding of
1568 the court by clear and convincing evidence that:

1569 (a) He or she has a mental illness ~~is mentally ill~~ and
1570 because of his or her mental illness:

1571 1.a. He or she has refused voluntary inpatient placement
1572 for treatment after sufficient and conscientious explanation and
1573 disclosure of the purpose of inpatient placement for treatment;
1574 or

1575 b. He or she is unable to determine for himself or herself
1576 whether inpatient placement is necessary; and



223708

1577 2.a. He or she is ~~manifestly~~ incapable of surviving alone
1578 or with the help of willing and responsible family or friends,
1579 including available alternative services, and, without
1580 treatment, is likely to suffer from neglect or refuse to care
1581 for himself or herself, and such neglect or refusal poses a real
1582 and present threat of substantial physical or mental harm to his
1583 or her well-being; or

1584 b. There is substantial likelihood that in the near future
1585 he or she will inflict serious bodily harm on self or others
1586 ~~himself or herself or another person~~, as evidenced by recent
1587 behavior causing, attempting, or threatening such harm; and

1588 (b) All available, less restrictive treatment alternatives
1589 that ~~which~~ would offer an opportunity for improvement of his or
1590 her condition have been judged to be inappropriate.

1591 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
1592 retained by a ~~receiving~~ facility or involuntarily placed in a
1593 treatment facility upon the recommendation of the administrator
1594 of the ~~receiving~~ facility where the patient has been examined
1595 and after adherence to the notice and hearing procedures
1596 provided in s. 394.4599. The recommendation must be supported by
1597 the opinion of a psychiatrist and the second opinion of a
1598 psychiatric nurse practitioner, clinical psychologist, or
1599 another psychiatrist, both of whom have personally examined the
1600 patient within the preceding 72 hours, that the criteria for
1601 involuntary inpatient placement are met. However, in a county
1602 that has a population of fewer than 50,000, if the administrator
1603 certifies that a psychiatrist, psychiatric nurse practitioner,
1604 or clinical psychologist is not available to provide the second
1605 opinion, the second opinion may be provided by a ~~licensed~~



223708

1606 physician who has postgraduate training and experience in
1607 diagnosis and treatment of mental illness ~~and nervous disorders~~
1608 or by a psychiatric nurse practitioner. Any second opinion
1609 authorized in this subsection may be conducted through a face-
1610 to-face examination, in person or by electronic means. Such
1611 recommendation shall be entered on a petition for ~~an~~ involuntary
1612 inpatient placement certificate that authorizes the ~~receiving~~
1613 facility to retain the patient pending transfer to a treatment
1614 facility or completion of a hearing.

1615 (3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT.—

1616 (a) The administrator of the facility shall file a petition
1617 for involuntary inpatient placement in the court in the county
1618 where the patient is located. Upon filing, the clerk of the
1619 court shall provide copies to the department, the patient, the
1620 patient's guardian or representative, and the state attorney and
1621 public defender of the judicial circuit in which the patient is
1622 located. A ~~No~~ fee may not ~~shall~~ be charged for the filing of a
1623 petition under this subsection.

1624 (b) A facility filing a petition under this subsection for
1625 involuntary inpatient placement shall send a copy of the
1626 petition to the managing entity in its area.

1627 (4) APPOINTMENT OF COUNSEL.—Within 1 court working day
1628 after the filing of a petition for involuntary inpatient
1629 placement, the court shall appoint the public defender to
1630 represent the person who is the subject of the petition, unless
1631 the person is otherwise represented by counsel. The clerk of the
1632 court shall immediately notify the public defender of such
1633 appointment. Any attorney representing the patient shall have
1634 access to the patient, witnesses, and records relevant to the



223708

1635 presentation of the patient's case and shall represent the
1636 interests of the patient, regardless of the source of payment to
1637 the attorney.

1638 (5) CONTINUANCE OF HEARING.—The patient is entitled, with
1639 the concurrence of the patient's counsel, to at least one
1640 continuance of the hearing. ~~The continuance shall be for a~~
1641 ~~period of~~ up to 4 weeks.

1642 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

1643 (a)1. The court shall hold the hearing on involuntary
1644 inpatient placement within 5 court working days, unless a
1645 continuance is granted.

1646 2. Except for good cause documented in the court file, the
1647 hearing must ~~shall~~ be held in the county or the facility, as
1648 appropriate, where the patient is located, must ~~and shall~~ be as
1649 convenient to the patient as is ~~may be~~ consistent with orderly
1650 procedure, and shall be conducted in physical settings not
1651 likely to be injurious to the patient's condition. If the court
1652 finds that the patient's attendance at the hearing is not
1653 consistent with the best interests of the patient, and the
1654 patient's counsel does not object, the court may waive the
1655 presence of the patient from all or any portion of the hearing.
1656 The state attorney for the circuit in which the patient is
1657 located shall represent the state, rather than the petitioning
1658 facility administrator, as the real party in interest in the
1659 proceeding.

1660 3.2. The court may appoint a general or special magistrate
1661 to preside at the hearing. One of the two professionals who
1662 executed the petition for involuntary inpatient placement
1663 certificate shall be a witness. The patient and the patient's



223708

1664 guardian or representative shall be informed by the court of the
1665 right to an independent expert examination. If the patient
1666 cannot afford such an examination, the court shall ensure that
1667 one is provided, as otherwise provided for by law ~~provide for~~
1668 ~~one~~. The independent expert's report is ~~shall be~~ confidential
1669 and not discoverable, unless the expert is to be called as a
1670 witness for the patient at the hearing. The testimony in the
1671 hearing must be given under oath, and the proceedings must be
1672 recorded. The patient may refuse to testify at the hearing.

1673 (b) If the court concludes that the patient meets the
1674 criteria for involuntary inpatient placement, it may ~~shall~~ order
1675 that the patient be transferred to a treatment facility or, if
1676 the patient is at a treatment facility, that the patient be
1677 retained there or be treated at any other appropriate ~~receiving~~
1678 ~~or treatment~~ facility, or that the patient receive services from
1679 such a receiving or treatment facility or service provider, on
1680 an involuntary basis, for a period of up to 90 days ~~6 months~~.
1681 However, any order for involuntary mental health services in a
1682 treatment facility may be for up to 6 months. The order shall
1683 specify the nature and extent of the patient's mental illness
1684 The court may not order an individual with traumatic brain
1685 injury or dementia who lacks a co-occurring mental illness to be
1686 involuntarily placed in a treatment facility. The facility shall
1687 discharge a patient any time the patient no longer meets the
1688 criteria for involuntary inpatient placement, unless the patient
1689 has transferred to voluntary status.

1690 (c) If at any time before ~~prior to~~ the conclusion of the
1691 hearing on involuntary inpatient placement it appears to the
1692 court that the person does not meet the criteria for involuntary



223708

1693 inpatient placement under this section, but instead meets the
1694 criteria for involuntary outpatient services placement, the
1695 court may order the person evaluated for involuntary outpatient
1696 services placement pursuant to s. 394.4655. The petition and
1697 hearing procedures set forth in s. 394.4655 shall apply. If the
1698 person instead meets the criteria for involuntary assessment,
1699 protective custody, or involuntary admission pursuant to s.
1700 397.675, then the court may order the person to be admitted for
1701 involuntary assessment for a period of 5 days pursuant to s.
1702 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by
1703 chapter 397.

1704 (d) At the hearing on involuntary inpatient placement, the
1705 court shall consider testimony and evidence regarding the
1706 patient's competence to consent to treatment. If the court finds
1707 that the patient is incompetent to consent to treatment, it
1708 shall appoint a guardian advocate as provided in s. 394.4598.

1709 (e) The administrator of the petitioning ~~receiving~~ facility
1710 shall provide a copy of the court order and adequate
1711 documentation of a patient's mental illness to the administrator
1712 of a treatment facility if the ~~whenever~~ a patient is ordered for
1713 involuntary inpatient placement, whether by civil or criminal
1714 court. The documentation must ~~shall~~ include any advance
1715 directives made by the patient, a psychiatric evaluation of the
1716 patient, and any evaluations of the patient performed by a
1717 psychiatric nurse practitioner, clinical psychologist, a
1718 marriage and family therapist, a mental health counselor, or a
1719 clinical social worker. The administrator of a treatment
1720 facility may refuse admission to any patient directed to its
1721 facilities on an involuntary basis, whether by civil or criminal



223708

1722 court order, who is not accompanied ~~at the same time~~ by adequate
1723 orders and documentation.

1724 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT
1725 PLACEMENT.—

1726 (a) Hearings on petitions for continued involuntary
1727 inpatient placement of an individual placed at any treatment
1728 facility are ~~shall be~~ administrative hearings and must ~~shall~~ be
1729 conducted in accordance with ~~the provisions of~~ s. 120.57(1),
1730 except that any order entered by the administrative law judge is
1731 ~~shall be~~ final and subject to judicial review in accordance with
1732 s. 120.68. Orders concerning patients committed after
1733 successfully pleading not guilty by reason of insanity are ~~shall~~
1734 ~~be~~ governed by ~~the provisions of~~ s. 916.15.

1735 (b) If the patient continues to meet the criteria for
1736 involuntary inpatient placement and is being treated at a
1737 treatment facility, the administrator shall, before ~~prior to~~ the
1738 expiration of the period ~~during which~~ the treatment facility is
1739 authorized to retain the patient, file a petition requesting
1740 authorization for continued involuntary inpatient placement. The
1741 request must ~~shall~~ be accompanied by a statement from the
1742 patient's physician, psychiatrist, psychiatric nurse
1743 practitioner, or clinical psychologist justifying the request, a
1744 brief description of the patient's treatment during the time he
1745 or she was involuntarily placed, and an individualized plan of
1746 continued treatment. Notice of the hearing must ~~shall~~ be
1747 provided as provided ~~set forth~~ in s. 394.4599. If a patient's
1748 attendance at the hearing is voluntarily waived, the
1749 administrative law judge must determine that the waiver is
1750 knowing and voluntary before waiving the presence of the patient



223708

1751 from all or a portion of the hearing. Alternatively, if at the
1752 hearing the administrative law judge finds that attendance at
1753 the hearing is not consistent with the best interests of the
1754 patient, the administrative law judge may waive the presence of
1755 the patient from all or any portion of the hearing, unless the
1756 patient, through counsel, objects to the waiver of presence. The
1757 testimony in the hearing must be under oath, and the proceedings
1758 must be recorded.

1759 (c) Unless the patient is otherwise represented or is
1760 ineligible, he or she shall be represented at the hearing on the
1761 petition for continued involuntary inpatient placement by the
1762 public defender of the circuit in which the facility is located.

1763 (d) If at a hearing it is shown that the patient continues
1764 to meet the criteria for involuntary inpatient placement, the
1765 administrative law judge shall sign the order for continued
1766 involuntary inpatient placement for a period of up to 90 days
1767 ~~not to exceed 6 months.~~ However, any order for involuntary
1768 mental health services in a treatment facility may be for up to
1769 6 months. The same procedure shall be repeated prior to the
1770 expiration of each additional period the patient is retained.

1771 (e) If continued involuntary inpatient placement is
1772 necessary for a patient admitted while serving a criminal
1773 sentence, but his or her ~~whose~~ sentence is about to expire, or
1774 for a minor patient involuntarily placed, ~~while a minor~~ but who
1775 is about to reach the age of 18, the administrator shall
1776 petition the administrative law judge for an order authorizing
1777 continued involuntary inpatient placement.

1778 (f) If the patient has been previously found incompetent to
1779 consent to treatment, the administrative law judge shall



223708

1780 consider testimony and evidence regarding the patient's
1781 competence. If the administrative law judge finds evidence that
1782 the patient is now competent to consent to treatment, the
1783 administrative law judge may issue a recommended order to the
1784 court that found the patient incompetent to consent to treatment
1785 that the patient's competence be restored and that any guardian
1786 advocate previously appointed be discharged.

1787 (g) If the patient has been ordered to undergo involuntary
1788 inpatient placement and has previously been found incompetent to
1789 consent to treatment, the court shall consider testimony and
1790 evidence regarding the patient's incompetence. If the patient's
1791 competency to consent to treatment is restored, the discharge of
1792 the guardian advocate shall be governed by the provisions of s.
1793 394.4598.

1794
1795 The procedure required in this subsection must be followed
1796 before the expiration of each additional period the patient is
1797 involuntarily receiving services.

1798 (8) RETURN TO FACILITY OF PATIENTS.—If a patient
1799 involuntarily held ~~When a patient at a treatment facility under~~
1800 this part leaves the facility without the administrator's
1801 authorization, the administrator may authorize a search for the
1802 patient and his or her ~~the return of the patient~~ to the
1803 facility. The administrator may request the assistance of a law
1804 enforcement agency in this regard ~~the search for and return of~~
1805 ~~the patient.~~

1806 Section 13. Section 394.46715, Florida Statutes, is amended
1807 to read:

1808 394.46715 Rulemaking authority.—The department may adopt



1809 ~~rules to administer this part Department of Children and~~
1810 ~~Families shall have rulemaking authority to implement the~~
1811 ~~provisions of ss. 394.455, 394.4598, 394.4615, 394.463,~~
1812 ~~394.4655, and 394.467 as amended or created by this act. These~~
1813 ~~rules shall be for the purpose of protecting the health, safety,~~
1814 ~~and well-being of persons examined, treated, or placed under~~
1815 ~~this act.~~

1816 Section 14. Section 394.761, Florida Statutes, is created
1817 to read:

1818 394.761 Revenue maximization.— The department, in
1819 coordination with the managing entities, shall compile detailed
1820 documentation of the cost and reimbursements for Medicaid
1821 covered services provided to Medicaid eligible individuals by
1822 providers of behavioral health services that are also funded for
1823 programs authorized by Chapters 394 and 397. The department's
1824 documentation, along with a report of general revenue funds
1825 supporting behavioral health services that are not counted as
1826 maintenance of effort or match for any other federal program,
1827 will be submitted to the Agency for Health Care Administration
1828 by December 31, 2016. Copies of the report must also be provided
1829 to the Governor, the President of the Senate, and the Speaker of
1830 the House of Representatives. If this report presents clear
1831 evidence that Medicaid reimbursements are less than the costs of
1832 providing the services, the Agency for Health Care
1833 Administration and the Department of Children and Families will
1834 prepare and submit any budget amendments necessary to use
1835 unmatched general revenue funds in the 2016-2017 fiscal year to
1836 draw additional federal funding to increase Medicaid funding to
1837 behavioral health service providers receiving the unmatched



223708

1838 general revenue. Payments shall be made to providers in such
1839 manner as is allowed by federal law and regulations.

1840 Section 15. Subsection (11) is added to section 394.875,
1841 Florida Statutes, to read:

1842 394.875 Crisis stabilization units, residential treatment
1843 facilities, and residential treatment centers for children and
1844 adolescents; authorized services; license required.-

1845 (11) By January 1, 2017, the department and the agency
1846 shall modify licensure rules and procedures to create an option
1847 for a single, consolidated license for a provider who offers
1848 multiple types of mental health and substance abuse services
1849 regulated under this chapter and chapter 397. Providers eligible
1850 for a consolidated license shall operate these services through
1851 a single corporate entity and a unified management structure.
1852 Any provider serving adults and children must meet department
1853 standards for separate facilities and other requirements
1854 necessary to ensure children's safety and promote therapeutic
1855 efficacy.

1856 Section 16. Section 394.9082, Florida Statutes, is amended
1857 to read:

1858 (Substantial rewording of section. See
1859 s. 394.9082, F.S., for present text.)

1860 394.9082 Behavioral health managing entities' purpose;
1861 definitions; duties; contracting; accountability.-

1862 (1) PURPOSE.-The purpose of the behavioral health managing
1863 entities is to plan, coordinate and contract for the delivery of
1864 community mental health and substance abuse services, to improve
1865 access to care, to promote service continuity, to purchase
1866 services, and to support efficient and effective delivery of



223708

1867 services.

1868 (2) DEFINITIONS.—As used in this section, the term:

1869 (a) "Behavioral health services" means mental health
1870 services and substance abuse prevention and treatment services
1871 as described in this chapter and chapter 397.

1872 (b) "Case management" means those direct services provided
1873 to a client in order to assess needs, plan or arrange services,
1874 coordinate service providers, monitor service delivery, and
1875 evaluate outcomes.

1876 (c) "Coordinated system of care" means the full array of
1877 behavioral health and related services in a region or a
1878 community offered by all service providers, whether
1879 participating under contract with the managing entity or through
1880 another method of community partnership or mutual agreement.

1881 (d) "Geographic area" means one or more contiguous
1882 counties, circuits, or regions as described in s. 409.966 or s.
1883 381.0406.

1884 (e) "High-need or high-utilization individual" means a
1885 recipient who meets one or more of the following criteria and
1886 may be eligible for intensive case management services:

1887 1. Has resided in a state mental health facility for at
1888 least 6 months in the last 36 months;

1889 2. Has had two or more admissions to a state mental health
1890 facility in the last 36 months; or

1891 3. Has had three or more admissions to a crisis
1892 stabilization unit, an addictions receiving facility, a short-
1893 term residential facility, or an inpatient psychiatric unit
1894 within the last 12 months.

1895 (f) "Managing entity" means a corporation designated or



223708

1896 filed as a nonprofit organization under s. 501(c)(3) of the
1897 Internal Revenue Code which is selected by, and is under
1898 contract with, the department to manage the daily operational
1899 delivery of behavioral health services through a coordinated
1900 system of care.

1901 (g) "Provider network" means the group of direct service
1902 providers, facilities, and organizations under contract with a
1903 managing entity to provide a comprehensive array of emergency,
1904 acute care, residential, outpatient, recovery support, and
1905 consumer support services, including prevention services.

1906 (h) "Receiving facility" means any public or private
1907 facility designated by the department to receive and hold or to
1908 refer, as appropriate, involuntary patients under emergency
1909 conditions for mental health or substance abuse evaluation and
1910 to provide treatment or transportation to the appropriate
1911 service provider. County jails may not be used or designated as
1912 a receiving facility, a triage center, or an access center.

1913 (3) DEPARTMENT DUTIES.—The department shall:

1914 (a) Designate, with input from the managing entity,
1915 facilities that meet the definitions in s. 394.455(1), (2),
1916 (12), and (41) and the receiving system developed by one or more
1917 counties pursuant to s. 394.4573(2)(b).

1918 (b) Contract with organizations to serve as the managing
1919 entity in accordance with the requirements of this section.

1920 (c) Specify the geographic area served.

1921 (d) Specify data reporting and use of shared data systems.

1922 (e) Develop strategies to divert persons with mental
1923 illness or substance abuse disorders from the criminal and
1924 juvenile justice systems.



223708

1925 (f) Support the development and implementation of a
1926 coordinated system of care by requiring each provider that
1927 receives state funds for behavioral health services through a
1928 direct contract with the department to work with the managing
1929 entity in the provider's service area to coordinate the
1930 provision of behavioral health services, as part of the contract
1931 with the department.

1932 (g) Set performance measures and performance standards for
1933 managing entities based on nationally recognized standards, such
1934 as those developed by the National Quality Forum, the National
1935 Committee for Quality Assurance, or similar credible sources.

1936 Performance standards must include all of the following:

1937 1. Annual improvement in the extent to which the need for
1938 behavioral health services is met by the coordinated system of
1939 care in the geographic area served.

1940 2. Annual improvement in the percentage of patients who
1941 receive services through the coordinated system of care and who
1942 achieve improved functional status as indicated by health
1943 condition, employment status, and housing stability.

1944 3. Annual reduction in the rates of readmissions to acute
1945 care facilities, jails, prisons, and forensic facilities for
1946 persons receiving care coordination.

1947 4. Annual improvement in consumer and family satisfaction.

1948 (h) Provide technical assistance to the managing entities.

1949 (i) Promote the integration of behavioral health care and
1950 primary care.

1951 (j) Facilitate the coordination between the managing entity
1952 and other payors of behavioral health care.

1953 (k) Develop and provide a unique identifier for clients



223708

1954 receiving services under the managing entity to coordinate care.

1955 (l) Coordinate procedures for the referral and admission of
1956 patients to, and the discharge of patients from, state treatment
1957 facilities and their return to the community.

1958 (m) Ensure that managing entities comply with state and
1959 federal laws, rules, and regulations.

1960 (n) Develop rules for the operations of, and the
1961 requirements that must be met by, the managing entity, if
1962 necessary.

1963 (4) CONTRACT WITH MANAGING ENTITIES.—

1964 (a) The department's contracts with managing entities must
1965 support efficient and effective administration of the behavioral
1966 health system and ensure accountability for performance.

1967 (b) Beginning July 1, 2018, managing entities under
1968 contract with the department are subject to a contract
1969 performance review. The review must include:

1970 1. Analysis of the duties and performance measures
1971 described in this section;

1972 2. The results of contract monitoring compiled during the
1973 term of the contract; and

1974 3. Related compliance and performance issues.

1975 (c) For the managing entities whose performance is
1976 determined satisfactory after completion of the review pursuant
1977 to paragraph (b), and before the end of the term of the
1978 contract, the department may negotiate and enter into a contract
1979 with the managing entity for a period of 4 years pursuant to s.
1980 287.057(3)(e).

1981 (d) The performance review must be completed by the
1982 beginning of the third year of the 4-year contract. In the event



223708

1983 the managing entity does not meet the requirements of the
1984 performance review, a corrective action plan must be created by
1985 the department. The managing entity must complete the corrective
1986 action plan before the beginning of the fourth year of the
1987 contract. If the corrective action plan is not satisfactorily
1988 completed, the department shall provide notice to the managing
1989 entity that the contract will be terminated at the end of the
1990 contract term and the department shall initiate a competitive
1991 procurement process to select a new managing entity pursuant to
1992 s. 287.057.

1993 (5) MANAGING ENTITIES DUTIES.—A managing entity shall:

1994 (a) Maintain a board of directors that is representative of
1995 the community and that, at a minimum, includes consumers and
1996 family members, community stakeholders and organizations, and
1997 providers of mental health and substance abuse services,
1998 including public and private receiving facilities.

1999 (b) Conduct a community behavioral health care needs
2000 assessment in the geographic area served by the managing entity.
2001 The needs assessment must be updated annually and provided to
2002 the department. The assessment must include, at a minimum, the
2003 information the department needs for its annual report to the
2004 Governor and Legislature pursuant to s. 394.4573.

2005 (c) Develop local resources by pursuing third-party
2006 payments for services, applying for grants, securing local
2007 matching funds and in-kind services, and any other methods
2008 needed to ensure services are available and accessible.

2009 (d) Provide assistance to counties to develop a designated
2010 receiving system pursuant to s. 394.4573(2)(b) and a
2011 transportation plan pursuant to s. 394.462.



223708

2012 (e) Promote the development and effective implementation of
2013 a coordinated system of care pursuant to s. 394.4573.

2014 (f) Develop a comprehensive network of qualified providers
2015 to deliver behavioral health services. The managing entity is
2016 not required to competitively procure network providers, but
2017 must have a process in place to publicize opportunities to join
2018 the network and to evaluate providers in the network to
2019 determine if they can remain in the network. These processes
2020 must be published on the website of the managing entity. The
2021 managing entity must ensure continuity of care for clients if a
2022 provider ceases to provide a service or leaves the network.

2023 (g) Enter into cooperative agreements with local homeless
2024 councils and organizations to allow the sharing of available
2025 resource information, shared client information, client referral
2026 services, and any other data or information that may be useful
2027 in addressing the homelessness of persons suffering from a
2028 behavioral health crisis.

2029 (h) Monitor network providers' performance and their
2030 compliance with contract requirements and federal and state
2031 laws, rules, and regulations.

2032 (i) Provide or contract for case management services.

2033 (j) Manage and allocate funds for services to meet the
2034 requirements of law or rule.

2035 (k) Promote integration of behavioral health with primary
2036 care.

2037 (l) Implement shared data systems necessary for the
2038 delivery of coordinated care and integrated services, the
2039 assessment of managing entity performance and provider
2040 performance, and the reporting of outcomes and costs of



223708

2041 services.

2042 (m) Operate in a transparent manner, providing public

2043 access to information, notice of meetings, and opportunities for

2044 public participation in managing entity decisionmaking.

2045 (n) Establish and maintain effective relationships with

2046 community stakeholders, including local governments and other

2047 organizations that serve individuals with behavioral health

2048 needs.

2049 (o) Collaborate with local criminal and juvenile justice

2050 systems to divert persons with mental illness or substance abuse

2051 disorders, or both, from the criminal and juvenile justice

2052 systems.

2053 (p) Collaborate with the local court system to develop

2054 procedures to maximize the use of involuntary outpatient

2055 services; reduce involuntary inpatient treatment; and increase

2056 diversion from the criminal and juvenile justice systems.

2057 (6) FUNDING FOR MANAGING ENTITIES.-

2058 (a) A contract established between the department and a

2059 managing entity under this section must be funded by general

2060 revenue, other applicable state funds, or applicable federal

2061 funding sources. A managing entity may carry forward documented

2062 unexpended state funds from one fiscal year to the next, but the

2063 cumulative amount carried forward may not exceed 8 percent of

2064 the total value of the contract. Any unexpended state funds in

2065 excess of that percentage must be returned to the department.

2066 The funds carried forward may not be used in a way that would

2067 increase future recurring obligations or for any program or

2068 service that was not authorized as of July 1, 2016, under the

2069 existing contract with the department. Expenditures of funds



223708

2070 carried forward must be separately reported to the department.
2071 Any unexpended funds that remain at the end of the contract
2072 period must be returned to the department. Funds carried forward
2073 may be retained through contract renewals and new contract
2074 procurements as long as the same managing entity is retained by
2075 the department.

2076 (b) The method of payment for a fixed-price contract with a
2077 managing entity must provide for a 2-month advance payment at
2078 the beginning of each fiscal year and equal monthly payments
2079 thereafter.

2080 (7) CRISIS STABILIZATION SERVICES UTILIZATION DATABASE.—The
2081 department shall develop, implement, and maintain standards
2082 under which a managing entity shall collect utilization data
2083 from all public receiving facilities situated within its
2084 geographic service area. As used in this subsection, the term
2085 “public receiving facility” means an entity that meets the
2086 licensure requirements of, and is designated by, the department
2087 to operate as a public receiving facility under s. 394.875 and
2088 that is operating as a licensed crisis stabilization unit.

2089 (a) The department shall develop standards and protocols
2090 for managing entities and public receiving facilities to be used
2091 for data collection, storage, transmittal, and analysis. The
2092 standards and protocols must allow for compatibility of data and
2093 data transmittal between public receiving facilities, managing
2094 entities, and the department for the implementation and
2095 requirements of this subsection.

2096 (b) A managing entity shall require a public receiving
2097 facility within its provider network to submit data, in real
2098 time or at least daily, to the managing entity for:



223708

2099 1. All admissions and discharges of clients receiving
2100 public receiving facility services who qualify as indigent, as
2101 defined in s. 394.4787; and

2102 2. The current active census of total licensed beds, the
2103 number of beds purchased by the department, the number of
2104 clients qualifying as indigent who occupy those beds, and the
2105 total number of unoccupied licensed beds regardless of funding.

2106 (c) A managing entity shall require a public receiving
2107 facility within its provider network to submit data, on a
2108 monthly basis, to the managing entity which aggregates the daily
2109 data submitted under paragraph (b). The managing entity shall
2110 reconcile the data in the monthly submission to the data
2111 received by the managing entity under paragraph (b) to check for
2112 consistency. If the monthly aggregate data submitted by a public
2113 receiving facility under this paragraph are inconsistent with
2114 the daily data submitted under paragraph (b), the managing
2115 entity shall consult with the public receiving facility to make
2116 corrections necessary to ensure accurate data.

2117 (d) A managing entity shall require a public receiving
2118 facility within its provider network to submit data, on an
2119 annual basis, to the managing entity which aggregates the data
2120 submitted and reconciled under paragraph (c). The managing
2121 entity shall reconcile the data in the annual submission to the
2122 data received and reconciled by the managing entity under
2123 paragraph (c) to check for consistency. If the annual aggregate
2124 data submitted by a public receiving facility under this
2125 paragraph are inconsistent with the data received and reconciled
2126 under paragraph (c), the managing entity shall consult with the
2127 public receiving facility to make corrections necessary to



223708

2128 ensure accurate data.

2129 (e) After ensuring the accuracy of data pursuant to
2130 paragraphs (c) and (d), the managing entity shall submit the
2131 data to the department on a monthly and an annual basis. The
2132 department shall create a statewide database for the data
2133 described under paragraph (b) and submitted under this paragraph
2134 for the purpose of analyzing the payments for and the use of
2135 crisis stabilization services funded by the Baker Act on a
2136 statewide basis and on an individual public receiving facility
2137 basis.

2138 Section 17. Present subsections (20) through (45) of
2139 section 397.311, Florida Statutes, are redesignated as
2140 subsections (21) through (46), respectively, a new subsection
2141 (20) is added to that section, and present subsections (30) and
2142 (38) of that section are amended, to read:

2143 397.311 Definitions.—As used in this chapter, except part
2144 VIII, the term:

2145 (20) "Involuntary services" means court-ordered outpatient
2146 services or treatment for substance abuse disorders or services
2147 provided in an inpatient placement in a receiving facility or
2148 treatment facility.

2149 (31)~~(30)~~ "Qualified professional" means a physician or a
2150 physician assistant licensed under chapter 458 or chapter 459; a
2151 professional licensed under chapter 490 or chapter 491; an
2152 advanced registered nurse practitioner ~~having a specialty in~~
2153 ~~psychiatry~~ licensed under part I of chapter 464; or a person who
2154 is certified through a department-recognized certification
2155 process for substance abuse treatment services and who holds, at
2156 a minimum, a bachelor's degree. A person who is certified in



223708

2157 substance abuse treatment services by a state-recognized
2158 certification process in another state at the time of employment
2159 with a licensed substance abuse provider in this state may
2160 perform the functions of a qualified professional as defined in
2161 this chapter but must meet certification requirements contained
2162 in this subsection no later than 1 year after his or her date of
2163 employment.

2164 ~~(39)~~ ~~(38)~~ "Service component" or "component" means a
2165 discrete operational entity within a service provider which is
2166 subject to licensing as defined by rule. Service components
2167 include prevention, intervention, and clinical treatment
2168 described in subsection (23) ~~(22)~~.

2169 Section 18. Section 397.675, Florida Statutes, is amended
2170 to read:

2171 397.675 Criteria for involuntary admissions, including
2172 protective custody, emergency admission, and other involuntary
2173 assessment, involuntary treatment, and alternative involuntary
2174 assessment for minors, for purposes of assessment and
2175 stabilization, and for involuntary treatment.—A person meets the
2176 criteria for involuntary admission if there is good faith reason
2177 to believe that the person has a substance abuse or co-occurring
2178 mental health disorder ~~is substance abuse impaired~~ and, because
2179 of such disorder ~~impairment~~:

2180 (1) Has lost the power of self-control with respect to
2181 substance abuse ~~use~~; and ~~either~~

2182 (2) (a) ~~(b)~~ Is in need of substance abuse services and, by
2183 reason of substance abuse impairment, his or her judgment has
2184 been so impaired that he or she ~~the person~~ is incapable of
2185 appreciating his or her need for such services and of making a



223708

2186 rational decision in that regard, ~~although thereto; however,~~
2187 mere refusal to receive such services does not constitute
2188 evidence of lack of judgment with respect to his or her need for
2189 such services.

2190 ~~(2) (a) Has inflicted, or threatened or attempted to~~
2191 ~~inflict, or unless admitted is likely to inflict, physical harm~~
2192 ~~on himself or herself or another; or~~

2193 (b) Without care or treatment, is likely to suffer from
2194 neglect or to refuse to care for himself or herself, that such
2195 neglect or refusal poses a real and present threat of
2196 substantial harm to his or her well-being and that it is not
2197 apparent that such harm may be avoided through the help of
2198 willing family members or friends or the provision of other
2199 services, or there is substantial likelihood that the person has
2200 inflicted, or threatened to or attempted to inflict, or, unless
2201 admitted, is likely to inflict, physical harm on himself,
2202 herself, or another.

2203 Section 19. Section 397.679, Florida Statutes, is amended
2204 to read:

2205 397.679 Emergency admission; circumstances justifying.—A
2206 person who meets the criteria for involuntary admission in s.
2207 397.675 may be admitted to a hospital or to a licensed
2208 detoxification facility or addictions receiving facility for
2209 emergency assessment and stabilization, or to a less intensive
2210 component of a licensed service provider for assessment only,
2211 upon receipt by the facility of a the physician's certificate by
2212 a physician, an advanced registered nurse practitioner, a
2213 clinical psychologist, a licensed clinical social worker, a
2214 licensed marriage and family therapist, a licensed mental health



223708

2215 counselor, a physician assistant working under the scope of
2216 practice of the supervising physician, or a master's-level-
2217 certified addictions professional, if the certificate is
2218 specific to substance abuse disorders, and the completion of an
2219 application for emergency admission.

2220 Section 20. Section 397.6791, Florida Statutes, is amended
2221 to read:

2222 397.6791 Emergency admission; persons who may initiate.—The
2223 following professionals ~~persons~~ may request a certificate for an
2224 emergency assessment or admission:

2225 (1) In the case of an adult, physicians, advanced
2226 registered nurse practitioners, clinical psychologists, licensed
2227 clinical social workers, licensed marriage and family
2228 therapists, licensed mental health counselors, physician
2229 assistants working under the scope of practice of the
2230 supervising physician, and a master's-level-certified addictions
2231 professional, if the certificate is specific to substance abuse
2232 disorders ~~the certifying physician~~, the person's spouse or legal
2233 guardian, any relative of the person, or any other responsible
2234 adult who has personal knowledge of the person's substance abuse
2235 impairment.

2236 (2) In the case of a minor, the minor's parent, legal
2237 guardian, or legal custodian.

2238 Section 21. Section 397.6793, Florida Statutes, is amended
2239 to read:

2240 397.6793 Professional's ~~Physician's~~ certificate for
2241 emergency admission.—

2242 (1) The professional's ~~physician's~~ certificate must include
2243 the name of the person to be admitted, the relationship between



223708

2244 the person and the professional executing the certificate
2245 ~~physician~~, the relationship between the applicant and the
2246 professional ~~physician~~, any relationship between the
2247 professional ~~physician~~ and the licensed service provider, and a
2248 statement that the person has been examined and assessed within
2249 the preceding 5 days of the application date, and ~~must include~~
2250 factual allegations with respect to the need for emergency
2251 admission, including:

2252 (a) The reason for the ~~physician's~~ belief that the person
2253 is substance abuse impaired; and

2254 (b) The reason for the ~~physician's~~ belief that because of
2255 such impairment the person has lost the power of self-control
2256 with respect to substance abuse; and ~~either~~

2257 (c)1. The reason for the belief ~~physician believes~~ that,
2258 without care or treatment, the person is likely to suffer from
2259 neglect or refuse to care for himself or herself; that such
2260 neglect or refusal poses a real and present threat of
2261 substantial harm to his or her well-being; and that it is not
2262 apparent that such harm may be avoided through the help of
2263 willing family members or friends or the provision of other
2264 services or there is substantial likelihood that the person has
2265 inflicted or is likely to inflict physical harm on himself or
2266 herself or others unless admitted; or

2267 2. The reason for the belief ~~physician believes~~ that the
2268 person's refusal to voluntarily receive care is based on
2269 judgment so impaired by reason of substance abuse that the
2270 person is incapable of appreciating his or her need for care and
2271 of making a rational decision regarding his or her need for
2272 care.



223708

2273 (2) The professional's ~~physician's~~ certificate must
2274 recommend the least restrictive type of service that is
2275 appropriate for the person. The certificate must be signed by
2276 the professional ~~physician~~. If other less restrictive means are
2277 not available, such as voluntary appearance for outpatient
2278 evaluation, a law enforcement officer shall take the person
2279 named in the certificate into custody and deliver him or her to
2280 the appropriate facility for involuntary examination.

2281 (3) A signed copy of the professional's ~~physician's~~
2282 certificate shall accompany the person, and shall be made a part
2283 of the person's clinical record, together with a signed copy of
2284 the application. The application and the professional's
2285 ~~physician's~~ certificate authorize the involuntary admission of
2286 the person pursuant to, and subject to the provisions of, ss.
2287 397.679-397.6797.

2288 (4) The professional's certificate is valid for 7 days
2289 after issuance.

2290 (5) The professional's ~~physician's~~ certificate must
2291 indicate whether the person requires transportation assistance
2292 for delivery for emergency admission and specify, pursuant to s.
2293 397.6795, the type of transportation assistance necessary.

2294 Section 22. Section 397.6795, Florida Statutes, is amended
2295 to read:

2296 397.6795 Transportation-assisted delivery of persons for
2297 emergency assessment.—An applicant for a person's emergency
2298 admission, ~~or~~ the person's spouse or guardian, or a law
2299 enforcement officer, ~~or a health officer~~ may deliver a person
2300 named in the professional's ~~physician's~~ certificate for
2301 emergency admission to a hospital or a licensed detoxification



223708

2302 facility or addictions receiving facility for emergency
2303 assessment and stabilization.

2304 Section 23. Subsection (1) of section 397.681, Florida
2305 Statutes, is amended to read:

2306 397.681 Involuntary petitions; general provisions; court
2307 jurisdiction and right to counsel.—

2308 (1) JURISDICTION.—The courts have jurisdiction of
2309 involuntary assessment and stabilization petitions and
2310 involuntary treatment petitions for substance abuse impaired
2311 persons, and such petitions must be filed with the clerk of the
2312 court in the county where the person is located. The clerk of
2313 the court may not charge a fee for the filing of a petition
2314 under this section. The chief judge may appoint a general or
2315 special magistrate to preside over all or part of the
2316 proceedings. The alleged impaired person is named as the
2317 respondent.

2318 Section 24. Subsection (1) of section 397.6811, Florida
2319 Statutes, is amended to read:

2320 397.6811 Involuntary assessment and stabilization.—A person
2321 determined by the court to appear to meet the criteria for
2322 involuntary admission under s. 397.675 may be admitted for a
2323 period of 5 days to a hospital or to a licensed detoxification
2324 facility or addictions receiving facility, for involuntary
2325 assessment and stabilization or to a less restrictive component
2326 of a licensed service provider for assessment only upon entry of
2327 a court order or upon receipt by the licensed service provider
2328 of a petition. Involuntary assessment and stabilization may be
2329 initiated by the submission of a petition to the court.

2330 (1) If the person upon whose behalf the petition is being



223708

2331 filed is an adult, a petition for involuntary assessment and
2332 stabilization may be filed by the respondent's spouse ~~or~~ , legal
2333 guardian, any relative, a private practitioner, the director of
2334 a licensed service provider or the director's designee, or any
2335 individual ~~three adults~~ who has direct ~~have~~ personal knowledge
2336 of the respondent's substance abuse impairment.

2337 Section 25. Section 397.6814, Florida Statutes, is amended
2338 to read:

2339 397.6814 Involuntary assessment and stabilization; contents
2340 of petition.—A petition for involuntary assessment and
2341 stabilization must contain the name of the respondent, + the name
2342 of the applicant or applicants, + the relationship between the
2343 respondent and the applicant, and ~~+~~ the name of the respondent's
2344 attorney, if known, ~~and a statement of the respondent's ability~~
2345 ~~to afford an attorney;~~ and must state facts to support the need
2346 for involuntary assessment and stabilization, including:

2347 (1) The reason for the petitioner's belief that the
2348 respondent is substance abuse impaired; ~~and~~

2349 (2) The reason for the petitioner's belief that because of
2350 such impairment the respondent has lost the power of self-
2351 control with respect to substance abuse; and ~~either~~

2352 (3) (a) The reason the petitioner believes that the
2353 respondent has inflicted or is likely to inflict physical harm
2354 on himself or herself or others unless admitted; or

2355 (b) The reason the petitioner believes that the
2356 respondent's refusal to voluntarily receive care is based on
2357 judgment so impaired by reason of substance abuse that the
2358 respondent is incapable of appreciating his or her need for care
2359 and of making a rational decision regarding that need for care.



223708

2360 If the respondent has refused to submit to an assessment, such
2361 refusal must be alleged in the petition.

2362
2363 A fee may not be charged for the filing of a petition pursuant
2364 to this section.

2365 Section 26. Section 397.6819, Florida Statutes, is amended
2366 to read:

2367 397.6819 Involuntary assessment and stabilization;
2368 responsibility of licensed service provider.—A licensed service
2369 provider may admit an individual for involuntary assessment and
2370 stabilization for a period not to exceed 5 days unless a
2371 petition for involuntary outpatient services has been initiated
2372 which authorizes the licensed service provider to retain
2373 physical custody of the person pending further order of the
2374 court pursuant to s. 397.6821. The individual must be assessed
2375 within 24 hours ~~without unnecessary delay~~ by a qualified
2376 professional. The person may not be held pursuant to this
2377 section beyond the 24-hour assessment period unless the
2378 assessment has been reviewed and authorized by a licensed
2379 physician as necessary for continued stabilization. If an
2380 assessment is performed by a qualified professional who is not a
2381 physician, the assessment must be reviewed by a physician before
2382 the end of the assessment period.

2383 Section 27. Section 397.695, Florida Statutes, is amended
2384 to read:

2385 397.695 Involuntary outpatient services ~~treatment~~; persons
2386 who may petition.—

2387 (1) (a) If the respondent is an adult, a petition for
2388 involuntary outpatient services ~~treatment~~ may be filed by the



223708

2389 respondent's spouse or legal guardian, any relative, a service
2390 provider, or any individual ~~three adults~~ who has direct ~~have~~
2391 personal knowledge of the respondent's substance abuse
2392 impairment and his or her prior course of assessment and
2393 treatment.

2394 (b) The administrator of a receiving facility, a crisis
2395 stabilization unit, or an addictions receiving facility where
2396 the patient has been examined may retain the patient at the
2397 facility after adherence to the notice procedures provided in s.
2398 397.6955. The recommendation for involuntary outpatient services
2399 must be supported by the opinion of a qualified professional as
2400 defined in s. 397.311(31) or a master's-level-certified
2401 addictions professional and by the second opinion of a
2402 psychologist, a physician, or an advanced registered nurse
2403 practitioner licensed under chapter 464, both of whom have
2404 personally examined the patient within the preceding 72 hours,
2405 that the criteria for involuntary outpatient services are met.
2406 However, in a county having a population of fewer than 50,000,
2407 if the administrator of the facility certifies that a qualified
2408 professional is not available to provide the second opinion, the
2409 second opinion may be provided by a physician who has
2410 postgraduate training and experience in the diagnosis and
2411 treatment of substance abuse disorders. Any second opinion
2412 authorized in this section may be conducted through face-to-face
2413 examination, in person, or by electronic means. Such
2414 recommendation must be entered on an involuntary outpatient
2415 certificate that authorizes the facility to retain the patient
2416 pending completion of a hearing. The certificate must be made a
2417 part of the patient's clinical record.



223708

2418 (c) If the patient has been stabilized and no longer meets
2419 the criteria for involuntary assessment and stabilization
2420 pursuant to s. 397.6811, the patient must be released from the
2421 facility while awaiting the hearing for involuntary outpatient
2422 services. Before filing a petition for involuntary outpatient
2423 services, the administrator of the facility must identify the
2424 service provider that will have responsibility for service
2425 provision under the order for involuntary outpatient services,
2426 unless the person is otherwise participating in outpatient
2427 substance abuse disorder services and is not in need of public
2428 financing of the services, in which case the person, if
2429 eligible, may be ordered to involuntary outpatient services
2430 pursuant to the existing provision-of-services relationship he
2431 or she has for substance abuse disorder services.

2432 (d) The service provider shall prepare a written proposed
2433 treatment plan in consultation with the patient or the patient's
2434 guardian advocate, if applicable, for the order for outpatient
2435 services and provide a copy of the proposed treatment plan to
2436 the patient and the administrator of the facility. The service
2437 provider shall also provide a treatment plan that addresses the
2438 nature and extent of the substance abuse disorder and any co-
2439 occurring mental illness and the risks that necessitates
2440 involuntary outpatient services. The treatment plan must
2441 indicate the likely level of care, including medication and the
2442 anticipated discharge criteria for terminating involuntary
2443 outpatient services. Service providers may coordinate, select,
2444 and supervise other individuals to implement specific aspects of
2445 the treatment plan. The services in the treatment plan must be
2446 deemed clinically appropriate by a qualified professional who



223708

2447 consults with, or is employed by, the service provider. The
2448 service provider must certify that the recommended services in
2449 the treatment plan are available for the stabilization and
2450 improvement of the patient. If the service provider certifies
2451 that the recommended services in the proposed treatment plan are
2452 not available, the petition may not be filed. The service
2453 provider must document its inquiry with the department and the
2454 managing entity as to the availability of the requested
2455 services. The managing entity must document such efforts to
2456 obtain the requested services.

2457 (e) If a patient in involuntary inpatient placement meets
2458 the criteria for involuntary outpatient services, the
2459 administrator of the treatment facility may, before the
2460 expiration of the period during which the treatment facility is
2461 authorized to retain the patient, recommend involuntary
2462 outpatient services. The recommendation must be supported by the
2463 opinion of a qualified professional as defined in s. 397.311(31)
2464 or a master's-level-certified addictions professional and by the
2465 second opinion of a psychologist, a physician, an advanced
2466 registered nurse practitioner licensed under chapter 464, or a
2467 mental health professional licensed under chapter 491, both of
2468 whom have personally examined the patient within the preceding
2469 72 hours, that the criteria for involuntary outpatient services
2470 are met. However, in a county having a population of fewer than
2471 50,000, if the administrator of the facility certifies that a
2472 qualified professional is not available to provide the second
2473 opinion, the second opinion may be provided by a physician who
2474 has postgraduate training and experience in the diagnosis and
2475 treatment of substance abuse disorders. Any second opinion



223708

2476 authorized in this section may be conducted through face-to-face
2477 examination, in person, or by electronic means. Such
2478 recommendation must be entered on an involuntary outpatient
2479 certificate that authorizes the facility to retain the patient
2480 pending completion of a hearing. The certificate must be made a
2481 part of the patient's clinical record.

2482 (f) The service provider who is responsible for providing
2483 services under the order for involuntary outpatient services
2484 must be identified before the entry of the order for outpatient
2485 services. The service provider shall certify to the court that
2486 the recommended services in the treatment plan are available for
2487 the stabilization and improvement of the patient. If the service
2488 provider certifies that the recommended services in the proposed
2489 treatment plan are not available, the petition may not be filed.
2490 The service provider must document notify the managing entity as
2491 to the availability of the requested services. The managing
2492 entity must document such efforts to obtain the requested
2493 services.

2494 (2) If the respondent is a minor, a petition for
2495 involuntary treatment may be filed by a parent, legal guardian,
2496 or service provider.

2497 Section 28. Section 397.6951, Florida Statutes, is amended
2498 to read:

2499 397.6951 Contents of petition for involuntary outpatient
2500 services treatment.—A petition for involuntary outpatient
2501 services treatment must contain the name of the respondent ~~to be~~
2502 ~~admitted~~; the name of the petitioner or petitioners; the
2503 relationship between the respondent and the petitioner; the name
2504 of the respondent's attorney, if known, ~~and a statement of the~~



223708

2505 ~~petitioner's knowledge of the respondent's ability to afford an~~
2506 ~~attorney;~~ the findings and recommendations of the assessment
2507 performed by the qualified professional; and the factual
2508 allegations presented by the petitioner establishing the need
2509 for involuntary outpatient services. The factual allegations
2510 must demonstrate treatment, including:

2511 (1) The reason for the petitioner's belief that the
2512 respondent is substance abuse impaired; ~~and~~

2513 (2) The respondent's history of failure to comply with
2514 requirements for treatment for substance abuse and that the
2515 respondent has been involuntarily admitted to a receiving or
2516 treatment facility at least twice within the immediately
2517 preceding 36 months; ~~The reason for the petitioner's belief that~~
2518 ~~because of such impairment the respondent has lost the power of~~
2519 ~~self-control with respect to substance abuse; and either~~

2520 (3) That the respondent is, as a result of his or her
2521 substance abuse disorder, unlikely to voluntarily participate in
2522 the recommended services after sufficient and conscientious
2523 explanation and disclosure of the purpose of the services or he
2524 or she is unable to determine for himself or herself whether
2525 outpatient services are necessary;

2526 (4) That, in view of the person's treatment history and
2527 current behavior, the person is in need of involuntary
2528 outpatient services; that without services, the person is likely
2529 to suffer from neglect or to refuse to care for himself or
2530 herself; that such neglect or refusal poses a real and present
2531 threat of substantial harm to his or her well-being; and that
2532 there is a substantial likelihood that without services the
2533 person will cause serious bodily harm to himself, herself, or



223708

2534 others in the near future, as evidenced by recent behavior; and
2535 (5) That it is likely that the person will benefit from
2536 involuntary outpatient services.

2537 ~~(3)(a) The reason the petitioner believes that the~~
2538 ~~respondent has inflicted or is likely to inflict physical harm~~
2539 ~~on himself or herself or others unless admitted; or~~

2540 ~~(b) The reason the petitioner believes that the~~
2541 ~~respondent's refusal to voluntarily receive care is based on~~
2542 ~~judgment so impaired by reason of substance abuse that the~~
2543 ~~respondent is incapable of appreciating his or her need for care~~
2544 ~~and of making a rational decision regarding that need for care.~~

2545 Section 29. Section 397.6955, Florida Statutes, is amended
2546 to read:

2547 397.6955 Duties of court upon filing of petition for
2548 involuntary outpatient services ~~treatment.~~-

2549 (1) Upon the filing of a petition for the involuntary
2550 outpatient services for treatment of a substance abuse impaired
2551 person with the clerk of the court, the court shall immediately
2552 determine whether the respondent is represented by an attorney
2553 or whether the appointment of counsel for the respondent is
2554 appropriate. If the court appoints counsel for the person, the
2555 clerk of the court shall immediately notify the regional
2556 conflict counsel, created pursuant to s. 27.511, of the
2557 appointment. The regional conflict counsel shall represent the
2558 person until the petition is dismissed, the court order expires,
2559 or the person is discharged from involuntary outpatient
2560 services. An attorney that represents the person named in the
2561 petition shall have access to the person, witnesses, and records
2562 relevant to the presentation of the person's case and shall



223708

2563 represent the interests of the person, regardless of the source
2564 of payment to the attorney.

2565 (2) The court shall schedule a hearing to be held on the
2566 petition within 5 ~~10~~ days unless a continuance is granted. The
2567 court may appoint a general or special master to preside at the
2568 hearing.

2569 (3) A copy of the petition and notice of the hearing must
2570 be provided to the respondent; the respondent's parent,
2571 guardian, or legal custodian, in the case of a minor; the
2572 respondent's attorney, if known; the petitioner; the
2573 respondent's spouse or guardian, if applicable; and such other
2574 persons as the court may direct. If the respondent is a minor, a
2575 copy of the petition and notice of the hearing must be ~~and have~~
2576 ~~such petition and order~~ personally delivered to the respondent
2577 ~~if he or she is a minor.~~ The court shall also issue a summons to
2578 the person whose admission is sought.

2579 Section 30. Section 397.6957, Florida Statutes, is amended
2580 to read:

2581 397.6957 Hearing on petition for involuntary outpatient
2582 services ~~treatment.~~

2583 (1) At a hearing on a petition for involuntary outpatient
2584 services ~~treatment,~~ the court shall hear and review all relevant
2585 evidence, including the review of results of the assessment
2586 completed by the qualified professional in connection with the
2587 respondent's protective custody, emergency admission,
2588 involuntary assessment, or alternative involuntary admission.
2589 The respondent must be present unless the court finds that his
2590 or her presence is likely to be injurious to himself or herself
2591 or others, in which event the court must appoint a guardian



223708

2592 advocate to act in behalf of the respondent throughout the
2593 proceedings.

2594 (2) The petitioner has the burden of proving by clear and
2595 convincing evidence that:

2596 (a) The respondent is substance abuse impaired and has a
2597 history of lack of compliance with treatment for substance
2598 abuse; ~~and~~

2599 (b) Because of such impairment the respondent is unlikely
2600 to voluntarily participate in the recommended treatment or is
2601 unable to determine for himself or herself whether outpatient
2602 services are necessary ~~the respondent has lost the power of~~
2603 ~~self-control with respect to substance abuse;~~ and either

2604 1. Without services, the respondent is likely to suffer
2605 from neglect or to refuse to care for himself or herself; that
2606 such neglect or refusal poses a real and present threat of
2607 substantial harm to his or her well-being; and that there is a
2608 substantial likelihood that without services the respondent will
2609 cause serious bodily harm to himself or herself or others in the
2610 near future, as evidenced by recent behavior ~~The respondent has~~
2611 ~~inflicted or is likely to inflict physical harm on himself or~~
2612 ~~herself or others unless admitted; or~~

2613 2. The respondent's refusal to voluntarily receive care is
2614 based on judgment so impaired by reason of substance abuse that
2615 the respondent is incapable of appreciating his or her need for
2616 care and of making a rational decision regarding that need for
2617 care.

2618 (3) One of the qualified professionals who executed the
2619 involuntary outpatient services certificate must be a witness.
2620 The court shall allow testimony from individuals, including



223708

2621 family members, deemed by the court to be relevant under state
2622 law, regarding the respondent's prior history and how that prior
2623 history relates to the person's current condition. The testimony
2624 in the hearing must be under oath, and the proceedings must be
2625 recorded. The patient may refuse to testify at the hearing.

2626 (4)~~(3)~~ At the conclusion of the hearing the court shall
2627 ~~either~~ dismiss the petition or order the respondent to receive
2628 ~~undergo~~ involuntary outpatient services from his or her
2629 ~~substance abuse treatment, with the respondent's~~ chosen licensed
2630 service provider if ~~to deliver the involuntary substance abuse~~
2631 ~~treatment where~~ possible and appropriate.

2632 Section 31. Section 397.697, Florida Statutes, is amended
2633 to read:

2634 397.697 Court determination; effect of court order for
2635 involuntary outpatient services ~~substance abuse treatment.~~

2636 (1) When the court finds that the conditions for
2637 involuntary outpatient services ~~substance abuse treatment~~ have
2638 been proved by clear and convincing evidence, it may order the
2639 respondent to receive ~~undergo~~ involuntary outpatient services
2640 from ~~treatment by~~ a licensed service provider for a period not
2641 to exceed 60 days. If the court finds it necessary, it may
2642 direct the sheriff to take the respondent into custody and
2643 deliver him or her to the licensed service provider specified in
2644 the court order, or to the nearest appropriate licensed service
2645 provider, for involuntary outpatient services ~~treatment~~. When
2646 the conditions justifying involuntary outpatient services
2647 ~~treatment~~ no longer exist, the individual must be released as
2648 provided in s. 397.6971. When the conditions justifying
2649 involuntary outpatient services ~~treatment~~ are expected to exist



223708

2650 after 60 days of services ~~treatment~~, a renewal of the
2651 involuntary outpatient services ~~treatment~~ order may be requested
2652 pursuant to s. 397.6975 before ~~prior to~~ the end of the 60-day
2653 period.

2654 (2) In all cases resulting in an order for involuntary
2655 outpatient services ~~substance abuse treatment~~, the court shall
2656 retain jurisdiction over the case and the parties for the entry
2657 of such further orders as the circumstances may require. The
2658 court's requirements for notification of proposed release must
2659 be included in the original ~~treatment~~ order.

2660 (3) An involuntary outpatient services ~~treatment~~ order
2661 authorizes the licensed service provider to require the
2662 individual to receive services that ~~undergo such treatment as~~
2663 will benefit him or her, including services ~~treatment~~ at any
2664 licensable service component of a licensed service provider.

2665 (4) The court may not order involuntary outpatient services
2666 if the service provider certifies to the court that the
2667 recommended services are not available. The service provider
2668 must document notify the managing entity as to the availability
2669 of the requested services. The managing entity must document
2670 such efforts to obtain the requested services.

2671 (5) If the court orders involuntary outpatient services, a
2672 copy of the order must be sent to the managing entity within 1
2673 working day after it is received from the court. Documents may
2674 be submitted electronically through existing data systems, if
2675 applicable. After the order for outpatient services is issued,
2676 the service provider and the patient may modify provisions of
2677 the treatment plan. For any material modification of the
2678 treatment plan to which the patient or the patient's guardian



223708

2679 advocate, if appointed, agrees, the service provider shall send
2680 notice of the modification to the court. Any material
2681 modification of the treatment plan which is contested by the
2682 patient or the guardian advocate, if applicable, must be
2683 approved or disapproved by the court.

2684 Section 32. Section 397.6971, Florida Statutes, is amended
2685 to read:

2686 397.6971 Early release from involuntary outpatient services
2687 ~~substance abuse treatment.~~

2688 (1) At any time before ~~prior to~~ the end of the 60-day
2689 involuntary outpatient services ~~treatment~~ period, or ~~prior to~~
2690 the end of any extension granted pursuant to s. 397.6975, an
2691 individual receiving ~~admitted for~~ involuntary outpatient
2692 services ~~treatment~~ may be determined eligible for discharge to
2693 the most appropriate referral or disposition for the individual
2694 when any of the following apply:

2695 (a) The individual no longer meets the criteria for
2696 involuntary admission and has given his or her informed consent
2697 to be transferred to voluntary treatment status.~~†~~

2698 (b) If the individual was admitted on the grounds of
2699 likelihood of infliction of physical harm upon himself or
2700 herself or others, such likelihood no longer exists.~~† or~~

2701 (c) If the individual was admitted on the grounds of need
2702 for assessment and stabilization or treatment, accompanied by
2703 inability to make a determination respecting such need,~~either:~~

2704 1. Such inability no longer exists; or

2705 2. It is evident that further treatment will not bring
2706 about further significant improvements in the individual's
2707 condition.~~†~~



223708

2708 (d) The individual is no longer in need of services. ~~or~~

2709 (e) The director of the service provider determines that
2710 the individual is beyond the safe management capabilities of the
2711 provider.

2712 (2) Whenever a qualified professional determines that an
2713 individual admitted for involuntary outpatient services
2714 qualifies treatment is ready for early release under ~~for any of~~
2715 ~~the reasons listed in~~ subsection (1), the service provider shall
2716 immediately discharge the individual, and must notify all
2717 persons specified by the court in the original treatment order.

2718 Section 33. Section 397.6975, Florida Statutes, is amended
2719 to read:

2720 397.6975 Extension of involuntary outpatient services
2721 ~~substance abuse treatment~~ period.-

2722 (1) Whenever a service provider believes that an individual
2723 who is nearing the scheduled date of his or her release from
2724 involuntary outpatient services ~~treatment~~ continues to meet the
2725 criteria for involuntary outpatient services ~~treatment~~ in s.
2726 397.693, a petition for renewal of the involuntary outpatient
2727 services ~~treatment~~ order may be filed with the court at least 10
2728 days before the expiration of the court-ordered outpatient
2729 services ~~treatment~~ period. The court shall immediately schedule
2730 a hearing to be held not more than 15 days after filing of the
2731 petition. The court shall provide the copy of the petition for
2732 renewal and the notice of the hearing to all parties to the
2733 proceeding. The hearing is conducted pursuant to s. 397.6957.

2734 (2) If the court finds that the petition for renewal of the
2735 involuntary outpatient services ~~treatment~~ order should be
2736 granted, it may order the respondent to receive ~~undergo~~



223708

2737 involuntary outpatient services ~~treatment~~ for a period not to
2738 exceed an additional 90 days. When the conditions justifying
2739 involuntary outpatient services ~~treatment~~ no longer exist, the
2740 individual must be released as provided in s. 397.6971. When the
2741 conditions justifying involuntary outpatient services ~~treatment~~
2742 continue to exist after an additional 90 days of service
2743 ~~additional treatment~~, a new petition requesting renewal of the
2744 involuntary outpatient services ~~treatment~~ order may be filed
2745 pursuant to this section.

2746 (3) Within 1 court working day after the filing of a
2747 petition for continued involuntary outpatient services, the
2748 court shall appoint the regional conflict counsel to represent
2749 the respondent, unless the respondent is otherwise represented
2750 by counsel. The clerk of the court shall immediately notify the
2751 regional conflict counsel of such appointment. The regional
2752 conflict counsel shall represent the respondent until the
2753 petition is dismissed or the court order expires or the
2754 respondent is discharged from involuntary outpatient services.
2755 Any attorney representing the respondent shall have access to
2756 the respondent, witnesses, and records relevant to the
2757 presentation of the respondent's case and shall represent the
2758 interests of the respondent, regardless of the source of payment
2759 to the attorney.

2760 (4) Hearings on petitions for continued involuntary
2761 outpatient services shall be before the circuit court. The court
2762 may appoint a general or special master to preside at the
2763 hearing. The procedures for obtaining an order pursuant to this
2764 section shall be in accordance with s. 397.697.

2765 (5) Notice of hearing shall be provided to the respondent



223708

2766 or his or her counsel. The respondent and the respondent's
2767 counsel may agree to a period of continued outpatient services
2768 without a court hearing.

2769 (6) The same procedure shall be repeated before the
2770 expiration of each additional period of outpatient services.

2771 (7) If the respondent has previously been found incompetent
2772 to consent to treatment, the court shall consider testimony and
2773 evidence regarding the respondent's competence.

2774 Section 34. Section 397.6977, Florida Statutes, is amended
2775 to read:

2776 397.6977 Disposition of individual upon completion of
2777 involuntary outpatient services ~~substance abuse treatment.~~—At
2778 the conclusion of the 60-day period of court-ordered involuntary
2779 outpatient services ~~treatment~~, the respondent ~~individual~~ is
2780 automatically discharged unless a motion for renewal of the
2781 involuntary outpatient services ~~treatment~~ order has been filed
2782 with the court pursuant to s. 397.6975.

2783 Section 35. Section 397.6978, Florida Statutes, is created
2784 to read:

2785 397.6978 Guardian advocate; patient incompetent to consent;
2786 substance abuse disorder.—

2787 (1) The administrator of a receiving facility or addictions
2788 receiving facility may petition the court for the appointment of
2789 a guardian advocate based upon the opinion of a qualified
2790 professional that the patient is incompetent to consent to
2791 treatment. If the court finds that a patient is incompetent to
2792 consent to treatment and has not been adjudicated incapacitated
2793 and that a guardian with the authority to consent to mental
2794 health treatment has not been appointed, it may appoint a



223708

2795 guardian advocate. The patient has the right to have an attorney
2796 represent him or her at the hearing. If the person is indigent,
2797 the court shall appoint the office of the regional conflict
2798 counsel to represent him or her at the hearing. The patient has
2799 the right to testify, cross-examine witnesses, and present
2800 witnesses. The proceeding shall be recorded electronically or
2801 stenographically, and testimony must be provided under oath. One
2802 of the qualified professionals authorized to give an opinion in
2803 support of a petition for involuntary placement, as described in
2804 s. 397.675 or s. 397.6981, must testify. A guardian advocate
2805 must meet the qualifications of a guardian contained in part IV
2806 of chapter 744. The person who is appointed as a guardian
2807 advocate must agree to the appointment.

2808 (2) The following persons are prohibited from appointment
2809 as a patient's guardian advocate:

2810 (a) A professional providing clinical services to the
2811 individual under this part.

2812 (b) The qualified professional who initiated the
2813 involuntary examination of the individual, if the examination
2814 was initiated by a qualified professional's certificate.

2815 (c) An employee, an administrator, or a board member of the
2816 facility providing the examination of the individual.

2817 (d) An employee, an administrator, or a board member of the
2818 treatment facility providing treatment of the individual.

2819 (e) A person providing any substantial professional
2820 services to the individual, including clinical services.

2821 (f) A creditor of the individual.

2822 (g) A person subject to an injunction for protection
2823 against domestic violence under s. 741.30, whether the order of



223708

2824 injunction is temporary or final, and for which the individual
2825 was the petitioner.

2826 (h) A person subject to an injunction for protection
2827 against repeat violence, sexual violence, or dating violence
2828 under s. 784.046, whether the order of injunction is temporary
2829 or final, and for which the individual was the petitioner.

2830 (3) A facility requesting appointment of a guardian
2831 advocate must, before the appointment, provide the prospective
2832 guardian advocate with information about the duties and
2833 responsibilities of guardian advocates, including information
2834 about the ethics of medical decisionmaking. Before asking a
2835 guardian advocate to give consent to treatment for a patient,
2836 the facility must provide to the guardian advocate sufficient
2837 information so that the guardian advocate can decide whether to
2838 give express and informed consent to the treatment. Such
2839 information must include information that demonstrates that the
2840 treatment is essential to the care of the patient and does not
2841 present an unreasonable risk of serious, hazardous, or
2842 irreversible side effects. If possible, before giving consent to
2843 treatment, the guardian advocate must personally meet and talk
2844 with the patient and the patient's physician. If that is not
2845 possible, the discussion may be conducted by telephone. The
2846 decision of the guardian advocate may be reviewed by the court,
2847 upon petition of the patient's attorney, the patient's family,
2848 or the facility administrator.

2849 (4) In lieu of the training required for guardians
2850 appointed pursuant to chapter 744, a guardian advocate shall
2851 attend at least a 4-hour training course approved by the court
2852 before exercising his or her authority. At a minimum, the



223708

2853 training course must include information about patient rights,
2854 the diagnosis of substance abuse disorders, the ethics of
2855 medical decisionmaking, and the duties of guardian advocates.

2856 (5) The required training course and the information to be
2857 supplied to prospective guardian advocates before their
2858 appointment must be developed by the department, approved by the
2859 chief judge of the circuit court, and taught by a court-approved
2860 organization, which may include, but need not be limited to, a
2861 community college, a guardianship organization, a local bar
2862 association, or The Florida Bar. The training course may be web-
2863 based, provided in video format, or other electronic means but
2864 must be capable of ensuring the identity and participation of
2865 the prospective guardian advocate. The court may waive some or
2866 all of the training requirements for guardian advocates or
2867 impose additional requirements. The court shall make its
2868 decision on a case-by-case basis and, in making its decision,
2869 shall consider the experience and education of the guardian
2870 advocate, the duties assigned to the guardian advocate, and the
2871 needs of the patient.

2872 (6) In selecting a guardian advocate, the court shall give
2873 preference to the patient's health care surrogate, if one has
2874 already been designated by the patient. If the patient has not
2875 previously designated a health care surrogate, the selection
2876 shall be made, except for good cause documented in the court
2877 record, from among the following persons, listed in order of
2878 priority:

- 2879 (a) The patient's spouse.
2880 (b) An adult child of the patient.
2881 (c) A parent of the patient.



223708

2882 (d) The adult next of kin of the patient.
2883 (e) An adult friend of the patient.
2884 (f) An adult trained and willing to serve as the guardian
2885 advocate for the patient.
2886 (7) If a guardian with the authority to consent to medical
2887 treatment has not already been appointed, or if the patient has
2888 not already designated a health care surrogate, the court may
2889 authorize the guardian advocate to consent to medical treatment
2890 as well as substance abuse disorder treatment. Unless otherwise
2891 limited by the court, a guardian advocate with authority to
2892 consent to medical treatment has the same authority to make
2893 health care decisions and is subject to the same restrictions as
2894 a proxy appointed under part IV of chapter 765. Unless the
2895 guardian advocate has sought and received express court approval
2896 in a proceeding separate from the proceeding to determine the
2897 competence of the patient to consent to medical treatment, the
2898 guardian advocate may not consent to:
2899 (a) Abortion.
2900 (b) Sterilization.
2901 (c) Electroshock therapy.
2902 (d) Psychosurgery.
2903 (e) Experimental treatments that have not been approved by
2904 a federally approved institutional review board in accordance
2905 with 45 C.F.R. part 46 or 21 C.F.R. part 56.
2906
2907 The court must base its authorization on evidence that the
2908 treatment or procedure is essential to the care of the patient
2909 and that the treatment does not present an unreasonable risk of
2910 serious, hazardous, or irreversible side effects. In complying



223708

2911 with this subsection, the court shall follow the procedures set
2912 forth in subsection (1).

2913 (8) The guardian advocate shall be discharged when the
2914 patient is discharged from an order for involuntary outpatient
2915 services or involuntary inpatient placement or when the patient
2916 is transferred from involuntary to voluntary status. The court
2917 or a hearing officer shall consider the competence of the
2918 patient as provided in subsection (1) and may consider an
2919 involuntarily placed patient's competence to consent to
2920 treatment at any hearing. Upon sufficient evidence, the court
2921 may restore, or the hearing officer may recommend that the court
2922 restore, the patient's competence. A copy of the order restoring
2923 competence or the certificate of discharge containing the
2924 restoration of competence shall be provided to the patient and
2925 the guardian advocate.

2926 Section 36. Paragraph (a) of subsection (3) of section
2927 39.407, Florida Statutes, is amended to read:

2928 39.407 Medical, psychiatric, and psychological examination
2929 and treatment of child; physical, mental, or substance abuse
2930 examination of person with or requesting child custody.—

2931 (3) (a) 1. Except as otherwise provided in subparagraph (b) 1.
2932 or paragraph (e), before the department provides psychotropic
2933 medications to a child in its custody, the prescribing physician
2934 shall attempt to obtain express and informed consent, as defined
2935 in s. 394.455(15) ~~s. 394.455(9)~~ and as described in s.
2936 394.459(3) (a), from the child's parent or legal guardian. The
2937 department must take steps necessary to facilitate the inclusion
2938 of the parent in the child's consultation with the physician.
2939 However, if the parental rights of the parent have been



223708

2940 terminated, the parent's location or identity is unknown or
2941 cannot reasonably be ascertained, or the parent declines to give
2942 express and informed consent, the department may, after
2943 consultation with the prescribing physician, seek court
2944 authorization to provide the psychotropic medications to the
2945 child. Unless parental rights have been terminated and if it is
2946 possible to do so, the department shall continue to involve the
2947 parent in the decisionmaking process regarding the provision of
2948 psychotropic medications. If, at any time, a parent whose
2949 parental rights have not been terminated provides express and
2950 informed consent to the provision of a psychotropic medication,
2951 the requirements of this section that the department seek court
2952 authorization do not apply to that medication until such time as
2953 the parent no longer consents.

2954 2. Any time the department seeks a medical evaluation to
2955 determine the need to initiate or continue a psychotropic
2956 medication for a child, the department must provide to the
2957 evaluating physician all pertinent medical information known to
2958 the department concerning that child.

2959 Section 37. Paragraph (e) of subsection (5) of section
2960 212.055, Florida Statutes, is amended to read:

2961 212.055 Discretionary sales surtaxes; legislative intent;
2962 authorization and use of proceeds.—It is the legislative intent
2963 that any authorization for imposition of a discretionary sales
2964 surtax shall be published in the Florida Statutes as a
2965 subsection of this section, irrespective of the duration of the
2966 levy. Each enactment shall specify the types of counties
2967 authorized to levy; the rate or rates which may be imposed; the
2968 maximum length of time the surtax may be imposed, if any; the



223708

2969 procedure which must be followed to secure voter approval, if
2970 required; the purpose for which the proceeds may be expended;
2971 and such other requirements as the Legislature may provide.
2972 Taxable transactions and administrative procedures shall be as
2973 provided in s. 212.054.

2974 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined in
2975 s. 125.011(1) may levy the surtax authorized in this subsection
2976 pursuant to an ordinance either approved by extraordinary vote
2977 of the county commission or conditioned to take effect only upon
2978 approval by a majority vote of the electors of the county voting
2979 in a referendum. In a county as defined in s. 125.011(1), for
2980 the purposes of this subsection, "county public general
2981 hospital" means a general hospital as defined in s. 395.002
2982 which is owned, operated, maintained, or governed by the county
2983 or its agency, authority, or public health trust.

2984 (e) A governing board, agency, or authority shall be
2985 chartered by the county commission upon this act becoming law.
2986 The governing board, agency, or authority shall adopt and
2987 implement a health care plan for indigent health care services.
2988 The governing board, agency, or authority shall consist of no
2989 more than seven and no fewer than five members appointed by the
2990 county commission. The members of the governing board, agency,
2991 or authority shall be at least 18 years of age and residents of
2992 the county. No member may be employed by or affiliated with a
2993 health care provider or the public health trust, agency, or
2994 authority responsible for the county public general hospital.
2995 The following community organizations shall each appoint a
2996 representative to a nominating committee: the South Florida
2997 Hospital and Healthcare Association, the Miami-Dade County



223708

2998 Public Health Trust, the Dade County Medical Association, the
2999 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
3000 County. This committee shall nominate between 10 and 14 county
3001 citizens for the governing board, agency, or authority. The
3002 slate shall be presented to the county commission and the county
3003 commission shall confirm the top five to seven nominees,
3004 depending on the size of the governing board. Until such time as
3005 the governing board, agency, or authority is created, the funds
3006 provided for in subparagraph (d)2. shall be placed in a
3007 restricted account set aside from other county funds and not
3008 disbursed by the county for any other purpose.

3009 1. The plan shall divide the county into a minimum of four
3010 and maximum of six service areas, with no more than one
3011 participant hospital per service area. The county public general
3012 hospital shall be designated as the provider for one of the
3013 service areas. Services shall be provided through participants'
3014 primary acute care facilities.

3015 2. The plan and subsequent amendments to it shall fund a
3016 defined range of health care services for both indigent persons
3017 and the medically poor, including primary care, preventive care,
3018 hospital emergency room care, and hospital care necessary to
3019 stabilize the patient. For the purposes of this section,
3020 "stabilization" means stabilization as defined in s. 397.311(42)
3021 ~~s. 397.311(41)~~. Where consistent with these objectives, the plan
3022 may include services rendered by physicians, clinics, community
3023 hospitals, and alternative delivery sites, as well as at least
3024 one regional referral hospital per service area. The plan shall
3025 provide that agreements negotiated between the governing board,
3026 agency, or authority and providers shall recognize hospitals



223708

3027 that render a disproportionate share of indigent care, provide
3028 other incentives to promote the delivery of charity care to draw
3029 down federal funds where appropriate, and require cost
3030 containment, including, but not limited to, case management.
3031 From the funds specified in subparagraphs (d)1. and 2. for
3032 indigent health care services, service providers shall receive
3033 reimbursement at a Medicaid rate to be determined by the
3034 governing board, agency, or authority created pursuant to this
3035 paragraph for the initial emergency room visit, and a per-member
3036 per-month fee or capitation for those members enrolled in their
3037 service area, as compensation for the services rendered
3038 following the initial emergency visit. Except for provisions of
3039 emergency services, upon determination of eligibility,
3040 enrollment shall be deemed to have occurred at the time services
3041 were rendered. The provisions for specific reimbursement of
3042 emergency services shall be repealed on July 1, 2001, unless
3043 otherwise reenacted by the Legislature. The capitation amount or
3044 rate shall be determined before ~~prior to~~ program implementation
3045 by an independent actuarial consultant. In no event shall such
3046 reimbursement rates exceed the Medicaid rate. The plan must also
3047 provide that any hospitals owned and operated by government
3048 entities on or after the effective date of this act must, as a
3049 condition of receiving funds under this subsection, afford
3050 public access equal to that provided under s. 286.011 as to any
3051 meeting of the governing board, agency, or authority the subject
3052 of which is budgeting resources for the retention of charity
3053 care, as that term is defined in the rules of the Agency for
3054 Health Care Administration. The plan shall also include
3055 innovative health care programs that provide cost-effective



223708

3056 alternatives to traditional methods of service and delivery
3057 funding.

3058 3. The plan's benefits shall be made available to all
3059 county residents currently eligible to receive health care
3060 services as indigents or medically poor as defined in paragraph
3061 (4) (d).

3062 4. Eligible residents who participate in the health care
3063 plan shall receive coverage for a period of 12 months or the
3064 period extending from the time of enrollment to the end of the
3065 current fiscal year, per enrollment period, whichever is less.

3066 5. At the end of each fiscal year, the governing board,
3067 agency, or authority shall prepare an audit that reviews the
3068 budget of the plan, delivery of services, and quality of
3069 services, and makes recommendations to increase the plan's
3070 efficiency. The audit shall take into account participant
3071 hospital satisfaction with the plan and assess the amount of
3072 poststabilization patient transfers requested, and accepted or
3073 denied, by the county public general hospital.

3074 Section 38. Paragraph (c) of subsection (2) of section
3075 394.4599, Florida Statutes, is amended to read:

3076 394.4599 Notice.—

3077 (2) INVOLUNTARY ADMISSION.—

3078 (c)1. A receiving facility shall give notice of the
3079 whereabouts of a minor who is being involuntarily held for
3080 examination pursuant to s. 394.463 to the minor's parent,
3081 guardian, caregiver, or guardian advocate, in person or by
3082 telephone or other form of electronic communication, immediately
3083 after the minor's arrival at the facility. The facility may
3084 delay notification for no more than 24 hours after the minor's



223708

3085 arrival if the facility has submitted a report to the central
3086 abuse hotline, pursuant to s. 39.201, based upon knowledge or
3087 suspicion of abuse, abandonment, or neglect and if the facility
3088 deems a delay in notification to be in the minor's best
3089 interest.

3090 2. The receiving facility shall attempt to notify the
3091 minor's parent, guardian, caregiver, or guardian advocate until
3092 the receiving facility receives confirmation from the parent,
3093 guardian, caregiver, or guardian advocate, verbally, by
3094 telephone or other form of electronic communication, or by
3095 recorded message, that notification has been received. Attempts
3096 to notify the parent, guardian, caregiver, or guardian advocate
3097 must be repeated at least once every hour during the first 12
3098 hours after the minor's arrival and once every 24 hours
3099 thereafter and must continue until such confirmation is
3100 received, unless the minor is released at the end of the 72-hour
3101 examination period, or until a petition for involuntary services
3102 ~~placement~~ is filed with the court pursuant to s. 394.463(2)(g)
3103 ~~s. 394.463(2)(i)~~. The receiving facility may seek assistance
3104 from a law enforcement agency to notify the minor's parent,
3105 guardian, caregiver, or guardian advocate if the facility has
3106 not received within the first 24 hours after the minor's arrival
3107 a confirmation by the parent, guardian, caregiver, or guardian
3108 advocate that notification has been received. The receiving
3109 facility must document notification attempts in the minor's
3110 clinical record.

3111 Section 39. Subsection (3) of section 394.495, Florida
3112 Statutes, is amended to read:

3113 394.495 Child and adolescent mental health system of care;



223708

3114 programs and services.-

3115 (3) Assessments must be performed by:

3116 (a) A professional as defined in s. 394.455(7), (33), (36),
3117 (37), or (38) ~~s. 394.455(2), (4), (21), (23), or (24)~~;

3118 (b) A professional licensed under chapter 491; or

3119 (c) A person who is under the direct supervision of a
3120 professional as defined in s. 394.455(7), (33), (36), (37), or
3121 (38) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a professional
3122 licensed under chapter 491.

3123 Section 40. Subsection (5) of section 394.496, Florida
3124 Statutes, is amended to read:

3125 394.496 Service planning.-

3126 (5) A professional as defined in s. 394.455(7), (33), (36),
3127 (37), or (38) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a
3128 professional licensed under chapter 491 must be included among
3129 those persons developing the services plan.

3130 Section 41. Subsection (6) of section 394.9085, Florida
3131 Statutes, is amended to read:

3132 394.9085 Behavioral provider liability.-

3133 (6) For purposes of this section, the terms "detoxification
3134 services," "addictions receiving facility," and "receiving
3135 facility" have the same meanings as those provided in ss.
3136 397.311(23)(a)4., 397.311(23)(a)1., and 394.455(41) ~~ss.~~
3137 ~~397.311(22)(a)4., 397.311(22)(a)1., and 394.455(26),~~
3138 respectively.

3139 Section 42. Subsection (8) of section 397.405, Florida
3140 Statutes, is amended to read:

3141 397.405 Exemptions from licensure.-The following are exempt
3142 from the licensing provisions of this chapter:



223708

3143 (8) A legally cognizable church or nonprofit religious
3144 organization or denomination providing substance abuse services,
3145 including prevention services, which are solely religious,
3146 spiritual, or ecclesiastical in nature. A church or nonprofit
3147 religious organization or denomination providing any of the
3148 licensed service components itemized under s. 397.311(23) ~~s.~~
3149 ~~397.311(22)~~ is not exempt from substance abuse licensure but
3150 retains its exemption with respect to all services which are
3151 solely religious, spiritual, or ecclesiastical in nature.

3152
3153 The exemptions from licensure in this section do not apply to
3154 any service provider that receives an appropriation, grant, or
3155 contract from the state to operate as a service provider as
3156 defined in this chapter or to any substance abuse program
3157 regulated pursuant to s. 397.406. Furthermore, this chapter may
3158 not be construed to limit the practice of a physician or
3159 physician assistant licensed under chapter 458 or chapter 459, a
3160 psychologist licensed under chapter 490, a psychotherapist
3161 licensed under chapter 491, or an advanced registered nurse
3162 practitioner licensed under part I of chapter 464, who provides
3163 substance abuse treatment, so long as the physician, physician
3164 assistant, psychologist, psychotherapist, or advanced registered
3165 nurse practitioner does not represent to the public that he or
3166 she is a licensed service provider and does not provide services
3167 to individuals pursuant to part V of this chapter. Failure to
3168 comply with any requirement necessary to maintain an exempt
3169 status under this section is a misdemeanor of the first degree,
3170 punishable as provided in s. 775.082 or s. 775.083.

3171 Section 43. Subsections (1) and (5) of section 397.407,



223708

3172 Florida Statutes, are amended to read:

3173 397.407 Licensure process; fees.—

3174 (1) The department shall establish the licensure process to
3175 include fees and categories of licenses and must prescribe a fee
3176 range that is based, at least in part, on the number and
3177 complexity of programs listed in s. 397.311(23) ~~s. 397.311(22)~~
3178 which are operated by a licensee. The fees from the licensure of
3179 service components are sufficient to cover at least 50 percent
3180 of the costs of regulating the service components. The
3181 department shall specify a fee range for public and privately
3182 funded licensed service providers. Fees for privately funded
3183 licensed service providers must exceed the fees for publicly
3184 funded licensed service providers.

3185 (5) The department may issue probationary, regular, and
3186 interim licenses. The department shall issue one license for
3187 each service component that is operated by a service provider
3188 and defined pursuant to s. 397.311(23) ~~s. 397.311(22)~~. The
3189 license is valid only for the specific service components listed
3190 for each specific location identified on the license. The
3191 licensed service provider shall apply for a new license at least
3192 60 days before the addition of any service components or 30 days
3193 before the relocation of any of its service sites. Provision of
3194 service components or delivery of services at a location not
3195 identified on the license may be considered an unlicensed
3196 operation that authorizes the department to seek an injunction
3197 against operation as provided in s. 397.401, in addition to
3198 other sanctions authorized by s. 397.415. Probationary and
3199 regular licenses may be issued only after all required
3200 information has been submitted. A license may not be



223708

3201 transferred. As used in this subsection, the term "transfer"
3202 includes, but is not limited to, the transfer of a majority of
3203 the ownership interest in the licensed entity or transfer of
3204 responsibilities under the license to another entity by
3205 contractual arrangement.

3206 Section 44. Section 397.416, Florida Statutes, is amended
3207 to read:

3208 397.416 Substance abuse treatment services; qualified
3209 professional.—Notwithstanding any other provision of law, a
3210 person who was certified through a certification process
3211 recognized by the former Department of Health and Rehabilitative
3212 Services before January 1, 1995, may perform the duties of a
3213 qualified professional with respect to substance abuse treatment
3214 services as defined in this chapter, and need not meet the
3215 certification requirements contained in s. 397.311(31) ~~s.~~
3216 ~~397.311(30)~~.

3217 Section 45. Paragraph (b) of subsection (1) of section
3218 409.972, Florida Statutes, is amended to read:

3219 409.972 Mandatory and voluntary enrollment.—

3220 (1) The following Medicaid-eligible persons are exempt from
3221 mandatory managed care enrollment required by s. 409.965, and
3222 may voluntarily choose to participate in the managed medical
3223 assistance program:

3224 (b) Medicaid recipients residing in residential commitment
3225 facilities operated through the Department of Juvenile Justice
3226 or a ~~mental health~~ treatment facility ~~facilities~~ as defined in
3227 by s. 394.455(50) ~~s. 394.455(32)~~.

3228 Section 46. Paragraphs (d) and (g) of subsection (1) of
3229 section 440.102, Florida Statutes, are amended to read:



223708

3230 440.102 Drug-free workplace program requirements.—The
3231 following provisions apply to a drug-free workplace program
3232 implemented pursuant to law or to rules adopted by the Agency
3233 for Health Care Administration:

3234 (1) DEFINITIONS.—Except where the context otherwise
3235 requires, as used in this act:

3236 (d) “Drug rehabilitation program” means a service provider,
3237 established pursuant to s. 397.311(40) ~~s. 397.311(39)~~, that
3238 provides confidential, timely, and expert identification,
3239 assessment, and resolution of employee drug abuse.

3240 (g) “Employee assistance program” means an established
3241 program capable of providing expert assessment of employee
3242 personal concerns; confidential and timely identification
3243 services with regard to employee drug abuse; referrals of
3244 employees for appropriate diagnosis, treatment, and assistance;
3245 and followup services for employees who participate in the
3246 program or require monitoring after returning to work. If, in
3247 addition to the above activities, an employee assistance program
3248 provides diagnostic and treatment services, these services shall
3249 in all cases be provided by service providers pursuant to s.
3250 397.311(40) ~~s. 397.311(39)~~.

3251 Section 47. Subsection (7) of section 744.704, Florida
3252 Statutes, is amended to read:

3253 744.704 Powers and duties.—

3254 (7) A public guardian may ~~shall~~ not commit a ward to a
3255 ~~mental health~~ treatment facility, as defined in s. 394.455(50)
3256 ~~s. 394.455(32)~~, without an involuntary placement proceeding as
3257 provided by law.

3258 Section 48. Paragraph (a) of subsection (2) of section



223708

3259 790.065, Florida Statutes, is amended to read:
3260 790.065 Sale and delivery of firearms.—
3261 (2) Upon receipt of a request for a criminal history record
3262 check, the Department of Law Enforcement shall, during the
3263 licensee's call or by return call, forthwith:
3264 (a) Review any records available to determine if the
3265 potential buyer or transferee:
3266 1. Has been convicted of a felony and is prohibited from
3267 receipt or possession of a firearm pursuant to s. 790.23;
3268 2. Has been convicted of a misdemeanor crime of domestic
3269 violence, and therefore is prohibited from purchasing a firearm;
3270 3. Has had adjudication of guilt withheld or imposition of
3271 sentence suspended on any felony or misdemeanor crime of
3272 domestic violence unless 3 years have elapsed since probation or
3273 any other conditions set by the court have been fulfilled or
3274 expunction has occurred; or
3275 4. Has been adjudicated mentally defective or has been
3276 committed to a mental institution by a court or as provided in
3277 sub-sub-subparagraph b.(II), and as a result is prohibited by
3278 state or federal law from purchasing a firearm.
3279 a. As used in this subparagraph, "adjudicated mentally
3280 defective" means a determination by a court that a person, as a
3281 result of marked subnormal intelligence, or mental illness,
3282 incompetency, condition, or disease, is a danger to himself or
3283 herself or to others or lacks the mental capacity to contract or
3284 manage his or her own affairs. The phrase includes a judicial
3285 finding of incapacity under s. 744.331(6)(a), an acquittal by
3286 reason of insanity of a person charged with a criminal offense,
3287 and a judicial finding that a criminal defendant is not



223708

3288 competent to stand trial.

3289 b. As used in this subparagraph, "committed to a mental
3290 institution" means:

3291 (I) Involuntary commitment, commitment for mental
3292 defectiveness or mental illness, and commitment for substance
3293 abuse. The phrase includes involuntary inpatient placement as
3294 defined in s. 394.467, involuntary outpatient services ~~placement~~
3295 as defined in s. 394.4655, involuntary assessment and
3296 stabilization under s. 397.6818, and involuntary substance abuse
3297 treatment under s. 397.6957, but does not include a person in a
3298 mental institution for observation or discharged from a mental
3299 institution based upon the initial review by the physician or a
3300 voluntary admission to a mental institution; or

3301 (II) Notwithstanding sub-sub-subparagraph (I), voluntary
3302 admission to a mental institution for outpatient or inpatient
3303 treatment of a person who had an involuntary examination under
3304 s. 394.463, where each of the following conditions have been
3305 met:

3306 (A) An examining physician found that the person is an
3307 imminent danger to himself or herself or others.

3308 (B) The examining physician certified that if the person
3309 did not agree to voluntary treatment, a petition for involuntary
3310 outpatient or inpatient services ~~treatment~~ would have been filed
3311 under s. 394.463(2)(g) ~~s. 394.463(2)(i)4.~~, or the examining
3312 physician certified that a petition was filed and the person
3313 subsequently agreed to voluntary treatment before ~~prior to~~ a
3314 court hearing on the petition.

3315 (C) Before agreeing to voluntary treatment, the person
3316 received written notice of that finding and certification, and



223708

3317 written notice that as a result of such finding, he or she may
3318 be prohibited from purchasing a firearm, and may not be eligible
3319 to apply for or retain a concealed weapon or firearms license
3320 under s. 790.06 and the person acknowledged such notice in
3321 writing, in substantially the following form:

3322
3323 "I understand that the doctor who examined me believes
3324 I am a danger to myself or to others. I understand
3325 that if I do not agree to voluntary treatment, a
3326 petition will be filed in court to require me to
3327 receive involuntary treatment. I understand that if
3328 that petition is filed, I have the right to contest
3329 it. In the event a petition has been filed, I
3330 understand that I can subsequently agree to voluntary
3331 treatment prior to a court hearing. I understand that
3332 by agreeing to voluntary treatment in either of these
3333 situations, I may be prohibited from buying firearms
3334 and from applying for or retaining a concealed weapons
3335 or firearms license until I apply for and receive
3336 relief from that restriction under Florida law."

3337
3338 (D) A judge or a magistrate has, pursuant to sub-sub-
3339 subparagraph c.(II), reviewed the record of the finding,
3340 certification, notice, and written acknowledgment classifying
3341 the person as an imminent danger to himself or herself or
3342 others, and ordered that such record be submitted to the
3343 department.

3344 c. In order to check for these conditions, the department
3345 shall compile and maintain an automated database of persons who



223708

3346 are prohibited from purchasing a firearm based on court records
3347 of adjudications of mental defectiveness or commitments to
3348 mental institutions.

3349 (I) Except as provided in sub-sub-subparagraph (II), clerks
3350 of court shall submit these records to the department within 1
3351 month after the rendition of the adjudication or commitment.
3352 Reports shall be submitted in an automated format. The reports
3353 must, at a minimum, include the name, along with any known alias
3354 or former name, the sex, and the date of birth of the subject.

3355 (II) For persons committed to a mental institution pursuant
3356 to sub-sub-subparagraph b.(II), within 24 hours after the
3357 person's agreement to voluntary admission, a record of the
3358 finding, certification, notice, and written acknowledgment must
3359 be filed by the administrator of the receiving or treatment
3360 facility, as defined in s. 394.455, with the clerk of the court
3361 for the county in which the involuntary examination under s.
3362 394.463 occurred. No fee shall be charged for the filing under
3363 this sub-sub-subparagraph. The clerk must present the records to
3364 a judge or magistrate within 24 hours after receipt of the
3365 records. A judge or magistrate is required and has the lawful
3366 authority to review the records ex parte and, if the judge or
3367 magistrate determines that the record supports the classifying
3368 of the person as an imminent danger to himself or herself or
3369 others, to order that the record be submitted to the department.
3370 If a judge or magistrate orders the submittal of the record to
3371 the department, the record must be submitted to the department
3372 within 24 hours.

3373 d. A person who has been adjudicated mentally defective or
3374 committed to a mental institution, as those terms are defined in



223708

3375 this paragraph, may petition the circuit court that made the
3376 adjudication or commitment, or the court that ordered that the
3377 record be submitted to the department pursuant to sub-sub-
3378 subparagraph c.(II), for relief from the firearm disabilities
3379 imposed by such adjudication or commitment. A copy of the
3380 petition shall be served on the state attorney for the county in
3381 which the person was adjudicated or committed. The state
3382 attorney may object to and present evidence relevant to the
3383 relief sought by the petition. The hearing on the petition may
3384 be open or closed as the petitioner may choose. The petitioner
3385 may present evidence and subpoena witnesses to appear at the
3386 hearing on the petition. The petitioner may confront and cross-
3387 examine witnesses called by the state attorney. A record of the
3388 hearing shall be made by a certified court reporter or by court-
3389 approved electronic means. The court shall make written findings
3390 of fact and conclusions of law on the issues before it and issue
3391 a final order. The court shall grant the relief requested in the
3392 petition if the court finds, based on the evidence presented
3393 with respect to the petitioner's reputation, the petitioner's
3394 mental health record and, if applicable, criminal history
3395 record, the circumstances surrounding the firearm disability,
3396 and any other evidence in the record, that the petitioner will
3397 not be likely to act in a manner that is dangerous to public
3398 safety and that granting the relief would not be contrary to the
3399 public interest. If the final order denies relief, the
3400 petitioner may not petition again for relief from firearm
3401 disabilities until 1 year after the date of the final order. The
3402 petitioner may seek judicial review of a final order denying
3403 relief in the district court of appeal having jurisdiction over



223708

3404 the court that issued the order. The review shall be conducted
3405 de novo. Relief from a firearm disability granted under this
3406 sub-subparagraph has no effect on the loss of civil rights,
3407 including firearm rights, for any reason other than the
3408 particular adjudication of mental defectiveness or commitment to
3409 a mental institution from which relief is granted.

3410 e. Upon receipt of proper notice of relief from firearm
3411 disabilities granted under sub-subparagraph d., the department
3412 shall delete any mental health record of the person granted
3413 relief from the automated database of persons who are prohibited
3414 from purchasing a firearm based on court records of
3415 adjudications of mental defectiveness or commitments to mental
3416 institutions.

3417 f. The department is authorized to disclose data collected
3418 pursuant to this subparagraph to agencies of the Federal
3419 Government and other states for use exclusively in determining
3420 the lawfulness of a firearm sale or transfer. The department is
3421 also authorized to disclose this data to the Department of
3422 Agriculture and Consumer Services for purposes of determining
3423 eligibility for issuance of a concealed weapons or concealed
3424 firearms license and for determining whether a basis exists for
3425 revoking or suspending a previously issued license pursuant to
3426 s. 790.06(10). When a potential buyer or transferee appeals a
3427 nonapproval based on these records, the clerks of court and
3428 mental institutions shall, upon request by the department,
3429 provide information to help determine whether the potential
3430 buyer or transferee is the same person as the subject of the
3431 record. Photographs and any other data that could confirm or
3432 negate identity must be made available to the department for



223708

3433 such purposes, notwithstanding any other provision of state law
3434 to the contrary. Any such information that is made confidential
3435 or exempt from disclosure by law shall retain such confidential
3436 or exempt status when transferred to the department.

3437 Section 49. This act shall take effect July 1, 2016.

3438

3439 ===== T I T L E A M E N D M E N T =====

3440 And the title is amended as follows:

3441 Delete everything before the enacting clause
3442 and insert:

3443 A bill to be entitled
3444 An act relating to mental health and substance abuse;
3445 amending s. 29.004, F.S.; including services provided
3446 to treatment-based mental health programs within case
3447 management funded from state revenues as an element of
3448 the state courts system; amending s. 39.001, F.S.;
3449 providing legislative intent regarding mental illness
3450 for purposes of the child welfare system; amending s.
3451 39.507, F.S.; providing for consideration of mental
3452 health issues and involvement in treatment-based
3453 mental health programs in adjudicatory hearings and
3454 orders; amending s. 39.521, F.S.; providing for
3455 consideration of mental health issues and involvement
3456 in treatment-based mental health programs in
3457 disposition hearings; amending s. 394.455, F.S.;
3458 defining terms; revising definitions; amending s.
3459 394.4573, F.S.; requiring the Department of Children
3460 and Families to submit a certain assessment to the
3461 Governor and the Legislature by a specified date;



223708

3462 redefining terms; providing essential elements of a
3463 coordinated system of care; providing requirements for
3464 the department's annual assessment; authorizing the
3465 department to award certain grants; deleting duties
3466 and measures of the department regarding continuity of
3467 care management systems; amending s. 394.4597, F.S.;
3468 revising the prioritization of health care surrogates
3469 to be selected for involuntary patients; specifying
3470 certain persons who are prohibited from being selected
3471 as an individual's representative; amending s.
3472 394.4598, F.S.; specifying certain persons who are
3473 prohibited from being appointed as a person's guardian
3474 advocate; amending s. 394.462, F.S.; requiring that
3475 counties develop and implement transportation plans;
3476 providing requirements for the plans; revising
3477 requirements for transportation to a receiving
3478 facility and treatment facility; deleting exceptions
3479 to such requirements; amending s. 394.463, F.S.;
3480 authorizing county or circuit courts to enter ex parte
3481 orders for involuntary examinations; requiring a
3482 facility to provide copies of ex parte orders,
3483 reports, and certifications to managing entities and
3484 the department, rather than the Agency for Health Care
3485 Administration; requiring the managing entity and
3486 department to receive certain orders, certificates,
3487 and reports; requiring the department to provide such
3488 documents to the Agency for Health Care
3489 Administration; requiring certain individuals to be
3490 released to law enforcement custody; providing



3491 exceptions; amending s. 394.4655, F.S.; providing for
3492 involuntary outpatient services; requiring a service
3493 provider to document certain inquiries; requiring the
3494 managing entity to document certain efforts; making
3495 technical changes; amending s. 394.467, F.S.; revising
3496 criteria for involuntary inpatient placement;
3497 requiring a facility filing a petition for involuntary
3498 inpatient placement to send a copy to the department
3499 and managing entity; revising criteria for a hearing
3500 on involuntary inpatient placement; revising criteria
3501 for a procedure for continued involuntary inpatient
3502 services; specifying requirements for a certain waiver
3503 of the patient's attendance at a hearing; requiring
3504 the court to consider certain testimony and evidence
3505 regarding a patient's incompetence; amending s.
3506 394.46715, F.S.; revising rulemaking authority of the
3507 department; creating s. 394.761, F.S.; authorizing the
3508 agency and the department to develop a plan for
3509 revenue maximization; requiring the plan to be
3510 submitted to the Legislature by a certain date;
3511 amending s. 394.875, F.S.; requiring the department to
3512 modify licensure rules and procedures to create an
3513 option for a single, consolidated license for certain
3514 providers by a specified date; amending s. 394.9082,
3515 F.S.; providing a purpose for behavioral health
3516 managing entities; revising definitions; providing
3517 duties of the department; requiring the department to
3518 revise its contracts with managing entities; providing
3519 duties for managing entities; deleting provisions



3520 relating to legislative findings and intent, service
3521 delivery strategies, essential elements, reporting
3522 requirements, and rulemaking authority; amending s.
3523 397.311, F.S.; defining the term "involuntary
3524 services"; revising the definition of the term
3525 "qualified professional"; conforming a cross-
3526 reference; amending s. 397.675, F.S.; revising the
3527 criteria for involuntary admissions due to substance
3528 abuse or co-occurring mental health disorders;
3529 amending s. 397.679, F.S.; specifying the licensed
3530 professionals who may complete a certificate for the
3531 involuntary admission of an individual; amending s.
3532 397.6791, F.S.; providing a list of professionals
3533 authorized to initiate a certificate for an emergency
3534 assessment or admission of a person with a substance
3535 abuse disorder; amending s. 397.6793, F.S.; revising
3536 the criteria for initiation of a certificate for an
3537 emergency admission for a person who is substance
3538 abuse impaired; amending s. 397.6795, F.S.; revising
3539 the list of persons who may deliver a person for an
3540 emergency assessment; amending s. 397.681, F.S.;
3541 prohibiting the court from charging a fee for
3542 involuntary petitions; amending s. 397.6811, F.S.;
3543 revising the list of persons who may file a petition
3544 for an involuntary assessment and stabilization;
3545 amending s. 397.6814, F.S.; prohibiting a fee from
3546 being charged for the filing of a petition for
3547 involuntary assessment and stabilization; amending s.
3548 397.6819, F.S.; revising the responsibilities of



3549 service providers who admit an individual for an
3550 involuntary assessment and stabilization; amending s.
3551 397.695, F.S.; authorizing certain persons to file a
3552 petition for involuntary outpatient services of an
3553 individual; providing procedures and requirements for
3554 such petitions; amending s. 397.6951, F.S.; requiring
3555 that certain additional information be included in a
3556 petition for involuntary outpatient services; amending
3557 s. 397.6955, F.S.; requiring a court to fulfill
3558 certain additional duties upon the filing of petition
3559 for involuntary outpatient services; amending s.
3560 397.6957, F.S.; providing additional requirements for
3561 a hearing on a petition for involuntary outpatient
3562 services; amending s. 397.697, F.S.; authorizing a
3563 court to make a determination of involuntary
3564 outpatient services; prohibiting a court from ordering
3565 involuntary outpatient services under certain
3566 circumstances; requiring the service provider to
3567 document certain inquiries; requiring the managing
3568 entity to document certain efforts; requiring a copy
3569 of the court's order to be sent to the department and
3570 managing entity; providing procedures for
3571 modifications to such orders; amending s. 397.6971,
3572 F.S.; establishing the requirements for an early
3573 release from involuntary outpatient services; amending
3574 s. 397.6975, F.S.; requiring the court to appoint
3575 certain counsel; providing requirements for hearings
3576 on petitions for continued involuntary outpatient
3577 services; requiring notice of such hearings; amending



223708

3578 s. 397.6977, F.S.; conforming provisions to changes
3579 made by the act; creating s. 397.6978, F.S.; providing
3580 for the appointment of guardian advocates if an
3581 individual is found incompetent to consent to
3582 treatment; providing a list of persons prohibited from
3583 being appointed as an individual's guardian advocate;
3584 providing requirements for a facility requesting the
3585 appointment of a guardian advocate; requiring a
3586 training course for guardian advocates; providing
3587 requirements for the training course; providing
3588 requirements for the prioritization of individuals to
3589 be selected as guardian advocates; authorizing certain
3590 guardian advocates to consent to medical treatment;
3591 providing exceptions; providing procedures for the
3592 discharge of a guardian advocate; amending ss. 39.407,
3593 212.055, 394.4599, 394.495, 394.496, 394.9085,
3594 397.405, 397.407, 397.416, 409.972, 440.102, 744.704,
3595 and 790.065, F.S.; conforming cross-references;;
3596 providing an effective date.