



259190

LEGISLATIVE ACTION

Senate

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House

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Floor: 1/RE/RM

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Senator Garcia moved the following:

1           **Senate Amendment to House Amendment (171349) (with title**  
2 **amendment)**

3  
4           Delete lines 5 - 4950

5 and insert:

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

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



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

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

21 Section 2. Subsections (65) through (79) of section 39.01,  
22 Florida Statutes, are renumbered as subsections (66) through  
23 (80), respectively, and a new subsection (65) is added to that  
24 section to read:

25 39.01 Definitions.—When used in this chapter, unless the  
26 context otherwise requires:

27 (65) "Qualified professional" means a physician or a  
28 physician assistant licensed under chapter 458 or chapter 459; a  
29 psychiatrist licensed under chapter 458 or chapter 459; a  
30 psychologist as defined in s. 490.003(7) or a professional  
31 licensed under chapter 491; or a psychiatric nurse as defined in  
32 s. 394.455.

33 Section 3. Paragraph (c) of subsection (6) of section  
34 39.407, Florida Statutes, is amended to read:

35 39.407 Medical, psychiatric, and psychological examination  
36 and treatment of child; physical, mental, or substance abuse  
37 examination of person with or requesting child custody.—

38 (6) Children who are in the legal custody of the department  
39 may be placed by the department, without prior approval of the  
40 court, in a residential treatment center licensed under s.



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41 394.875 or a hospital licensed under chapter 395 for residential  
42 mental health treatment only pursuant to this section or may be  
43 placed by the court in accordance with an order of involuntary  
44 examination or involuntary placement entered pursuant to s.  
45 394.463 or s. 394.467. All children placed in a residential  
46 treatment program under this subsection must have a guardian ad  
47 litem appointed.

48 (c) Before a child is admitted under this subsection, the  
49 child shall be assessed for suitability for residential  
50 treatment by a qualified evaluator who has conducted a personal  
51 examination and assessment of the child and has made written  
52 findings that:

53 1. The child appears to have an emotional disturbance  
54 serious enough to require residential treatment and is  
55 reasonably likely to benefit from the treatment.

56 2. The child has been provided with a clinically  
57 appropriate explanation of the nature and purpose of the  
58 treatment.

59 3. All available modalities of treatment less restrictive  
60 than residential treatment have been considered, and a less  
61 restrictive alternative that would offer comparable benefits to  
62 the child is unavailable.

63  
64 A copy of the written findings of the evaluation and suitability  
65 assessment must be provided to the department, ~~and~~ to the  
66 guardian ad litem, and, if the child is a member of a Medicaid  
67 managed care plan, to the plan that is financially responsible  
68 for the child's care in residential treatment, all of whom must  
69 be provided with ~~who shall have~~ the opportunity to discuss the



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70 findings with the evaluator.

71 Section 4. Section 394.453, Florida Statutes, is amended to  
72 read:

73 394.453 Legislative intent.—

74 (1) It is the intent of the Legislature:

75 (a) To authorize and direct the Department of Children and  
76 Families to evaluate, research, plan, and recommend to the  
77 Governor and the Legislature programs designed to reduce the  
78 occurrence, severity, duration, and disabling aspects of mental,  
79 emotional, and behavioral disorders.

80 (b) ~~It is the intent of the Legislature~~ That treatment  
81 programs for such disorders ~~shall~~ include, but not be limited  
82 to, comprehensive health, social, educational, and  
83 rehabilitative services to persons requiring intensive short-  
84 term and continued treatment in order to encourage them to  
85 assume responsibility for their treatment and recovery. It is  
86 intended that:

87 1. Such persons be provided with emergency service and  
88 temporary detention for evaluation when required;

89 2. Such persons ~~that they~~ be admitted to treatment  
90 facilities on a voluntary basis when extended or continuing care  
91 is needed and unavailable in the community;

92 3. ~~that~~ Involuntary placement be provided only when expert  
93 evaluation determines ~~that~~ it is necessary;

94 4. ~~that~~ Any involuntary treatment or examination be  
95 accomplished in a setting that ~~which~~ is clinically appropriate  
96 and most likely to facilitate the person's return to the  
97 community as soon as possible; and

98 5. ~~that~~ Individual dignity and human rights be guaranteed



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99 to all persons who are admitted to mental health facilities or  
100 who are being held under s. 394.463.

101 (c) That services provided to persons in this state use the  
102 coordination-of-care principles characteristic of recovery-  
103 oriented services and include social support services, such as  
104 housing support, life skills and vocational training, and  
105 employment assistance, necessary for persons with mental health  
106 disorders and co-occurring mental health and substance use  
107 disorders to live successfully in their communities.

108 (d) That licensed, qualified health professionals be  
109 authorized to practice to the fullest extent of their education  
110 and training in the performance of professional functions  
111 necessary to carry out the intent of this part.

112 ~~(2) It is the further intent of the Legislature that the~~  
113 ~~least restrictive means of intervention be employed based on the~~  
114 ~~individual needs of each person, within the scope of available~~  
115 ~~services. It is the policy of this state that the use of~~  
116 restraint and seclusion on clients is justified only as an  
117 emergency safety measure to be used in response to imminent  
118 danger to the client or others. It is, therefore, the intent of  
119 the Legislature to achieve an ongoing reduction in the use of  
120 restraint and seclusion in programs and facilities serving  
121 persons with mental illness.

122 Section 5. Section 394.4573, Florida Statutes, is amended  
123 to read:

124 394.4573 Coordinated system of care; annual assessment;  
125 essential elements ~~Continuity of care management system;~~  
126 ~~measures of performance; system improvement grants; reports.~~—On  
127 or before December 1 of each year, the department shall submit



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128 to the Governor, the President of the Senate, and the Speaker of  
129 the House of Representatives an assessment of the behavioral  
130 health services in this state. The assessment shall consider, at  
131 a minimum, the extent to which designated receiving systems  
132 function as no-wrong-door models, the availability of treatment  
133 and recovery services that use recovery-oriented and peer-  
134 involved approaches, the availability of less-restrictive  
135 services, and the use of evidence-informed practices. The  
136 department's assessment shall consider, at a minimum, the needs  
137 assessments conducted by the managing entities pursuant to s.  
138 394.9082(5). Beginning in 2017, the department shall compile and  
139 include in the report all plans submitted by managing entities  
140 pursuant to s. 394.9082(8) and the department's evaluation of  
141 each plan.

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

143 (a) "Care coordination" means the implementation of  
144 deliberate and planned organizational relationships and service  
145 procedures that improve the effectiveness and efficiency of the  
146 behavioral health system by engaging in purposeful interactions  
147 with individuals who are not yet effectively connected with  
148 services to ensure service linkage. Examples of care  
149 coordination activities include development of referral  
150 agreements, shared protocols, and information exchange  
151 procedures. The purpose of care coordination is to enhance the  
152 delivery of treatment services and recovery supports and to  
153 improve outcomes among priority populations.

154 (b) ~~(a)~~ "Case management" means those direct services  
155 provided to a client in order to assess his or her activities  
156 aimed at assessing client needs, plan, or arrange planning



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157 services, coordinate service providers, link ~~linking~~ the service  
158 system to a client, monitor ~~coordinating the various system~~  
159 components, monitoring service delivery, and evaluate patient  
160 outcomes to ensure the client is receiving the appropriate  
161 services ~~evaluating the effect of service delivery.~~

162 ~~(b) "Case manager" means an individual who works with~~  
163 ~~clients, and their families and significant others, to provide~~  
164 ~~ease management.~~

165 ~~(c) "Client manager" means an employee of the department~~  
166 ~~who is assigned to specific provider agencies and geographic~~  
167 ~~areas to ensure that the full range of needed services is~~  
168 ~~available to clients.~~

169 ~~(c)-(d) "Coordinated system~~ Continuity of care management  
170 system" ~~means a system that assures, within available resources,~~  
171 ~~that clients have access to the full array of~~ behavioral and  
172 related services in a region or community offered by all service  
173 providers, whether participating under contract with the  
174 managing entity or by another method of community partnership or  
175 mutual agreement ~~within the mental health services delivery~~  
176 ~~system.~~

177 (d) "No-wrong-door model" means a model for the delivery of  
178 acute care services to persons who have mental health or  
179 substance use disorders, or both, which optimizes access to  
180 care, regardless of the entry point to the behavioral health  
181 care system.

182 (2) The essential elements of a coordinated system of care  
183 include:

184 (a) Community interventions, such as prevention, primary  
185 care for behavioral health needs, therapeutic and supportive



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186 services, crisis response services, and diversion programs.

187 (b) A designated receiving system that consists of one or  
188 more facilities serving a defined geographic area and  
189 responsible for assessment and evaluation, both voluntary and  
190 involuntary, and treatment or triage of patients who have a  
191 mental health or substance use disorder, or co-occurring  
192 disorders.

193 1. A county or several counties shall plan the designated  
194 receiving system using a process that includes the managing  
195 entity and is open to participation by individuals with  
196 behavioral health needs and their families, service providers,  
197 law enforcement agencies, and other parties. The county or  
198 counties, in collaboration with the managing entity, shall  
199 document the designated receiving system through written  
200 memoranda of agreement or other binding arrangements. The county  
201 or counties and the managing entity shall complete the plan and  
202 implement the designated receiving system by July 1, 2017, and  
203 the county or counties and the managing entity shall review and  
204 update, as necessary, the designated receiving system at least  
205 once every 3 years.

206 2. To the extent permitted by available resources, the  
207 designated receiving system shall function as a no-wrong-door  
208 model. The designated receiving system may be organized in any  
209 manner which functions as a no-wrong-door model that responds to  
210 individual needs and integrates services among various  
211 providers. Such models include, but are not limited to:

212 a. A central receiving system that consists of a designated  
213 central receiving facility that serves as a single entry point  
214 for persons with mental health or substance use disorders, or





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215 co-occurring disorders. The central receiving facility shall be  
216 capable of assessment, evaluation, and triage or treatment or  
217 stabilization of persons with mental health or substance use  
218 disorders, or co-occurring disorders.

219 b. A coordinated receiving system that consists of multiple  
220 entry points that are linked by shared data systems, formal  
221 referral agreements, and cooperative arrangements for care  
222 coordination and case management. Each entry point shall be a  
223 designated receiving facility and shall, within existing  
224 resources, provide or arrange for necessary services following  
225 an initial assessment and evaluation.

226 c. A tiered receiving system that consists of multiple  
227 entry points, some of which offer only specialized or limited  
228 services. Each service provider shall be classified according to  
229 its capabilities as either a designated receiving facility or  
230 another type of service provider, such as a triage center, a  
231 licensed detoxification facility, or an access center. All  
232 participating service providers shall, within existing  
233 resources, be linked by methods to share data, formal referral  
234 agreements, and cooperative arrangements for care coordination  
235 and case management.

236  
237 An accurate inventory of the participating service providers  
238 which specifies the capabilities and limitations of each  
239 provider and its ability to accept patients under the designated  
240 receiving system agreements and the transportation plan  
241 developed pursuant to this section shall be maintained and made  
242 available at all times to all first responders in the service  
243 area.



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244 (c) Transportation in accordance with a plan developed  
245 under s. 394.462.

246 (d) Crisis services, including mobile response teams,  
247 crisis stabilization units, addiction receiving facilities, and  
248 detoxification facilities.

249 (e) Case management. Each case manager or person directly  
250 supervising a case manager who provides Medicaid-funded targeted  
251 case management services shall hold a valid certification from a  
252 department-approved credentialing entity as defined in s.  
253 397.311(9) by July 1, 2017, and, thereafter, within 6 months  
254 after hire.

255 (f) Care coordination that involves coordination with other  
256 local systems and entities, public and private, which are  
257 involved with the individual, such as primary care, child  
258 welfare, behavioral health care, and criminal and juvenile  
259 justice organizations.

260 (g) Outpatient services.

261 (h) Residential services.

262 (i) Hospital inpatient care.

263 (j) Aftercare and other post-discharge services.

264 (k) Medication-assisted treatment and medication  
265 management.

266 (l) Recovery support, including, but not limited to,  
267 support for competitive employment, educational attainment,  
268 independent living skills development, family support and  
269 education, wellness management and self-care, and assistance in  
270 obtaining housing that meets the individual's needs. Such  
271 housing may include mental health residential treatment  
272 facilities, limited mental health assisted living facilities,



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273 adult family care homes, and supportive housing. Housing  
274 provided using state funds must provide a safe and decent  
275 environment free from abuse and neglect.

276 (m) Care plans shall assign specific responsibility for  
277 initial and ongoing evaluation of the supervision and support  
278 needs of the individual and the identification of housing that  
279 meets such needs. For purposes of this paragraph, the term  
280 "supervision" means oversight of and assistance with compliance  
281 with the clinical aspects of an individual's care plan.

282 (3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific  
283 appropriation by the Legislature, the department may award  
284 system improvement grants to managing entities based on a  
285 detailed plan to enhance services in accordance with the no-  
286 wrong-door model as defined in subsection (1) and to address  
287 specific needs identified in the assessment prepared by the  
288 department pursuant to this section. Such a grant must be  
289 awarded through a performance-based contract that links payments  
290 to the documented and measurable achievement of system  
291 improvements. The department is directed to implement a  
292 continuity of care management system for the provision of mental  
293 health care, through the provision of client and case  
294 management, including clients referred from state treatment  
295 facilities to community mental health facilities. Such system  
296 shall include a network of client managers and case managers  
297 throughout the state designed to:

298 (a) Reduce the possibility of a client's admission or  
299 readmission to a state treatment facility.

300 (b) Provide for the creation or designation of an agency in  
301 each county to provide single intake services for each person



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302 ~~seeking mental health services. Such agency shall provide~~  
303 ~~information and referral services necessary to ensure that~~  
304 ~~clients receive the most appropriate and least restrictive form~~  
305 ~~of care, based on the individual needs of the person seeking~~  
306 ~~treatment. Such agency shall have a single telephone number,~~  
307 ~~operating 24 hours per day, 7 days per week, where practicable,~~  
308 ~~at a central location, where each client will have a central~~  
309 ~~record.~~

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

313 ~~(d) Require that any public receiving facility initiating a~~  
314 ~~patient transfer to a licensed hospital for acute care mental~~  
315 ~~health services not accessible through the public receiving~~  
316 ~~facility shall notify the hospital of such transfer and send all~~  
317 ~~records relating to the emergency psychiatric or medical~~  
318 ~~condition.~~

319 ~~(3) The department is directed to develop and include in~~  
320 ~~contracts with service providers measures of performance with~~  
321 ~~regard to goals and objectives as specified in the state plan.~~  
322 ~~Such measures shall use, to the extent practical, existing data~~  
323 ~~collection methods and reports and shall not require, as a~~  
324 ~~result of this subsection, additional reports on the part of~~  
325 ~~service providers. The department shall plan monitoring visits~~  
326 ~~of community mental health facilities with other state, federal,~~  
327 ~~and local governmental and private agencies charged with~~  
328 ~~monitoring such facilities.~~

329 Section 6. Section 394.461, Florida Statutes, is amended to  
330 read:



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331           394.461 Designation of receiving and treatment facilities  
332 and receiving systems.—The department is authorized to designate  
333 and monitor receiving facilities, and treatment facilities, and  
334 receiving systems and may suspend or withdraw such designation  
335 for failure to comply with this part and rules adopted under  
336 this part. Unless designated by the department, facilities are  
337 not permitted to hold or treat involuntary patients under this  
338 part.

339           (1) RECEIVING FACILITY.—The department may designate any  
340 community facility as a receiving facility. Any other facility  
341 within the state, including a private facility or a federal  
342 facility, may be so designated by the department, provided that  
343 such designation is agreed to by the governing body or authority  
344 of the facility.

345           (2) TREATMENT FACILITY.—The department may designate any  
346 state-owned, state-operated, or state-supported facility as a  
347 state treatment facility. A civil patient shall not be admitted  
348 to a state treatment facility without previously undergoing a  
349 transfer evaluation. Before a court hearing for involuntary  
350 placement in a state treatment facility, the court shall receive  
351 and consider the information documented in the transfer  
352 evaluation. Any other facility, including a private facility or  
353 a federal facility, may be designated as a treatment facility by  
354 the department, provided that such designation is agreed to by  
355 the appropriate governing body or authority of the facility.

356           (3) PRIVATE FACILITIES.—Private facilities designated as  
357 receiving and treatment facilities by the department may provide  
358 examination and treatment of involuntary patients, as well as  
359 voluntary patients, and are subject to all the provisions of



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360 this part.

361 (4) REPORTING REQUIREMENTS.—

362 (a) A facility designated as a public receiving or  
363 treatment facility under this section shall report to the  
364 department on an annual basis the following data, unless these  
365 data are currently being submitted to the Agency for Health Care  
366 Administration:

- 367 1. Number of licensed beds.
- 368 2. Number of contract days.
- 369 3. Number of admissions by payor class and diagnoses.
- 370 4. Number of bed days by payor class.
- 371 5. Average length of stay by payor class.
- 372 6. Total revenues by payor class.

373 (b) For the purposes of this subsection, “payor class”  
374 means Medicare, Medicare HMO, Medicaid, Medicaid HMO, private-  
375 pay health insurance, private-pay health maintenance  
376 organization, private preferred provider organization, the  
377 Department of Children and Families, other government programs,  
378 self-pay patients, and charity care.

379 (c) The data required under this subsection shall be  
380 submitted to the department no later than 90 days following the  
381 end of the facility’s fiscal year. A facility designated as a  
382 public receiving or treatment facility shall submit its initial  
383 report for the 6-month period ending June 30, 2008.

384 (d) The department shall issue an annual report based on  
385 the data required pursuant to this subsection. The report shall  
386 include individual facilities’ data, as well as statewide  
387 totals. The report shall be submitted to the Governor, the  
388 President of the Senate, and the Speaker of the House of



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389 Representatives.

390 (5) RECEIVING SYSTEM.—The department shall designate as a  
391 receiving system one or more facilities serving a defined  
392 geographic area developed pursuant to s. 394.4573 which is  
393 responsible for assessment and evaluation, both voluntary and  
394 involuntary, and treatment, stabilization, or triage for  
395 patients who have a mental illness, a substance use disorder, or  
396 co-occurring disorders. Any transportation plans developed  
397 pursuant to s. 394.462 must support the operation of the  
398 receiving system.

399 (6)~~(5)~~ RULES.—The department may ~~shall~~ adopt rules relating  
400 to:

401 (a) Procedures and criteria for receiving and evaluating  
402 facility applications for designation, which may include onsite  
403 facility inspection and evaluation of an applicant's licensing  
404 status and performance history, as well as consideration of  
405 local service needs.

406 (b) Minimum standards consistent with this part that a  
407 facility must meet and maintain in order to be designated as a  
408 receiving or treatment facility and procedures for monitoring  
409 continued adherence to such standards.

410 (c) Procedures and criteria for designating receiving  
411 systems which may include consideration of the adequacy of  
412 services provided by facilities within the receiving system to  
413 meet the needs of the geographic area using available resources.

414 (d)~~(e)~~ Procedures for receiving complaints against a  
415 designated facility or designated receiving system and for  
416 initiating inspections and investigations of facilities or  
417 receiving systems alleged to have violated the provisions of



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418 this part or rules adopted under this part.

419 (e)~~(d)~~ Procedures and criteria for the suspension or  
420 withdrawal of designation as a receiving facility or receiving  
421 system.

422 Section 7. Section 394.675, Florida Statutes, is repealed.

423 Section 8. Subsection (3) and paragraph (b) of subsection  
424 (4) of section 394.75, Florida Statutes, are amended to read:

425 394.75 State and district substance abuse and mental health  
426 plans.—

427 (3) The district health and human services board shall  
428 prepare an integrated district substance abuse and mental health  
429 plan. The plan shall be prepared and updated on a schedule  
430 established by the Alcohol, Drug Abuse, and Mental Health  
431 Program Office. The plan shall reflect the needs and program  
432 priorities established by the department and the needs of the  
433 district established under ss. 394.4573 and 394.674 ~~and 394.675~~.  
434 The plan must list in order of priority the mental health and  
435 the substance abuse treatment needs of the district and must  
436 rank each program separately. The plan shall include:

437 (a) A record of the total amount of money available in the  
438 district for mental health and substance abuse services.

439 (b) A description of each service that will be purchased  
440 with state funds.

441 (c) A record of the amount of money allocated for each  
442 service identified in the plan as being purchased with state  
443 funds.

444 (d) A record of the total funds allocated to each provider.

445 (e) A record of the total funds allocated to each provider  
446 by type of service to be purchased with state funds.





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447 (f) Input from community-based persons, organizations, and  
448 agencies interested in substance abuse and mental health  
449 treatment services; local government entities that contribute  
450 funds to the public substance abuse and mental health treatment  
451 systems; and consumers of publicly funded substance abuse and  
452 mental health services, and their family members. The plan must  
453 describe the means by which this local input occurred.

454

455 The plan shall be submitted by the district board to the  
456 district administrator and to the governing bodies for review,  
457 comment, and approval.

458 (4) The district plan shall:

459 (b) Provide the means for meeting the needs of the  
460 district's eligible clients, specified in ss. 394.4573 and  
461 394.674 and 394.675, for substance abuse and mental health  
462 services.

463 Section 9. Paragraph (a) of subsection (3) of section  
464 394.76, Florida Statutes, is amended to read:

465 394.76 Financing of district programs and services.—If the  
466 local match funding level is not provided in the General  
467 Appropriations Act or the substantive bill implementing the  
468 General Appropriations Act, such funding level shall be provided  
469 as follows:

470 (3) The state share of financial participation shall be  
471 determined by the following formula:

472 (a) The state share of approved program costs shall be a  
473 percentage of the net balance determined by deducting from the  
474 total operating cost of services and programs, as specified in  
475 s. 394.4573 ~~394.675(1)~~, those expenditures which are ineligible



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476 for state participation as provided in subsection (7) and those  
477 ineligible expenditures established by rule of the department  
478 pursuant to s. 394.78.

479 Section 10. Paragraphs (d) and (e) of subsection (2) of  
480 section 394.4597, Florida Statutes, are amended to read:

481 394.4597 Persons to be notified; patient's representative.—

482 (2) INVOLUNTARY PATIENTS.—

483 (d) When the receiving or treatment facility selects a  
484 representative, first preference shall be given to a health care  
485 surrogate, if one has been previously selected by the patient.  
486 If the patient has not previously selected a health care  
487 surrogate, the selection, except for good cause documented in  
488 the patient's clinical record, shall be made from the following  
489 list in the order of listing:

- 490 1. The patient's spouse.
- 491 2. An adult child of the patient.
- 492 3. A parent of the patient.
- 493 4. The adult next of kin of the patient.
- 494 5. An adult friend of the patient.
- 495 ~~6. The appropriate Florida local advocacy council as~~  
496 ~~provided in s. 402.166.~~

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

- 499 1. A professional providing clinical services to the  
500 patient under this part.
- 501 2. The licensed professional who initiated the involuntary  
502 examination of the patient, if the examination was initiated by  
503 professional certificate.
- 504 3. An employee, an administrator, or a board member of the



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505 facility providing the examination of the patient.

506 4. An employee, an administrator, or a board member of a  
507 treatment facility providing treatment for the patient.

508 5. A person providing any substantial professional services  
509 to the patient, including clinical services.

510 6. A creditor of the patient.

511 7. A person subject to an injunction for protection against  
512 domestic violence under s. 741.30, whether the order of  
513 injunction is temporary or final, and for which the patient was  
514 the petitioner.

515 8. A person subject to an injunction for protection against  
516 repeat violence, stalking, sexual violence, or dating violence  
517 under s. 784.046, whether the order of injunction is temporary  
518 or final, and for which the patient was the petitioner A  
519 ~~licensed professional providing services to the patient under~~  
520 ~~this part, an employee of a facility providing direct services~~  
521 ~~to the patient under this part, a department employee, a person~~  
522 ~~providing other substantial services to the patient in a~~  
523 ~~professional or business capacity, or a creditor of the patient~~  
524 ~~shall not be appointed as the patient's representative.~~

525 Section 11. Subsections (2) through (7) of section  
526 394.4598, Florida Statutes, are renumbered as subsections (3)  
527 through (8), respectively, a new subsection (2) is added to that  
528 section, and present subsections (3) and (4) of that section are  
529 amended, to read:

530 394.4598 Guardian advocate.—

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

533 (a) A professional providing clinical services to the



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534 patient under this part.  
535 (b) The licensed professional who initiated the involuntary  
536 examination of the patient, if the examination was initiated by  
537 professional certificate.  
538 (c) An employee, an administrator, or a board member of the  
539 facility providing the examination of the patient.  
540 (d) An employee, an administrator, or a board member of a  
541 treatment facility providing treatment of the patient.  
542 (e) A person providing any substantial professional  
543 services, excluding public and professional guardians, to the  
544 patient, including clinical services.  
545 (f) A creditor of the patient.  
546 (g) A person subject to an injunction for protection  
547 against domestic violence under s. 741.30, whether the order of  
548 injunction is temporary or final, and for which the patient was  
549 the petitioner.  
550 (h) A person subject to an injunction for protection  
551 against repeat violence, stalking, sexual violence, or dating  
552 violence under s. 784.046, whether the order of injunction is  
553 temporary or final, and for which the patient was the  
554 petitioner.  
555 (4)(3) In lieu of the training required of guardians  
556 appointed pursuant to chapter 744, Prior to a guardian advocate  
557 must, at a minimum, participate in a 4-hour training course  
558 approved by the court before exercising his or her authority,  
559 the guardian advocate shall attend a training course approved by  
560 the court. At a minimum, this training course, of not less than  
561 4 hours, must include, at minimum, information about the patient  
562 rights, psychotropic medications, the diagnosis of mental



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563 illness, the ethics of medical decisionmaking, and duties of  
564 guardian advocates. ~~This training course shall take the place of~~  
565 ~~the training required for guardians appointed pursuant to~~  
566 ~~chapter 744.~~

567 (5)(4) The required training course and the information to  
568 be supplied to prospective guardian advocates before ~~prior to~~  
569 their appointment and the training course for guardian advocates  
570 must be developed and completed through a course developed by  
571 the department, and approved by the chief judge of the circuit  
572 court, and taught by a court-approved organization, which-  
573 ~~Court-approved organizations~~ may include, but is ~~are~~ not limited  
574 to, a community college ~~community or junior colleges, a~~  
575 guardianship organization ~~guardianship organizations, a~~ and the  
576 local bar association, or The Florida Bar. The training course  
577 may be web-based, provided in video format, or other electronic  
578 means but must be capable of ensuring the identity and  
579 participation of the prospective guardian advocate. The court  
580 may, ~~in its discretion,~~ waive some or all of the training  
581 requirements for guardian advocates or impose additional  
582 requirements. The court shall make its decision on a case-by-  
583 case basis and, in making its decision, shall consider the  
584 experience and education of the guardian advocate, the duties  
585 assigned to the guardian advocate, and the needs of the patient.

586 Section 12. Section 394.462, Florida Statutes, is amended  
587 to read:

588 394.462 Transportation.—A transportation plan shall be  
589 developed and implemented by each county by July 1, 2017, in  
590 collaboration with the managing entity in accordance with this  
591 section. A county may enter into a memorandum of understanding



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592 with the governing boards of nearby counties to establish a  
593 shared transportation plan. When multiple counties enter into a  
594 memorandum of understanding for this purpose, the counties shall  
595 notify the managing entity and provide it with a copy of the  
596 agreement. The transportation plan shall describe methods of  
597 transport to a facility within the designated receiving system  
598 for individuals subject to involuntary examination under s.  
599 394.463 or involuntary admission under s. 397.6772, s. 397.679,  
600 s. 397.6798, or s. 397.6811, and may identify responsibility for  
601 other transportation to a participating facility when necessary  
602 and agreed to by the facility. The plan may rely on emergency  
603 medical transport services or private transport companies, as  
604 appropriate. The plan shall comply with the transportation  
605 provisions of this section and ss. 397.6772, 397.6795, 397.6822,  
606 and 397.697.

607 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

608 (a) Each county shall designate a single law enforcement  
609 agency within the county, or portions thereof, to take a person  
610 into custody upon the entry of an ex parte order or the  
611 execution of a certificate for involuntary examination by an  
612 authorized professional and to transport that person to the  
613 appropriate facility within the designated receiving system  
614 pursuant to a transportation plan or an exception under  
615 subsection (4), or to the nearest receiving facility if neither  
616 apply for examination.

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

619 a.1. The jurisdiction designated by the county has  
620 contracted on an annual basis with an emergency medical



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621 transport service or private transport company for  
622 transportation of persons to receiving facilities pursuant to  
623 this section at the sole cost of the county; and

624 ~~b.2.~~ The law enforcement agency and the emergency medical  
625 transport service or private transport company agree that the  
626 continued presence of law enforcement personnel is not necessary  
627 for the safety of the person or others.

628 ~~2.3.~~ The entity providing transportation jurisdiction  
629 ~~designated by the county~~ may seek reimbursement for  
630 transportation expenses. The party responsible for payment for  
631 such transportation is the person receiving the transportation.  
632 The county shall seek reimbursement from the following sources  
633 in the following order:

634 a. From a private or public third-party payor ~~an insurance~~  
635 ~~company, health care corporation, or other source~~, if the person  
636 receiving the transportation has applicable coverage ~~is covered~~  
637 ~~by an insurance policy or subscribes to a health care~~  
638 ~~corporation or other source for payment of such expenses.~~

639 b. From the person receiving the transportation.

640 c. From a financial settlement for medical care, treatment,  
641 hospitalization, or transportation payable or accruing to the  
642 injured party.

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

649 ~~(d)(e)~~ Any company that contracts with a governing board of



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650 a county to transport patients shall comply with the applicable  
651 rules of the department to ensure the safety and dignity of ~~the~~  
652 patients.

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

657 (f)~~(e)~~ When a member of a mental health overlay program or  
658 a mobile crisis response service is a professional authorized to  
659 initiate an involuntary examination pursuant to s. 394.463 or s.  
660 397.675 and that professional evaluates a person and determines  
661 that transportation to a receiving facility is needed, the  
662 service, at its discretion, may transport the person to the  
663 facility or may call on the law enforcement agency or other  
664 transportation arrangement best suited to the needs of the  
665 patient.

666 (g)~~(f)~~ When any law enforcement officer has custody of a  
667 person based on either noncriminal or minor criminal behavior  
668 that meets the statutory guidelines for involuntary examination  
669 pursuant to s. 394.463 ~~under this part~~, the law enforcement  
670 officer shall transport the person to the appropriate facility  
671 within the designated receiving system pursuant to a  
672 transportation plan or an exception under subsection (4), or to  
673 the nearest receiving facility if neither apply for examination.  
674 Persons who meet the statutory guidelines for involuntary  
675 admission pursuant to s. 397.675 may also be transported by law  
676 enforcement officers to the extent resources are available and  
677 as otherwise provided by law. Such persons shall be transported  
678 to an appropriate facility within the designated receiving





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679 system pursuant to a transportation plan or an exception under  
680 subsection (4), or to the nearest facility if neither apply.

681 (h)~~(g)~~ When any law enforcement officer has arrested a  
682 person for a felony and it appears that the person meets the  
683 statutory guidelines for involuntary examination or placement  
684 under this part, such person must ~~shall~~ first be processed in  
685 the same manner as any other criminal suspect. The law  
686 enforcement agency shall thereafter immediately notify the  
687 appropriate facility within the designated receiving system  
688 pursuant to a transportation plan or an exception under  
689 subsection (4), or to the nearest public receiving facility if  
690 neither apply. The receiving facility, which shall be  
691 responsible for promptly arranging for the examination and  
692 treatment of the person. A receiving facility is not required to  
693 admit a person charged with a crime for whom the facility  
694 determines and documents that it is unable to provide adequate  
695 security, but shall provide ~~mental health~~ examination and  
696 treatment to the person where he or she is held.

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

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

707 (k)~~(j)~~ The appropriate facility within the designated



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708 receiving system pursuant to a transportation plan or an  
709 exception under subsection (4), or the nearest receiving  
710 facility if neither apply, must accept persons brought by law  
711 enforcement officers, or an emergency medical transport service  
712 or a private transport company authorized by the county, for  
713 involuntary examination pursuant to s. 394.463.

714 (l) The appropriate facility within the designated  
715 receiving system pursuant to a transportation plan or an  
716 exception under subsection (4), or the nearest receiving  
717 facility if neither apply, must provide persons brought by law  
718 enforcement officers, or an emergency medical transport service  
719 or a private transport company authorized by the county,  
720 pursuant to s. 397.675, a basic screening or triage sufficient  
721 to refer the person to the appropriate services.

722 (m) ~~(k)~~ Each law enforcement agency designated pursuant to  
723 paragraph (a) shall establish a policy that ~~develop a memorandum~~  
724 ~~of understanding with each receiving facility within the law~~  
725 ~~enforcement agency's jurisdiction which~~ reflects a single set of  
726 protocols for the safe and secure transportation ~~of the person~~  
727 and transfer of custody of the person. Each law enforcement  
728 agency shall provide a copy of the protocols to the managing  
729 entity. ~~These protocols must also address crisis intervention~~  
730 ~~measures.~~

731 (n) ~~(l)~~ When a jurisdiction has entered into a contract with  
732 an emergency medical transport service or a private transport  
733 company for transportation of persons to ~~receiving~~ facilities  
734 within the designated receiving system, such service or company  
735 shall be given preference for transportation of persons from  
736 nursing homes, assisted living facilities, adult day care



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737 centers, or adult family-care homes, unless the behavior of the  
738 person being transported is such that transportation by a law  
739 enforcement officer is necessary.

740 ~~(o) (m) Nothing in~~ This section may not shall be construed  
741 to limit emergency examination and treatment of incapacitated  
742 persons provided in accordance with ~~the provisions of~~ s.  
743 401.445.

744 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

745 (a) If neither the patient nor any person legally obligated  
746 or responsible for the patient is able to pay for the expense of  
747 transporting a voluntary or involuntary patient to a treatment  
748 facility, the transportation plan established by the governing  
749 board of the county or counties must specify how in which the  
750 hospitalized patient will be transported to, from, and between  
751 facilities in a is hospitalized shall arrange for such required  
752 transportation and shall ensure the safe and dignified manner  
753 transportation of the patient. The governing board of each  
754 county is authorized to contract with private transport  
755 companies for the transportation of such patients to and from a  
756 treatment facility.

757 (b) A Any company that transports a patient pursuant to  
758 this subsection is considered an independent contractor and is  
759 solely liable for the safe and dignified transportation of the  
760 patient. Such company must be insured and provide no less than  
761 \$100,000 in liability insurance with respect to the transport  
762 transportation of patients.

763 (c) A Any company that contracts with one or more counties  
764 the governing board of a county to transport patients in  
765 accordance with this section shall comply with the applicable



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766 rules of the department to ensure the safety and dignity of ~~the~~  
767 patients.

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

774 (3) TRANSFER OF CUSTODY.—Custody of a person who is  
775 transported pursuant to this part, along with related  
776 documentation, shall be relinquished to a responsible individual  
777 at the appropriate receiving or treatment facility.

778 (4) EXCEPTIONS.—An exception to the requirements of this  
779 section may be granted by the secretary of the department for  
780 the purposes of improving service coordination or better meeting  
781 the special needs of individuals. A proposal for an exception  
782 must be submitted to the department ~~by the district~~  
783 ~~administrator~~ after being approved by the governing boards of  
784 any affected counties, ~~prior to submission to the secretary.~~

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

790 (b) The exception may be granted only for:

791 1. An arrangement centralizing and improving the provision  
792 of services within a district, which may include an exception to  
793 the requirement for transportation to the nearest receiving  
794 facility;



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795           2. An arrangement by which a facility may provide, in  
796 addition to required psychiatric or substance use disorder  
797 services, an environment and services which are uniquely  
798 tailored to the needs of an identified group of persons with  
799 special needs, such as persons with hearing impairments or  
800 visual impairments, or elderly persons with physical frailties;  
801 or

802           3. A specialized transportation system that provides an  
803 efficient and humane method of transporting patients to  
804 receiving facilities, among receiving facilities, and to  
805 treatment facilities.

806           ~~(c) Any exception approved pursuant to this subsection~~  
807 ~~shall be reviewed and approved every 5 years by the secretary.~~

808  
809 The exceptions provided in this subsection shall expire on June  
810 30, 2017, and no new exceptions shall be granted after that  
811 date. After June 30, 2017, the transport of a patient to a  
812 facility that is not the nearest facility must be made pursuant  
813 to a plan as provided in this section.

814           Section 13. Section 394.467, Florida Statutes, is amended  
815 to read:

816           394.467 Involuntary inpatient placement.—

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

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

822           1.a. He or she has refused voluntary inpatient placement  
823 for treatment after sufficient and conscientious explanation and



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824 disclosure of the purpose of inpatient placement for treatment;  
825 or

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

828 2.a. He or she is ~~manifestly~~ incapable of surviving alone  
829 or with the help of willing and responsible family or friends,  
830 including available alternative services, and, without  
831 treatment, is likely to suffer from neglect or refuse to care  
832 for himself or herself, and such neglect or refusal poses a real  
833 and present threat of substantial harm to his or her well-being;  
834 or

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

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

842 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be  
843 retained by a ~~receiving~~ facility or involuntarily placed in a  
844 treatment facility upon the recommendation of the administrator  
845 of the ~~receiving~~ facility where the patient has been examined  
846 and after adherence to the notice and hearing procedures  
847 provided in s. 394.4599. The recommendation must be supported by  
848 the opinion of a psychiatrist and the second opinion of a  
849 clinical psychologist or another psychiatrist, both of whom have  
850 personally examined the patient within the preceding 72 hours,  
851 that the criteria for involuntary inpatient placement are met.  
852 However, ~~in a county that has a population of fewer than 50,000,~~



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853 if the administrator certifies that a psychiatrist or clinical  
854 psychologist is not available to provide the second opinion, the  
855 second opinion may be provided by a licensed physician who has  
856 postgraduate training and experience in diagnosis and treatment  
857 of mental illness ~~and nervous disorders~~ or by a psychiatric  
858 nurse. Any second opinion authorized in this subsection may be  
859 conducted through a face-to-face examination, in person, or by  
860 electronic means. Such recommendation shall be entered on a  
861 petition for an involuntary inpatient placement certificate that  
862 authorizes the ~~receiving~~ facility to retain the patient pending  
863 transfer to a treatment facility or completion of a hearing.

864 (3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT.—The  
865 administrator of the facility shall file a petition for  
866 involuntary inpatient placement in the court in the county where  
867 the patient is located. Upon filing, the clerk of the court  
868 shall provide copies to the department, the patient, the  
869 patient's guardian or representative, and the state attorney and  
870 public defender of the judicial circuit in which the patient is  
871 located. A No fee may not shall be charged for the filing of a  
872 petition under this subsection.

873 (4) APPOINTMENT OF COUNSEL.—Within 1 court working day  
874 after the filing of a petition for involuntary inpatient  
875 placement, the court shall appoint the public defender to  
876 represent the person who is the subject of the petition, unless  
877 the person is otherwise represented by counsel. The clerk of the  
878 court shall immediately notify the public defender of such  
879 appointment. Any attorney representing the patient shall have  
880 access to the patient, witnesses, and records relevant to the  
881 presentation of the patient's case and shall represent the



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882 interests of the patient, regardless of the source of payment to  
883 the attorney.

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

888 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

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

892 2. Except for good cause documented in the court file, the  
893 hearing must ~~shall~~ be held in the county or the facility, as  
894 appropriate, where the patient is located, must ~~and shall~~ be as  
895 convenient to the patient as is ~~may~~ be consistent with orderly  
896 procedure, and shall be conducted in physical settings not  
897 likely to be injurious to the patient's condition. If the court  
898 finds that the patient's attendance at the hearing is not  
899 consistent with the best interests of the patient, and the  
900 patient's counsel does not object, the court may waive the  
901 presence of the patient from all or any portion of the hearing.  
902 The state attorney for the circuit in which the patient is  
903 located shall represent the state, rather than the petitioning  
904 facility administrator, as the real party in interest in the  
905 proceeding.

906 3.2. ~~The court may appoint a general or special~~ magistrate  
907 to preside at the hearing. One of the professionals who executed  
908 the petition for involuntary inpatient placement certificate  
909 shall be a witness. The patient and the patient's guardian or  
910 representative shall be informed by the court of the right to an





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911 independent expert examination. If the patient cannot afford  
912 such an examination, the court shall ensure that one is  
913 provided, as otherwise provided for by law ~~provide for one~~. The  
914 independent expert's report is ~~shall be~~ confidential and not  
915 discoverable, unless the expert is to be called as a witness for  
916 the patient at the hearing. The testimony in the hearing must be  
917 given under oath, and the proceedings must be recorded. The  
918 patient may refuse to testify at the hearing.

919 (b) If the court concludes that the patient meets the  
920 criteria for involuntary inpatient placement, it may ~~shall~~ order  
921 that the patient be transferred to a treatment facility or, if  
922 the patient is at a treatment facility, that the patient be  
923 retained there or be treated at any other appropriate ~~receiving~~  
924 ~~or treatment~~ facility, or that the patient receive services ~~from~~  
925 ~~a receiving or treatment facility~~, on an involuntary basis, for  
926 ~~a period of up to 90 days 6 months~~. However, any order for  
927 involuntary mental health services in a treatment facility may  
928 be for up to 6 months. The order shall specify the nature and  
929 extent of the patient's mental illness. The court may not order  
930 an individual with traumatic brain injury or dementia who lacks  
931 a co-occurring mental illness to be involuntarily placed in a  
932 state treatment facility. The facility shall discharge a patient  
933 any time the patient no longer meets the criteria for  
934 involuntary inpatient placement, unless the patient has  
935 transferred to voluntary status.

936 (c) If at any time before ~~prior to~~ the conclusion of the  
937 hearing on involuntary inpatient placement it appears to the  
938 court that the person does not meet the criteria for involuntary  
939 inpatient placement under this section, but instead meets the



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940 criteria for involuntary outpatient services placement, the  
941 court may order the person evaluated for involuntary outpatient  
942 services placement pursuant to s. 394.4655. The petition and  
943 hearing procedures set forth in s. 394.4655 shall apply. If the  
944 person instead meets the criteria for involuntary assessment,  
945 protective custody, or involuntary admission pursuant to s.  
946 397.675, then the court may order the person to be admitted for  
947 involuntary assessment for a period of 5 days pursuant to s.  
948 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by  
949 chapter 397.

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

955 (e) The administrator of the petitioning ~~receiving~~ facility  
956 shall provide a copy of the court order and adequate  
957 documentation of a patient's mental illness to the administrator  
958 of a treatment facility if the ~~whenever~~ a patient is ordered for  
959 involuntary inpatient placement, whether by civil or criminal  
960 court. The documentation must ~~shall~~ include any advance  
961 directives made by the patient, a psychiatric evaluation of the  
962 patient, and any evaluations of the patient performed by a  
963 psychiatric nurse, a clinical psychologist, a marriage and  
964 family therapist, a mental health counselor, or a clinical  
965 social worker. The administrator of a treatment facility may  
966 refuse admission to any patient directed to its facilities on an  
967 involuntary basis, whether by civil or criminal court order, who  
968 is not accompanied ~~at the same time~~ by adequate orders and



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969 documentation.

970 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT  
971 PLACEMENT.—

972 (a) Hearings on petitions for continued involuntary  
973 inpatient placement of an individual placed at any treatment  
974 facility are ~~shall be~~ administrative hearings and must ~~shall~~ be  
975 conducted in accordance with ~~the provisions of~~ s. 120.57(1),  
976 except that any order entered by the administrative law judge is  
977 ~~shall be~~ final and subject to judicial review in accordance with  
978 s. 120.68. Orders concerning patients committed after  
979 successfully pleading not guilty by reason of insanity are ~~shall~~  
980 ~~be~~ governed by ~~the provisions of~~ s. 916.15.

981 (b) If the patient continues to meet the criteria for  
982 involuntary inpatient placement and is being treated at a  
983 treatment facility, the administrator shall, before ~~prior to~~ the  
984 expiration of the period ~~during which~~ the treatment facility is  
985 authorized to retain the patient, file a petition requesting  
986 authorization for continued involuntary inpatient placement. The  
987 request must ~~shall~~ be accompanied by a statement from the  
988 patient's physician, psychiatrist, psychiatric nurse, or  
989 clinical psychologist justifying the request, a brief  
990 description of the patient's treatment during the time he or she  
991 was involuntarily placed, and an individualized plan of  
992 continued treatment. Notice of the hearing must ~~shall~~ be  
993 provided as provided ~~set forth~~ in s. 394.4599. If a patient's  
994 attendance at the hearing is voluntarily waived, the  
995 administrative law judge must determine that the waiver is  
996 knowing and voluntary before waiving the presence of the patient  
997 from all or a portion of the hearing. Alternatively, if at the



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998 hearing the administrative law judge finds that attendance at  
999 the hearing is not consistent with the best interests of the  
1000 patient, the administrative law judge may waive the presence of  
1001 the patient from all or any portion of the hearing, unless the  
1002 patient, through counsel, objects to the waiver of presence. The  
1003 testimony in the hearing must be under oath, and the proceedings  
1004 must be recorded.

1005 (c) Unless the patient is otherwise represented or is  
1006 ineligible, he or she shall be represented at the hearing on the  
1007 petition for continued involuntary inpatient placement by the  
1008 public defender of the circuit in which the facility is located.

1009 (d) If at a hearing it is shown that the patient continues  
1010 to meet the criteria for involuntary inpatient placement, the  
1011 administrative law judge shall sign the order for continued  
1012 involuntary inpatient placement for up to 90 days ~~a period not~~  
1013 ~~to exceed 6 months~~. However, any order for involuntary mental  
1014 health services in a treatment facility may be for up to 6  
1015 months. The same procedure shall be repeated before ~~prior to~~ the  
1016 expiration of each additional period the patient is retained.

1017 (e) If continued involuntary inpatient placement is  
1018 necessary for a patient admitted while serving a criminal  
1019 sentence, but his or her ~~whose~~ sentence is about to expire, or  
1020 for a minor patient involuntarily placed, ~~while a minor~~ but who  
1021 is about to reach the age of 18, the administrator shall  
1022 petition the administrative law judge for an order authorizing  
1023 continued involuntary inpatient placement.

1024 (f) If the patient has been previously found incompetent to  
1025 consent to treatment, the administrative law judge shall  
1026 consider testimony and evidence regarding the patient's



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1027 competence. If the administrative law judge finds evidence that  
1028 the patient is now competent to consent to treatment, the  
1029 administrative law judge may issue a recommended order to the  
1030 court that found the patient incompetent to consent to treatment  
1031 that the patient's competence be restored and that any guardian  
1032 advocate previously appointed be discharged.

1033 (g) If the patient has been ordered to undergo involuntary  
1034 inpatient placement and has previously been found incompetent to  
1035 consent to treatment, the court shall consider testimony and  
1036 evidence regarding the patient's incompetence. If the patient's  
1037 competency to consent to treatment is restored, the discharge of  
1038 the guardian advocate shall be governed by s. 394.4598.

1039  
1040 The procedure required in this subsection must be followed  
1041 before the expiration of each additional period the patient is  
1042 involuntarily receiving services.

1043 (8) RETURN TO FACILITY OF PATIENTS.—If a patient  
1044 involuntarily held ~~When a patient~~ at a treatment facility under  
1045 this part leaves the facility without the administrator's  
1046 authorization, the administrator may authorize a search for the  
1047 patient and his or her ~~the return of the patient~~ to the  
1048 facility. The administrator may request the assistance of a law  
1049 enforcement agency in this regard ~~the search for and return of~~  
1050 ~~the patient.~~

1051 Section 14. Section 394.46715, Florida Statutes, is amended  
1052 to read:

1053 394.46715 Rulemaking authority.—The department may adopt  
1054 rules to administer this part ~~Department of Children and~~  
1055 ~~Families shall have rulemaking authority to implement the~~



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1056 ~~provisions of ss. 394.455, 394.4598, 394.4615, 394.463,~~  
1057 ~~394.4655, and 394.467 as amended or created by this act. These~~  
1058 ~~rules shall be for the purpose of protecting the health, safety,~~  
1059 ~~and well-being of persons examined, treated, or placed under~~  
1060 ~~this act.~~

1061 Section 15. Subsection (2) of section 394.4685, Florida  
1062 Statutes, is amended to read:

1063 394.4685 Transfer of patients among facilities.—

1064 (2) TRANSFER FROM PUBLIC TO PRIVATE FACILITIES.—

1065 (a) A patient who has been admitted to a public receiving  
1066 or public treatment facility and has requested, either  
1067 personally or through his or her guardian or guardian advocate,  
1068 and is able to pay for treatment in a private facility shall be  
1069 transferred at the patient's expense to a private facility upon  
1070 acceptance of the patient by the private facility.

1071 (b) A public receiving facility initiating a patient  
1072 transfer to a licensed hospital for acute care mental health  
1073 services not accessible through the public receiving facility  
1074 shall notify the hospital of such transfer and send the hospital  
1075 all records relating to the emergency psychiatric or medical  
1076 condition.

1077 Section 16. Section 394.656, Florida Statutes, is amended  
1078 to read:

1079 394.656 Criminal Justice, Mental Health, and Substance  
1080 Abuse Reinvestment Grant Program.—

1081 (1) There is created within the Department of Children and  
1082 Families the Criminal Justice, Mental Health, and Substance  
1083 Abuse Reinvestment Grant Program. The purpose of the program is  
1084 to provide funding to counties ~~with~~ which they may use to ~~can~~



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1085 plan, implement, or expand initiatives that increase public  
1086 safety, avert increased spending on criminal justice, and  
1087 improve the accessibility and effectiveness of treatment  
1088 services for adults and juveniles who have a mental illness,  
1089 substance abuse disorder, or co-occurring mental health and  
1090 substance abuse disorders and who are in, or at risk of  
1091 entering, the criminal or juvenile justice systems.

1092 (2) The department shall establish a Criminal Justice,  
1093 Mental Health, and Substance Abuse Statewide Grant Review  
1094 Committee. The committee shall include:

1095 (a) One representative of the Department of Children and  
1096 Families;

1097 (b) One representative of the Department of Corrections;

1098 (c) One representative of the Department of Juvenile  
1099 Justice;

1100 (d) One representative of the Department of Elderly  
1101 Affairs; ~~and~~

1102 (e) One representative of the Office of the State Courts  
1103 Administrator; ~~-~~

1104 (f) One representative of the Department of Veterans'  
1105 Affairs;

1106 (g) One representative of the Florida Sheriffs Association;

1107 (h) One representative of the Florida Police Chiefs  
1108 Association;

1109 (i) One representative of the Florida Association of  
1110 Counties;

1111 (j) One representative of the Florida Alcohol and Drug  
1112 Abuse Association;

1113 (k) One representative of the Florida Association of



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1114 Managing Entities;  
1115 (l) One representative of the Florida Council for Community  
1116 Mental Health;  
1117 (m) One representative of the National Alliance of Mental  
1118 Illness;  
1119 (n) One representative of the Florida Prosecuting Attorneys  
1120 Association;  
1121 (o) One representative of the Florida Public Defender  
1122 Association; and  
1123 (p) One administrator of an assisted living facility that  
1124 holds a limited mental health license.  
1125 (3) The committee shall serve as the advisory body to  
1126 review policy and funding issues that help reduce the impact of  
1127 persons with mental illness and substance abuse disorders on  
1128 communities, criminal justice agencies, and the court system.  
1129 The committee shall advise the department in selecting  
1130 priorities for grants and investing awarded grant moneys.  
1131 (4) The committee must have experience in substance use and  
1132 mental health disorders, community corrections, and law  
1133 enforcement. To the extent possible, the ~~members of the~~  
1134 committee shall have expertise in grant review ~~writing, grant~~  
1135 ~~reviewing,~~ and grant application scoring.  
1136 (5) ~~(a)-(3)-(a)~~ A county, or a not-for-profit community  
1137 provider or managing entity designated by the county planning  
1138 council or committee, as described in s. 394.657, may apply for  
1139 a 1-year planning grant or a 3-year implementation or expansion  
1140 grant. The purpose of the grants is to demonstrate that  
1141 investment in treatment efforts related to mental illness,  
1142 substance abuse disorders, or co-occurring mental health and





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1143 substance abuse disorders results in a reduced demand on the  
1144 resources of the judicial, corrections, juvenile detention, and  
1145 health and social services systems.

1146 (b) To be eligible to receive a 1-year planning grant or a  
1147 3-year implementation or expansion grant:<sup>7</sup>

1148 1. A county applicant must have a ~~county~~ planning council  
1149 or committee that is in compliance with the membership  
1150 requirements set forth in this section.

1151 2. A not-for-profit community provider or managing entity  
1152 must be designated by the county planning council or committee  
1153 and have written authorization to submit an application. A not-  
1154 for-profit community provider or managing entity must have  
1155 written authorization for each submitted application.

1156 (c) The department may award a 3-year implementation or  
1157 expansion grant to an applicant who has not received a 1-year  
1158 planning grant.

1159 (d) The department may require an applicant to conduct  
1160 sequential intercept mapping for a project. For purposes of this  
1161 paragraph, the term "sequential intercept mapping" means a  
1162 process for reviewing a local community's mental health,  
1163 substance abuse, criminal justice, and related systems and  
1164 identifying points of interceptions where interventions may be  
1165 made to prevent an individual with a substance abuse disorder or  
1166 mental illness from deeper involvement in the criminal justice  
1167 system.

1168 (6)~~(4)~~ The grant review and selection committee shall  
1169 select the grant recipients and notify the department of  
1170 Children and Families in writing of the recipients' names of the  
1171 applicants who have been selected by the committee to receive a



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1172 ~~grant~~. Contingent upon the availability of funds and upon  
1173 notification by the grant review and selection committee of  
1174 those applicants approved to receive planning, implementation,  
1175 or expansion grants, the department ~~of Children and Families~~ may  
1176 transfer funds appropriated for the grant program to a selected  
1177 grant recipient ~~to any county awarded a grant~~.

1178 Section 17. Section 394.761, Florida Statutes, is created  
1179 to read:

1180 394.761 Revenue maximization.—

1181 (1) The agency and the department shall develop a plan to  
1182 obtain federal approval for increasing the availability of  
1183 federal Medicaid funding for behavioral health care. Increased  
1184 funding shall be used to advance the goal of improved  
1185 integration of behavioral health services and primary care  
1186 services for individuals eligible for Medicaid through the  
1187 development and effective implementation of the behavioral  
1188 health system of care as described in s. 394.4573.

1189 (2) The agency and the department shall identify in the  
1190 plan the amount of general revenue funding appropriated for  
1191 mental health and substance abuse services eligible to be used  
1192 as state Medicaid match. The agency and the department shall  
1193 evaluate alternative uses of increased Medicaid funding,  
1194 including seeking Medicaid eligibility for the severely and  
1195 persistently mentally ill or persons with substance use  
1196 disorders, increased reimbursement rates for behavioral health  
1197 services, adjustments to the capitation rate for Medicaid  
1198 enrollees with chronic mental illness and substance use  
1199 disorders, targeted case management for individuals with  
1200 substance use disorders as a Medicaid-funded service,



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1201 supplemental payments to mental health and substance abuse  
1202 service providers through a designated state health program or  
1203 other mechanisms, and innovative programs to provide incentives  
1204 for improved outcomes for behavioral health conditions. The  
1205 agency and the department shall identify in the plan the  
1206 advantages and disadvantages of each alternative and assess each  
1207 alternative's potential for achieving improved integration of  
1208 services. The agency and the department shall identify in the  
1209 plan the types of federal approvals necessary to implement each  
1210 alternative and project a timeline for implementation.

1211 (3) The department, in coordination with the agency and the  
1212 managing entities, shall compile detailed documentation of the  
1213 cost and reimbursements for Medicaid covered services provided  
1214 to Medicaid eligible individuals by providers of behavioral  
1215 health services that are also funded for programs authorized by  
1216 this chapter and chapter 397. The department's documentation,  
1217 along with a report of general revenue funds supporting  
1218 behavioral health services that are not counted as maintenance  
1219 of effort or match for any other federal program, must be  
1220 submitted to the agency by December 31, 2016.

1221 (4) If the report presents clear evidence that Medicaid  
1222 reimbursements are less than the costs of providing the  
1223 services, the agency and the department shall request such  
1224 additional trust fund authority as is necessary to draw federal  
1225 Medicaid funds as a match for the documented general revenue  
1226 expenditures supporting covered services delivered to eligible  
1227 individuals. Payment of the federal funds shall be made to  
1228 providers in such a manner as is allowed by federal law and  
1229 regulations.



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1230           (5) The agency and the department shall submit the written  
1231 plan and report required in this section to the President of the  
1232 Senate and the Speaker of the House of Representatives by  
1233 December 31, 2016.

1234           Section 18. Subsection (5) of section 394.879, Florida  
1235 Statutes, is amended and subsection (6) is added to that  
1236 section, to read:

1237           394.879 Rules; enforcement.—

1238           (5) The agency or the department may not adopt any rule  
1239 governing the design, construction, erection, alteration,  
1240 modification, repair, or demolition of crisis stabilization  
1241 units. It is the intent of the Legislature to preempt that  
1242 function to the Florida Building commission and the State Fire  
1243 Marshal through adoption and maintenance of the Florida Building  
1244 Code and the Florida Fire Prevention Code. However, a crisis  
1245 stabilization unit, a short-term residential treatment facility,  
1246 or an integrated adult mental health crisis stabilization and  
1247 addictions receiving facility that is collocated with a  
1248 centralized receiving facility may be in a multi-story building  
1249 and may be authorized on floors other than the ground floor. The  
1250 agency shall provide technical assistance to the commission and  
1251 the State Fire Marshal in updating the construction standards of  
1252 the Florida Building Code and the Florida Fire Prevention Code  
1253 which govern crisis stabilization units. In addition, the agency  
1254 may enforce the special-occupancy provisions of the Florida  
1255 Building code and the Florida Fire Prevention Code which apply  
1256 to crisis stabilization units in conducting any inspection  
1257 authorized under this part or part II of chapter 408.

1258           (6) The department and the Agency for Health Care



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1259 Administration shall develop a plan to provide options for a  
1260 single, consolidated license for a provider that offers multiple  
1261 types of either mental health services or substance abuse  
1262 services, or both, regulated under chapters 394 and 397,  
1263 respectively. In the plan, the department and the agency shall  
1264 identify the statutory revisions necessary to accomplish the  
1265 consolidation. To the extent possible, the department and the  
1266 agency shall accomplish such consolidation administratively and  
1267 by rule. The department and the agency shall submit the plan to  
1268 the Governor, the President of the Senate, and the Speaker of  
1269 the House of Representatives by November 1, 2016.

1270 Section 19. Section 394.9082, Florida Statutes, is amended  
1271 to read:

1272 (Substantial rewording of section. See  
1273 s. 394.9082, F.S., for present text.)

1274 394.9082 Behavioral health managing entities.-

1275 (1) INTENT AND PURPOSE.-

1276 (a) The Legislature finds that untreated behavioral health  
1277 disorders constitute major health problems for residents of this  
1278 state, are a major economic burden to the citizens of this  
1279 state, and substantially increase demands on the state's  
1280 juvenile and adult criminal justice systems, the child welfare  
1281 system, and health care systems. The Legislature finds that  
1282 behavioral health disorders respond to appropriate treatment,  
1283 rehabilitation, and supportive intervention. The Legislature  
1284 finds that local communities have also made substantial  
1285 investments in behavioral health services, contracting with  
1286 safety net providers who by mandate and mission provide  
1287 specialized services to vulnerable and hard-to-serve populations



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1288 and have strong ties to local public health and public safety  
1289 agencies. The Legislature finds that a regional management  
1290 structure that facilitates a comprehensive and cohesive system  
1291 of coordinated care for behavioral health treatment and  
1292 prevention services will improve access to care, promote service  
1293 continuity, and provide for more efficient and effective  
1294 delivery of substance abuse and mental health services. It is  
1295 the intent of the Legislature that managing entities work to  
1296 create linkages among various services and systems, including  
1297 juvenile justice and adult criminal justice, child welfare,  
1298 housing services, homeless systems of care, and health care.

1299 (b) The purpose of the behavioral health managing entities  
1300 is to plan, coordinate, and contract for the delivery of  
1301 community mental health and substance abuse services, to improve  
1302 access to care, to promote service continuity, to purchase  
1303 services, and to support efficient and effective delivery of  
1304 services.

1305 (2) DEFINITIONS.—As used in this section, the term:

1306 (a) "Behavioral health services" means mental health  
1307 services and substance abuse prevention and treatment services  
1308 as described in this chapter and chapter 397.

1309 (b) "Coordinated system of care" means the array of mental  
1310 health services and substance abuse services described in s.  
1311 394.4573.

1312 (c) "Geographic area" means one or more contiguous  
1313 counties, circuits, or regions as described in s. 409.966.

1314 (d) "Managed behavioral health organization" means a  
1315 Medicaid managed care organization currently under contract with  
1316 the statewide Medicaid managed medical assistance program in



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1317 this state pursuant to part IV of chapter 409, including a  
1318 managed care organization operating as a behavioral health  
1319 specialty plan.

1320 (e) "Managing entity" means a corporation selected by and  
1321 under contract with the department to manage the daily  
1322 operational delivery of behavioral health services through a  
1323 coordinated system of care.

1324 (f) "Provider network" means the group of direct service  
1325 providers, facilities, and organizations under contract with a  
1326 managing entity to provide a comprehensive array of emergency,  
1327 acute care, residential, outpatient, recovery support, and  
1328 consumer support services, including prevention services.

1329 (g) "Subregion" means a distinct portion of a managing  
1330 entity's geographic region defined by unifying service and  
1331 provider utilization patterns.

1332 (3) DEPARTMENT DUTIES.—The department shall:

1333 (a) Contract with organizations to serve as managing  
1334 entities in accordance with the requirements of this section and  
1335 conduct a readiness review of any new managing entities before  
1336 such entities assume their responsibilities.

1337 (b) Specify data reporting requirements and use of shared  
1338 data systems.

1339 (c) Define the priority populations that will benefit from  
1340 receiving care coordination. In defining such populations, the  
1341 department shall take into account the availability of resources  
1342 and consider:

1343 1. The number and duration of involuntary admissions within  
1344 a specified time.

1345 2. The degree of involvement with the criminal justice



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1346 system and the risk to public safety posed by the individual.

1347 3. Whether the individual has recently resided in or is  
1348 currently awaiting admission to or discharge from a treatment  
1349 facility as defined in s. 394.455.

1350 4. The degree of utilization of behavioral health services.

1351 5. Whether the individual is a parent or caregiver who is  
1352 involved with the child welfare system.

1353 (d) Support the development and implementation of a  
1354 coordinated system of care by requiring each provider that  
1355 receives state funds for behavioral health services through a  
1356 direct contract with the department to work with the managing  
1357 entity in the provider's service area to coordinate the  
1358 provision of behavioral health services as part of the contract  
1359 with the department.

1360 (e) Provide technical assistance to the managing entities.

1361 (f) Promote the coordination of behavioral health care and  
1362 primary care.

1363 (g) Facilitate coordination between the managing entity and  
1364 other payors of behavioral health care.

1365 (h) Develop and provide a unique identifier for clients  
1366 receiving behavioral health services through the managing entity  
1367 to coordinate care.

1368 (i) Coordinate procedures for the referral and admission of  
1369 patients to, and the discharge of patients from, treatment  
1370 facilities as defined in s. 394.455 and their return to the  
1371 community.

1372 (j) Ensure that managing entities comply with state and  
1373 federal laws, rules, regulations, and grant requirements.

1374 (k) Develop rules for the operations of, and the





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1375 requirements that shall be met by, the managing entity, if  
1376 necessary.

1377 (l) Periodically review contract and reporting requirements  
1378 and reduce costly, duplicative, and unnecessary administrative  
1379 requirements.

1380 (4) CONTRACT WITH MANAGING ENTITIES.-

1381 (a) In contracting for services with managing entities  
1382 under this section, the department shall first attempt to  
1383 contract with not-for-profit, community-based organizations with  
1384 competence in managing provider networks serving persons with  
1385 mental health and substance use disorders to serve as managing  
1386 entities.

1387 (b) The department shall issue an invitation to negotiate  
1388 under s. 287.057 to select an organization to serve as a  
1389 managing entity. If the department receives fewer than two  
1390 responsive bids to the solicitation, the department shall  
1391 reissue the solicitation and managed behavioral health  
1392 organizations shall be eligible to bid and be awarded a  
1393 contract.

1394 (c) If the managing entity is a not-for-profit, community-  
1395 based organization, it must have a governing board that is  
1396 representative. At a minimum, the governing board must include  
1397 consumers and their family members; representatives of local  
1398 government, area law enforcement agencies, health care  
1399 facilities, and community-based care lead agencies; business  
1400 leaders; and providers of substance abuse and mental health  
1401 services as defined in this chapter and chapter 397.

1402 (d) If the managing entity is a managed behavioral health  
1403 organization, it must establish an advisory board that meets the



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1404 same requirements specified in paragraph (c) for a governing  
1405 board.

1406 (e) If the department issues an invitation to negotiate  
1407 pursuant to paragraph (b), the department shall consider, at a  
1408 minimum, the following factors:

1409 1. Experience serving persons with mental health and  
1410 substance use disorders.

1411 2. Established community partnerships with behavioral  
1412 health care providers.

1413 3. Demonstrated organizational capabilities for network  
1414 management functions.

1415 4. Capability to coordinate behavioral health services with  
1416 primary care services.

1417 5. Willingness to provide recovery-oriented services and  
1418 systems of care and work collaboratively with persons with  
1419 mental health and substance use disorders and their families in  
1420 designing such systems and delivering such services.

1421 (f) The department's contracts with managing entities must  
1422 support efficient and effective administration of the behavioral  
1423 health system and ensure accountability for performance.

1424 (g) A contractor serving as a managing entity shall operate  
1425 under the same data reporting, administrative, and  
1426 administrative rate requirements, regardless of whether it is a  
1427 for-profit or not-for-profit entity.

1428 (h) The contract must designate the geographic area that  
1429 will be served by the managing entity, which area must be of  
1430 sufficient size in population, funding, and services to allow  
1431 for flexibility and efficiency.

1432 (i) The contract must require that, when there is a change



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1433 in the managing entity in a geographic area, the managing entity  
1434 work with the department to develop and implement a transition  
1435 plan that ensures continuity of care for patients receiving  
1436 behavioral health services.

1437 (j) By June 30, 2019, if all other contract requirements  
1438 and performance standards are met and the department determines  
1439 that a managing entity under contract as of July 1, 2016, has  
1440 received network accreditation pursuant to subsection (6), the  
1441 department may continue its contract with the managing entity  
1442 for up to, but not exceeding, 5 years, including any and all  
1443 renewals and extensions. Thereafter, the department must issue a  
1444 competitive solicitation pursuant to paragraph (b).

1445 (5) MANAGING ENTITY DUTIES.—A managing entity shall:

1446 (a) Maintain a governing board or, if a managed behavioral  
1447 health organization, an advisory board as provided in paragraph  
1448 (4) (c) or paragraph (4) (d), respectively.

1449 (b) Conduct a community behavioral health care needs  
1450 assessment every 3 years in the geographic area served by the  
1451 managing entity which identifies needs by subregion. The process  
1452 for conducting the needs assessment shall include an opportunity  
1453 for public participation. The assessment shall include, at a  
1454 minimum, the information the department needs for its annual  
1455 report to the Governor and Legislature pursuant to s. 394.4573.  
1456 The managing entity shall provide the needs assessment to the  
1457 department.

1458 (c) Determine the optimal array of services to meet the  
1459 needs identified in the community behavioral health care needs  
1460 assessment and expand the scope of services as resources become  
1461 available.



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1462 (d) Promote the development and effective implementation of  
1463 a coordinated system of care pursuant to s. 394.4573.

1464 (e) Provide assistance to counties to develop a designated  
1465 receiving system pursuant to s. 394.4573 and a transportation  
1466 plan pursuant to s. 394.462.

1467 (f) Develop strategies to divert persons with mental  
1468 illness or substance use disorders from the criminal and  
1469 juvenile justice systems in collaboration with the court system  
1470 and the Department of Juvenile Justice and to integrate  
1471 behavioral health services with the child welfare system.

1472 (g) Promote and support care coordination activities that  
1473 will improve outcomes among individuals identified as priority  
1474 populations pursuant to paragraph (3) (c).

1475 (h) Work independently and collaboratively with  
1476 stakeholders to improve access to and effectiveness, quality,  
1477 and outcomes of behavioral health services. This work may  
1478 include, but is not limited to, facilitating the dissemination  
1479 and use of evidence-informed practices.

1480 (i) Develop a comprehensive provider network of qualified  
1481 providers to deliver behavioral health services. The managing  
1482 entity is not required to competitively procure network  
1483 providers but shall publicize opportunities to join the provider  
1484 network and evaluate providers in the network to determine if  
1485 they may remain in the network. The managing entity shall  
1486 publish these processes on its website. The managing entity  
1487 shall ensure continuity of care for clients if a provider ceases  
1488 to provide a service or leaves the network.

1489 (j) As appropriate, develop resources by pursuing third-  
1490 party payments for services, applying for grants, assisting



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1491 providers in securing local matching funds and in-kind services,  
1492 and employing any other method needed to ensure that services  
1493 are available and accessible.

1494 (k) Enter into cooperative agreements with local homeless  
1495 councils and organizations for sharing information about  
1496 clients, available resources, and other data or information for  
1497 addressing the homelessness of persons suffering from a  
1498 behavioral health crisis. All information sharing must comply  
1499 with federal and state privacy and confidentiality laws,  
1500 statutes, and regulations.

1501 (l) Work collaboratively with public receiving facilities  
1502 and licensed housing providers to establish a network of  
1503 licensed housing resources for mental health consumers that will  
1504 prevent and reduce readmissions to public receiving facilities.

1505 (m) Monitor network providers' performance and their  
1506 compliance with contract requirements and federal and state  
1507 laws, rules, regulations, and grant requirements.

1508 (n) Manage and allocate funds for services to meet federal  
1509 and state laws, rules, and regulations.

1510 (o) Promote coordination of behavioral health care with  
1511 primary care.

1512 (p) Implement shared data systems necessary for the  
1513 delivery of coordinated care and integrated services, the  
1514 assessment of managing entity performance and provider  
1515 performance, and the reporting of outcomes and costs of  
1516 services.

1517 (q) Operate in a transparent manner, providing public  
1518 access to information, notice of meetings, and opportunities for  
1519 public participation in managing entity decisionmaking.



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1520 (r) Establish and maintain effective relationships with  
1521 community stakeholders, including individuals served by the  
1522 behavioral health system of care and their families, local  
1523 governments, and other community organizations that meet the  
1524 needs of individuals with mental illness or substance use  
1525 disorders.

1526 (s) Collaborate with and encourage increased coordination  
1527 between the provider network and other systems, programs, and  
1528 entities, such as the child welfare system, law enforcement  
1529 agencies, the criminal and juvenile justice systems, the  
1530 Medicaid program, offices of the public defender, and offices of  
1531 criminal conflict and civil regional counsel.

1532 1. Collaboration with the criminal and juvenile justice  
1533 systems shall seek, at a minimum, to divert persons with mental  
1534 illness, substance use disorders, or co-occurring conditions  
1535 from these systems.

1536 2. Collaboration with the court system shall seek, at a  
1537 minimum, to develop specific written procedures and agreements  
1538 to maximize the use of involuntary outpatient services, reduce  
1539 involuntary inpatient treatment, and increase diversion from the  
1540 criminal and juvenile justice systems.

1541 3. Collaboration with the child welfare system shall seek,  
1542 at a minimum, to provide effective and timely services to  
1543 parents and caregivers involved in the child welfare system.

1544 (6) NETWORK ACCREDITATION AND SYSTEMS COORDINATION  
1545 AGREEMENTS.—

1546 (a)1. The department shall identify acceptable  
1547 accreditations which address coordination within a network and,  
1548 if possible, between the network and major systems and programs



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1549 with which the network interacts, such as the child welfare  
1550 system, the courts system, and the Medicaid program. In  
1551 identifying acceptable accreditations, the department shall  
1552 consider whether the accreditation facilitates integrated  
1553 strategic planning, resource coordination, technology  
1554 integration, performance measurement, and increased value to  
1555 consumers through choice of and access to services, improved  
1556 coordination of services, and effectiveness and efficiency of  
1557 service delivery.

1558 2. All managing entities under contract with the state by  
1559 July 1, 2016, shall earn accreditation deemed acceptable by the  
1560 department pursuant to subparagraph 1. by June 30, 2019.

1561 Managing entities whose initial contract with the state is  
1562 executed after July 1, 2016, shall earn network accreditation  
1563 within 3 years after the contract execution date. Pursuant to  
1564 paragraph (4) (j), the department may continue the contract of a  
1565 managing entity under contract as of July 1, 2016, that earns  
1566 the network accreditation within the required timeframe and  
1567 maintains it throughout the contract term.

1568 (b) If no accreditations are available or deemed acceptable  
1569 pursuant to paragraph (a) which address coordination between the  
1570 provider network and major systems and programs with which the  
1571 provider network interacts, each managing entity shall enter  
1572 into memoranda of understanding which details mechanisms for  
1573 communication and coordination. The managing entity shall enter  
1574 into such memoranda with any community-based care lead agencies,  
1575 circuit courts, county courts, sheriffs' offices, offices of the  
1576 public defender, offices of criminal conflict and civil regional  
1577 counsel, Medicaid managed medical assistance plans, and homeless



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1578 coalitions in its service area. Each managing entity under  
1579 contract on July 1, 2016, shall enter into such memoranda by  
1580 June 30, 2017, and each managing entity under contract after  
1581 July 1, 2016, shall enter into such memoranda within 1 year  
1582 after its contract execution date.

1583 (7) PERFORMANCE MEASUREMENT AND ACCOUNTABILITY.-Managing  
1584 entities shall collect and submit data to the department  
1585 regarding persons served, outcomes of persons served, costs of  
1586 services provided through the department's contract, and other  
1587 data as required by the department. The department shall  
1588 evaluate managing entity performance and the overall progress  
1589 made by the managing entity, together with other systems, in  
1590 meeting the community's behavioral health needs, based on  
1591 consumer-centered outcome measures that reflect national  
1592 standards, if possible, that can be accurately measured. The  
1593 department shall work with managing entities to establish  
1594 performance standards, including, but not limited to:

1595 (a) The extent to which individuals in the community  
1596 receive services, including, but not limited to, parents or  
1597 caregivers involved in the child welfare system who need  
1598 behavioral health services.

1599 (b) The improvement in the overall behavioral health of a  
1600 community.

1601 (c) The improvement in functioning or progress in the  
1602 recovery of individuals served by the managing entity, as  
1603 determined using person-centered measures tailored to the  
1604 population.

1605 (d) The success of strategies to:

1606 1. Divert admissions from acute levels of care, jails,





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1607 prisons, and forensic facilities as measured by, at a minimum,  
1608 the total number and percentage of clients who, during a  
1609 specified period, experience multiple admissions to acute levels  
1610 of care, jails, prisons, or forensic facilities;

1611 2. Integrate behavioral health services with the child  
1612 welfare system; and

1613 3. Address the housing needs of individuals being released  
1614 from public receiving facilities who are homeless.

1615 (e) Consumer and family satisfaction.

1616 (f) The level of engagement of key community  
1617 constituencies, such as law enforcement agencies, community-  
1618 based care lead agencies, juvenile justice agencies, the courts,  
1619 school districts, local government entities, hospitals, and  
1620 other organizations, as appropriate, for the geographical  
1621 service area of the managing entity.

1622 (8) ENHANCEMENT PLANS.—By September 1 of each year,  
1623 beginning in 2017, each managing entity shall develop and submit  
1624 to the department a description of strategies for enhancing  
1625 services and addressing three to five priority needs in the  
1626 service area. The planning process sponsored by the managing  
1627 entity shall include consumers and their families, community-  
1628 based care lead agencies, local governments, law enforcement  
1629 agencies, service providers, community partners and other  
1630 stakeholders. Each strategy must be described in detail and  
1631 accompanied by an implementation plan that specifies action  
1632 steps, identifies responsible parties, and delineates specific  
1633 services that would be purchased, projected costs, the projected  
1634 number of individuals that would be served, and the estimated  
1635 benefits of the services. All or parts of these enhancement



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1636 plans may be included in the department's annual budget requests  
1637 submitted to the Legislature.

1638 (9) FUNDING FOR MANAGING ENTITIES.—

1639 (a) A contract established between the department and a  
1640 managing entity under this section shall be funded by general  
1641 revenue, other applicable state funds, or applicable federal  
1642 funding sources. A managing entity may carry forward documented  
1643 unexpended state funds from one fiscal year to the next, but the  
1644 cumulative amount carried forward may not exceed 8 percent of  
1645 the annual amount of the contract. Any unexpended state funds in  
1646 excess of that percentage shall be returned to the department.  
1647 The funds carried forward may not be used in a way that would  
1648 increase future recurring obligations or for any program or  
1649 service that was not authorized under the existing contract with  
1650 the department. Expenditures of funds carried forward shall be  
1651 separately reported to the department. Any unexpended funds that  
1652 remain at the end of the contract period shall be returned to  
1653 the department. Funds carried forward may be retained through  
1654 contract renewals and new contract procurements as long as the  
1655 same managing entity is retained by the department.

1656 (b) The method of payment for a fixed-price contract with a  
1657 managing entity shall provide for a 2-month advance payment at  
1658 the beginning of each fiscal year and equal monthly payments  
1659 thereafter.

1660 (10) ACUTE CARE SERVICES UTILIZATION DATABASE.—The  
1661 department shall develop, implement, and maintain standards  
1662 under which a managing entity shall collect utilization data  
1663 from all public receiving facilities situated within its  
1664 geographical service area and all detoxification and addictions



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1665 receiving facilities under contract with the managing entity. As  
1666 used in this subsection, the term "public receiving facility"  
1667 means an entity that meets the licensure requirements of, and is  
1668 designated by, the department to operate as a public receiving  
1669 facility under s. 394.875 and that is operating as a licensed  
1670 crisis stabilization unit.

1671 (a) The department shall develop standards and protocols to  
1672 be used for data collection, storage, transmittal, and analysis.  
1673 The standards and protocols shall allow for compatibility of  
1674 data and data transmittal between public receiving facilities,  
1675 detoxification facilities, addictions receiving facilities,  
1676 managing entities, and the department for the implementation,  
1677 and to meet the requirements, of this subsection.

1678 (b) A managing entity shall require providers specified in  
1679 paragraph (a) to submit data, in real time or at least daily, to  
1680 the managing entity for:

1681 1. All admissions and discharges of clients receiving  
1682 public receiving facility services who qualify as indigent, as  
1683 defined in s. 394.4787.

1684 2. All admissions and discharges of clients receiving  
1685 substance abuse services in an addictions receiving facility or  
1686 detoxification facility pursuant to parts IV and V of chapter  
1687 397 who qualify as indigent.

1688 3. The current active census of total licensed and utilized  
1689 beds, the number of beds purchased by the department, the number  
1690 of clients qualifying as indigent who occupy any of those beds,  
1691 the total number of unoccupied licensed beds, regardless of  
1692 funding, and the number in excess of licensed capacity. Crisis  
1693 units licensed for both adult and child use will report as a



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1694 single unit.

1695 (c) A managing entity shall require providers specified in  
1696 paragraph (a) to submit data, on a monthly basis, to the  
1697 managing entity which aggregates the daily data submitted under  
1698 paragraph (b). The managing entity shall reconcile the data in  
1699 the monthly submission to the data received by the managing  
1700 entity under paragraph (b) to check for consistency. If the  
1701 monthly aggregate data submitted by a provider under this  
1702 paragraph are inconsistent with the daily data submitted under  
1703 paragraph (b), the managing entity shall consult with the  
1704 provider to make corrections necessary to ensure accurate data.

1705 (d) A managing entity shall require providers specified in  
1706 paragraph (a) within its provider network to submit data, on an  
1707 annual basis, to the managing entity which aggregates the data  
1708 submitted and reconciled under paragraph (c). The managing  
1709 entity shall reconcile the data in the annual submission to the  
1710 data received and reconciled by the managing entity under  
1711 paragraph (c) to check for consistency. If the annual aggregate  
1712 data submitted by a provider under this paragraph are  
1713 inconsistent with the data received and reconciled under  
1714 paragraph (c), the managing entity shall consult with the  
1715 provider to make corrections necessary to ensure accurate data.

1716 (e) After ensuring the accuracy of data pursuant to  
1717 paragraphs (c) and (d), the managing entity shall submit the  
1718 data to the department on a monthly and an annual basis. The  
1719 department shall create a statewide database for the data  
1720 described under paragraph (b) and submitted under this paragraph  
1721 for the purpose of analyzing the use of publicly funded crisis  
1722 stabilization services and detoxification and addictions



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1723 receiving services provided on a statewide and an individual  
1724 provider basis.

1725 Section 20. Subsections (4) through (9) of section 397.305,  
1726 Florida Statutes, are renumbered as subsections (6) through (11),  
1727 respectively, and new subsections (4) and (5) are added to that  
1728 section, to read:

1729 397.305 Legislative findings, intent, and purpose.—

1730 (4) It is the intent of the Legislature that licensed,  
1731 qualified health professionals be authorized to practice to the  
1732 full extent of their education and training in the performance  
1733 of professional functions necessary to carry out the intent of  
1734 this chapter.

1735 (5) It is the intent of the Legislature to establish  
1736 expectations that services provided to persons in this state use  
1737 the coordination-of-care principles characteristic of recovery-  
1738 oriented services and include social support services, such as  
1739 housing support, life skills and vocational training, and  
1740 employment assistance necessary for persons who have substance  
1741 use disorders or co-occurring substance use and mental health  
1742 disorders to live successfully in their communities.

1743 Section 21. Present subsection (19) of section 391.311,  
1744 Florida Statutes, is redesignated as subsection (20), present  
1745 subsections (20) through (45) of that section are redesignated  
1746 as subsections (23) through (48), respectively, new subsections  
1747 (19), (21), and (22) are added to that section, and present  
1748 subsections (30) and (38) of that section are amended, to read:

1749 397.311 Definitions.—As used in this chapter, except part  
1750 VIII, the term:

1751 (19) "Incompetent to consent to treatment" means a state in



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1752 which a person's judgment is so affected by a substance abuse  
1753 impairment that he or she lacks the capacity to make a well-  
1754 reasoned, willful, and knowing decision concerning his or her  
1755 medical health, mental health, or substance abuse treatment.

1756 (21) "Informed consent" means consent voluntarily given in  
1757 writing by a competent person after sufficient explanation and  
1758 disclosure of the subject matter involved to enable the person  
1759 to make a knowing and willful decision without any element of  
1760 force, fraud, deceit, duress, or other form of constraint or  
1761 coercion.

1762 (22) "Involuntary services" means an array of behavioral  
1763 health services that may be ordered by the court for persons  
1764 with substance abuse impairment or co-occurring substance abuse  
1765 impairment and mental health disorders.

1766 (33)~~(30)~~ "Qualified professional" means a physician or a  
1767 physician assistant licensed under chapter 458 or chapter 459; a  
1768 professional licensed under chapter 490 or chapter 491; an  
1769 advanced registered nurse practitioner ~~having a specialty in~~  
1770 ~~psychiatry~~ licensed under part I of chapter 464; or a person who  
1771 is certified through a department-recognized certification  
1772 process for substance abuse treatment services and who holds, at  
1773 a minimum, a bachelor's degree. A person who is certified in  
1774 substance abuse treatment services by a state-recognized  
1775 certification process in another state at the time of employment  
1776 with a licensed substance abuse provider in this state may  
1777 perform the functions of a qualified professional as defined in  
1778 this chapter but must meet certification requirements contained  
1779 in this subsection no later than 1 year after his or her date of  
1780 employment.



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1781 ~~(41)(38)~~ "Service component" or "component" means a  
1782 discrete operational entity within a service provider which is  
1783 subject to licensing as defined by rule. Service components  
1784 include prevention, intervention, and clinical treatment  
1785 described in subsection (25) ~~(22)~~.

1786 Section 22. Subsections (16) through (20) of section  
1787 397.321, Florida Statutes, are renumbered as subsections (15)  
1788 through (19), respectively, present subsection (15) is amended,  
1789 and a new subsection (20) is added to that section, to read:

1790 397.321 Duties of the department.—The department shall:

1791 ~~(15) Appoint a substance abuse impairment coordinator to~~  
1792 ~~represent the department in efforts initiated by the statewide~~  
1793 ~~substance abuse impairment prevention and treatment coordinator~~  
1794 ~~established in s. 397.801 and to assist the statewide~~  
1795 ~~coordinator in fulfilling the responsibilities of that position.~~

1796 (20) Develop and prominently display on its website all  
1797 forms necessary for the implementation and administration of  
1798 parts IV and V of this chapter. These forms shall include, but  
1799 are not limited to, a petition for involuntary admission form  
1800 and all related pleading forms, and a form to be used by law  
1801 enforcement agencies pursuant to s. 397.6772. The department  
1802 shall notify law enforcement agencies, the courts, and other  
1803 state agencies of the existence and availability of such forms.

1804 Section 23. Section 397.675, Florida Statutes, is amended  
1805 to read:

1806 397.675 Criteria for involuntary admissions, including  
1807 protective custody, emergency admission, and other involuntary  
1808 assessment, involuntary treatment, and alternative involuntary  
1809 assessment for minors, for purposes of assessment and



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1810 stabilization, and for involuntary treatment.—A person meets the  
1811 criteria for involuntary admission if there is good faith reason  
1812 to believe that the person is substance abuse impaired or has a  
1813 co-occurring mental health disorder and, because of such  
1814 impairment or disorder:

1815 (1) Has lost the power of self-control with respect to  
1816 substance abuse use; and ~~either~~

1817 (2) (a) ~~Has inflicted, or threatened or attempted to~~  
1818 ~~inflict, or unless admitted is likely to inflict, physical harm~~  
1819 ~~on himself or herself or another; or~~

1820 ~~(b)~~ Is in need of substance abuse services and, by reason  
1821 of substance abuse impairment, his or her judgment has been so  
1822 impaired that he or she ~~the person~~ is incapable of appreciating  
1823 his or her need for such services and of making a rational  
1824 decision in that regard, although ~~thereto; however,~~ mere refusal  
1825 to receive such services does not constitute evidence of lack of  
1826 judgment with respect to his or her need for such services; or

1827 (b) Without care or treatment, is likely to suffer from  
1828 neglect or refuse to care for himself or herself; that such  
1829 neglect or refusal poses a real and present threat of  
1830 substantial harm to his or her well-being; and that it is not  
1831 apparent that such harm may be avoided through the help of  
1832 willing family members or friends or the provision of other  
1833 services, or there is substantial likelihood that the person has  
1834 inflicted, or threatened to or attempted to inflict, or, unless  
1835 admitted, is likely to inflict, physical harm on himself,  
1836 herself, or another.

1837 Section 24. Subsection (1) of section 397.6772, Florida  
1838 Statutes, is amended to read:





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1839 397.6772 Protective custody without consent.—

1840 (1) If a person in circumstances which justify protective  
1841 custody as described in s. 397.677 fails or refuses to consent  
1842 to assistance and a law enforcement officer has determined that  
1843 a hospital or a licensed detoxification or addictions receiving  
1844 facility is the most appropriate place for the person, the  
1845 officer may, after giving due consideration to the expressed  
1846 wishes of the person:

1847 (a) Take the person to a hospital or to a licensed  
1848 detoxification or addictions receiving facility against the  
1849 person's will but without using unreasonable force. The officer  
1850 shall use the standard form developed by the department pursuant  
1851 to s. 397.321 to execute a written report detailing the  
1852 circumstances under which the person was taken into custody. The  
1853 written report shall be included in the patient's clinical  
1854 record; or

1855 (b) In the case of an adult, detain the person for his or  
1856 her own protection in any municipal or county jail or other  
1857 appropriate detention facility.

1858  
1859 Such detention is not to be considered an arrest for any  
1860 purpose, and no entry or other record may be made to indicate  
1861 that the person has been detained or charged with any crime. The  
1862 officer in charge of the detention facility must notify the  
1863 nearest appropriate licensed service provider within the first 8  
1864 hours after detention that the person has been detained. It is  
1865 the duty of the detention facility to arrange, as necessary, for  
1866 transportation of the person to an appropriate licensed service  
1867 provider with an available bed. Persons taken into protective



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1868 custody must be assessed by the attending physician within the  
1869 72-hour period and without unnecessary delay, to determine the  
1870 need for further services.

1871 Section 25. Paragraph (a) of subsection (1) of section  
1872 397.6773, Florida Statutes, is amended to read:

1873 397.6773 Dispositional alternatives after protective  
1874 custody.—

1875 (1) An individual who is in protective custody must be  
1876 released by a qualified professional when:

1877 (a) The individual no longer meets the involuntary  
1878 admission criteria in s. 397.675 ~~397.675(1)~~;

1879 Section 26. Section 397.679, Florida Statutes, is amended  
1880 to read:

1881 397.679 Emergency admission; circumstances justifying.—A  
1882 person who meets the criteria for involuntary admission in s.  
1883 397.675 may be admitted to a hospital or to a licensed  
1884 detoxification facility or addictions receiving facility for  
1885 emergency assessment and stabilization, or to a less intensive  
1886 component of a licensed service provider for assessment only,  
1887 upon receipt by the facility of a the physician's certificate by  
1888 a physician, an advanced registered nurse practitioner, a  
1889 psychiatric nurse, a clinical psychologist, a clinical social  
1890 worker, a marriage and family therapist, a mental health  
1891 counselor, a physician assistant working under the scope of  
1892 practice of the supervising physician, or a master's-level-  
1893 certified addictions professional for substance abuse services,  
1894 if the certificate is specific to substance abuse impairment,  
1895 and the completion of an application for emergency admission.

1896 Section 27. Section 397.6791, Florida Statutes, is amended



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1897 to read:

1898           397.6791 Emergency admission; persons who may initiate.—The  
1899 following persons may request a certificate for an emergency  
1900 assessment or admission:

1901           (1) In the case of an adult, any professional who may issue  
1902 a professional certificate pursuant to s. 397.6793, the  
1903 certifying physician, the person's spouse or legal guardian, any  
1904 relative of the person, or any other responsible adult who has  
1905 personal knowledge of the person's substance abuse impairment.

1906           (2) In the case of a minor, the minor's parent, legal  
1907 guardian, or legal custodian.

1908           Section 28. Section 397.6793, Florida Statutes, is amended  
1909 to read:

1910           397.6793 Professional's ~~Physician's~~ certificate for  
1911 emergency admission.—

1912           (1) A physician, a clinical psychologist, a physician  
1913 assistant working under the scope of practice of the supervising  
1914 physician, a psychiatric nurse, an advanced registered nurse  
1915 practitioner, a mental health counselor, a marriage and family  
1916 therapist, a master's-level-certified addictions professional  
1917 for substance abuse services, or a clinical social worker may  
1918 execute a professional's certificate for emergency admission.

1919 The professional's ~~physician's~~ certificate must include the name  
1920 of the person to be admitted, the relationship between the  
1921 person and the professional executing the certificate ~~physician~~,  
1922 the relationship between the applicant and the professional  
1923 ~~physician~~, any relationship between the professional ~~physician~~  
1924 and the licensed service provider, ~~and~~ a statement that the  
1925 person has been examined and assessed within the preceding 5



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1926 days after ~~of~~ the application date, and ~~must include~~ factual  
1927 allegations with respect to the need for emergency admission,  
1928 including:

1929 (a) The reason for the ~~physician's~~ belief that the person  
1930 is substance abuse impaired; ~~and~~

1931 (b) The reason for the ~~physician's~~ belief that because of  
1932 such impairment the person has lost the power of self-control  
1933 with respect to substance abuse; and ~~either~~

1934 (c)1. The reason for the belief ~~physician believes that,~~  
1935 without care or treatment, the person is likely to suffer from  
1936 neglect or refuse to care for himself or herself; that such  
1937 neglect or refusal poses a real and present threat of  
1938 substantial harm to his or her well-being; and that it is not  
1939 apparent that such harm may be avoided through the help of  
1940 willing family members or friends or the provision of other  
1941 services, or there is substantial likelihood that the person has  
1942 inflicted or, unless admitted, is likely to inflict, physical  
1943 harm on himself, ~~or~~ herself, or another ~~others unless admitted;~~  
1944 or

1945 2. The reason for the belief ~~physician believes~~ that the  
1946 person's refusal to voluntarily receive care is based on  
1947 judgment so impaired by reason of substance abuse that the  
1948 person is incapable of appreciating his or her need for care and  
1949 of making a rational decision regarding his or her need for  
1950 care.

1951 (2) The professional's ~~physician's~~ certificate must  
1952 recommend the least restrictive type of service that is  
1953 appropriate for the person. The certificate must be signed by  
1954 the professional ~~physician~~. If other less restrictive means are



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1955 not available, such as voluntary appearance for outpatient  
1956 evaluation, a law enforcement officer shall take the person  
1957 named in the certificate into custody and deliver him or her to  
1958 the appropriate facility for involuntary assessment and  
1959 stabilization.

1960 (3) A signed copy of the professional's ~~physician's~~  
1961 certificate shall accompany the person, and shall be made a part  
1962 of the person's clinical record, together with a signed copy of  
1963 the application. The application and the professional's  
1964 ~~physician's~~ certificate authorize the involuntary admission of  
1965 the person pursuant to, and subject to the provisions of, ss.  
1966 397.679-397.6797.

1967 (4) The professional's certificate is valid for 7 days  
1968 after issuance.

1969 (5) The professional's ~~physician's~~ certificate must  
1970 indicate whether the person requires transportation assistance  
1971 for delivery for emergency admission and specify, pursuant to s.  
1972 397.6795, the type of transportation assistance necessary.

1973 Section 29. Section 397.6795, Florida Statutes, is amended  
1974 to read:

1975 397.6795 Transportation-assisted delivery of persons for  
1976 emergency assessment.—An applicant for a person's emergency  
1977 admission, ~~or~~ the person's spouse or guardian, or a law  
1978 enforcement officer, ~~or a health officer~~ may deliver a person  
1979 named in the professional's ~~physician's~~ certificate for  
1980 emergency admission to a hospital or a licensed detoxification  
1981 facility or addictions receiving facility for emergency  
1982 assessment and stabilization.

1983 Section 30. Subsection (1) of section 397.681, Florida



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1984 Statutes, is amended to read:

1985           397.681 Involuntary petitions; general provisions; court  
1986 jurisdiction and right to counsel.—

1987           (1) JURISDICTION.—The courts have jurisdiction of  
1988 involuntary assessment and stabilization petitions and  
1989 involuntary treatment petitions for substance abuse impaired  
1990 persons, and such petitions must be filed with the clerk of the  
1991 court in the county where the person is located. The clerk of  
1992 the court may not charge a fee for the filing of a petition  
1993 under this section. The chief judge may appoint a general or  
1994 special magistrate to preside over all or part of the  
1995 proceedings. The alleged impaired person is named as the  
1996 respondent.

1997           Section 31. Subsection (1) of section 397.6811, Florida  
1998 Statutes, is amended to read:

1999           397.6811 Involuntary assessment and stabilization.—A person  
2000 determined by the court to appear to meet the criteria for  
2001 involuntary admission under s. 397.675 may be admitted for a  
2002 period of 5 days to a hospital or to a licensed detoxification  
2003 facility or addictions receiving facility, for involuntary  
2004 assessment and stabilization or to a less restrictive component  
2005 of a licensed service provider for assessment only upon entry of  
2006 a court order or upon receipt by the licensed service provider  
2007 of a petition. Involuntary assessment and stabilization may be  
2008 initiated by the submission of a petition to the court.

2009           (1) If the person upon whose behalf the petition is being  
2010 filed is an adult, a petition for involuntary assessment and  
2011 stabilization may be filed by the respondent's spouse or legal  
2012 guardian, any relative, a private practitioner, the director of



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2013 a licensed service provider or the director's designee, or an  
2014 adult ~~any three adults~~ who has direct ~~have~~ personal knowledge of  
2015 the respondent's substance abuse impairment.

2016 Section 32. Section 397.6814, Florida Statutes, is amended  
2017 to read:

2018 397.6814 Involuntary assessment and stabilization; contents  
2019 of petition.-A petition for involuntary assessment and  
2020 stabilization must contain the name of the respondent, ~~the~~ the name  
2021 of the applicant or applicants, ~~the~~ the relationship between the  
2022 respondent and the applicant, and ~~the~~ the name of the respondent's  
2023 attorney, if known, ~~and a statement of the respondent's ability~~  
2024 ~~to afford an attorney;~~ and must state facts to support the need  
2025 for involuntary assessment and stabilization, including:

2026 (1) The reason for the petitioner's belief that the  
2027 respondent is substance abuse impaired; ~~and~~

2028 (2) The reason for the petitioner's belief that because of  
2029 such impairment the respondent has lost the power of self-  
2030 control with respect to substance abuse; ~~and either~~

2031 (3) (a) The reason the petitioner believes that the  
2032 respondent has inflicted or is likely to inflict physical harm  
2033 on himself or herself or others unless admitted; or

2034 (b) The reason the petitioner believes that the  
2035 respondent's refusal to voluntarily receive care is based on  
2036 judgment so impaired by reason of substance abuse that the  
2037 respondent is incapable of appreciating his or her need for care  
2038 and of making a rational decision regarding that need for care.  
2039 If the respondent has refused to submit to an assessment, such  
2040 refusal must be alleged in the petition.

2041



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2042 A fee may not be charged for the filing of a petition pursuant  
2043 to this section.

2044 Section 33. Subsection (4) is added to section 397.6818,  
2045 Florida Statutes, to read:

2046 397.6818 Court determination.—At the hearing initiated in  
2047 accordance with s. 397.6811(1), the court shall hear all  
2048 relevant testimony. The respondent must be present unless the  
2049 court has reason to believe that his or her presence is likely  
2050 to be injurious to him or her, in which event the court shall  
2051 appoint a guardian advocate to represent the respondent. The  
2052 respondent has the right to examination by a court-appointed  
2053 qualified professional. After hearing all the evidence, the  
2054 court shall determine whether there is a reasonable basis to  
2055 believe the respondent meets the involuntary admission criteria  
2056 of s. 397.675.

2057 (4) The order is valid only for the period specified in the  
2058 order or, if a period is not specified, for 7 days after the  
2059 order is signed.

2060 Section 34. Section 397.6819, Florida Statutes, is amended  
2061 to read:

2062 397.6819 Involuntary assessment and stabilization;  
2063 responsibility of licensed service provider.—A licensed service  
2064 provider may admit an individual for involuntary assessment and  
2065 stabilization for a period not to exceed 5 days unless a  
2066 petition for involuntary services has been initiated and the  
2067 individual is being retained pursuant to s. 397.6822(3) or a  
2068 request for an extension of time has been filed with the court  
2069 pursuant to s. 397.6821. The assessment of the individual must  
2070 occur within 72 hours ~~be assessed without unnecessary delay by a~~





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2071 qualified professional. If an assessment is performed by a  
2072 qualified professional who is not a physician, the assessment  
2073 must be reviewed by a physician before the end of the assessment  
2074 period.

2075 Section 35. Section 397.695, Florida Statutes, is amended  
2076 to read:

2077 397.695 Involuntary services ~~treatment~~; persons who may  
2078 petition.—

2079 (1) If the respondent is an adult, a petition for  
2080 involuntary services ~~treatment~~ may be filed by the respondent's  
2081 spouse or legal guardian, any relative, a service provider, or  
2082 an adult ~~any three adults~~ who has direct ~~have~~ personal knowledge  
2083 of the respondent's substance abuse impairment and his or her  
2084 prior course of assessment and treatment.

2085 (2) If the respondent is a minor, a petition for  
2086 involuntary treatment may be filed by a parent, legal guardian,  
2087 or service provider.

2088 Section 36. Section 397.6951, Florida Statutes, is amended  
2089 to read:

2090 397.6951 Contents of petition for involuntary services  
2091 ~~treatment~~.—A petition for involuntary services ~~treatment~~ must  
2092 contain the name of the respondent ~~to be admitted~~; the name of  
2093 the petitioner or petitioners; the relationship between the  
2094 respondent and the petitioner; the name of the respondent's  
2095 attorney, if known, ~~and a statement of the petitioner's~~  
2096 ~~knowledge of the respondent's ability to afford an attorney~~; the  
2097 findings and recommendations of the assessment performed by the  
2098 qualified professional; and the factual allegations presented by  
2099 the petitioner establishing the need for involuntary outpatient



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2100 services. The factual allegations must demonstrate treatment,  
2101 including:

2102 (1) The reason for the petitioner's belief that the  
2103 respondent is substance abuse impaired; ~~and~~

2104 (2) The reason for the petitioner's belief that because of  
2105 such impairment the respondent has lost the power of self-  
2106 control with respect to substance abuse; and ~~either~~

2107 (3) (a) The reason the petitioner believes that the  
2108 respondent has inflicted or is likely to inflict physical harm  
2109 on himself or herself or others unless the court orders the  
2110 involuntary services admitted; or

2111 (b) The reason the petitioner believes that the  
2112 respondent's refusal to voluntarily receive care is based on  
2113 judgment so impaired by reason of substance abuse that the  
2114 respondent is incapable of appreciating his or her need for care  
2115 and of making a rational decision regarding that need for care.

2116 Section 37. Section 397.6955, Florida Statutes, is amended  
2117 to read:

2118 397.6955 Duties of court upon filing of petition for  
2119 involuntary services ~~treatment~~.—

2120 (1) Upon the filing of a petition for ~~the~~ involuntary  
2121 services for treatment of a substance abuse impaired person with  
2122 the clerk of the court, the court shall immediately determine  
2123 whether the respondent is represented by an attorney or whether  
2124 the appointment of counsel for the respondent is appropriate. If  
2125 the court appoints counsel for the person, the clerk of the  
2126 court shall immediately notify the office of criminal conflict  
2127 and civil regional counsel, created pursuant to s. 27.511, of  
2128 the appointment. The office of criminal conflict and civil



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2129 regional counsel shall represent the person until the petition  
2130 is dismissed, the court order expires, or the person is  
2131 discharged from involuntary services. An attorney that  
2132 represents the person named in the petition shall have access to  
2133 the person, witnesses, and records relevant to the presentation  
2134 of the person's case and shall represent the interests of the  
2135 person, regardless of the source of payment to the attorney.

2136 (2) The court shall schedule a hearing to be held on the  
2137 petition within 5 ~~10~~ days unless a continuance is granted. The  
2138 court may appoint a magistrate to preside at the hearing.

2139 (3) A copy of the petition and notice of the hearing must  
2140 be provided to the respondent; the respondent's parent,  
2141 guardian, or legal custodian, in the case of a minor; the  
2142 respondent's attorney, if known; the petitioner; the  
2143 respondent's spouse or guardian, if applicable; and such other  
2144 persons as the court may direct. If the respondent is a minor, a  
2145 copy of the petition and notice of the hearing must be and have  
2146 ~~such petition and order~~ personally delivered to the respondent  
2147 ~~if he or she is a minor.~~ The court shall also issue a summons to  
2148 the person whose admission is sought.

2149 Section 38. Section 397.6957, Florida Statutes, is amended  
2150 to read:

2151 397.6957 Hearing on petition for involuntary services  
2152 ~~treatment.~~

2153 (1) At a hearing on a petition for involuntary services  
2154 ~~treatment~~, the court shall hear and review all relevant  
2155 evidence, including the review of results of the assessment  
2156 completed by the qualified professional in connection with the  
2157 respondent's protective custody, emergency admission,



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2158 involuntary assessment, or alternative involuntary admission.  
2159 The respondent must be present unless the court finds that his  
2160 or her presence is likely to be injurious to himself or herself  
2161 or others, in which event the court must appoint a guardian  
2162 advocate to act in behalf of the respondent throughout the  
2163 proceedings.

2164 (2) The petitioner has the burden of proving by clear and  
2165 convincing evidence that:

2166 (a) The respondent is substance abuse impaired and has a  
2167 history of lack of compliance with treatment for substance  
2168 abuse; and

2169 (b) Because of such impairment the respondent is unlikely  
2170 to voluntarily participate in the recommended services or is  
2171 unable to determine for himself or herself whether services are  
2172 necessary ~~the respondent has lost the power of self-control with~~  
2173 ~~respect to substance abuse;~~ and: either

2174 1. Without services, the respondent is likely to suffer  
2175 from neglect or refuse to care for himself or herself; that such  
2176 neglect or refusal poses a real and present threat of  
2177 substantial harm to his or her well-being; and that there is a  
2178 substantial likelihood that without services the respondent will  
2179 cause serious bodily harm to himself, herself, or another in the  
2180 near future, as evidenced by recent behavior ~~The respondent has~~  
2181 ~~inflicted or is likely to inflict physical harm on himself or~~  
2182 ~~herself or others unless admitted; or~~

2183 2. The respondent's refusal to voluntarily receive care is  
2184 based on judgment so impaired by reason of substance abuse that  
2185 the respondent is incapable of appreciating his or her need for  
2186 care and of making a rational decision regarding that need for



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2187 care.

2188 (3) One of the qualified professionals who executed the  
2189 involuntary services certificate must be a witness. The court  
2190 shall allow testimony from individuals, including family  
2191 members, deemed by the court to be relevant under state law,  
2192 regarding the respondent's prior history and how that prior  
2193 history relates to the person's current condition. The testimony  
2194 in the hearing must be under oath, and the proceedings must be  
2195 recorded. The patient may refuse to testify at the hearing.

2196 (4)(3) At the conclusion of the hearing the court shall  
2197 either dismiss the petition or order the respondent to receive  
2198 undergo involuntary services from his or her substance abuse  
2199 treatment, with the respondent's chosen licensed service  
2200 provider if to deliver the involuntary substance abuse treatment  
2201 where possible and appropriate.

2202 Section 39. Section 397.697, Florida Statutes, is amended  
2203 to read:

2204 397.697 Court determination; effect of court order for  
2205 involuntary services ~~substance abuse treatment.~~-

2206 (1) When the court finds that the conditions for  
2207 involuntary services ~~substance abuse treatment~~ have been proved  
2208 by clear and convincing evidence, it may order the respondent to  
2209 receive ~~undergo~~ involuntary services from ~~treatment by~~ a  
2210 publicly funded licensed service provider for a period not to  
2211 exceed 90 ~~60~~ days. The court may also order a respondent to  
2212 undergo treatment through a privately funded licensed service  
2213 provider if the respondent has the ability to pay for the  
2214 treatment, or if any person on the respondent's behalf  
2215 voluntarily demonstrates a willingness and an ability to pay for



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2216 the treatment. If the court finds it necessary, it may direct  
2217 the sheriff to take the respondent into custody and deliver him  
2218 or her to the licensed service provider specified in the court  
2219 order, or to the nearest appropriate licensed service provider,  
2220 for involuntary services treatment. When the conditions  
2221 justifying involuntary services treatment no longer exist, the  
2222 individual must be released as provided in s. 397.6971. When the  
2223 conditions justifying involuntary services treatment are  
2224 expected to exist after 90 ~~60~~ days of services treatment, a  
2225 renewal of the involuntary services treatment order may be  
2226 requested pursuant to s. 397.6975 before ~~prior to~~ the end of the  
2227 90-day ~~60-day~~ period.

2228 (2) In all cases resulting in an order for involuntary  
2229 services substance abuse treatment, the court shall retain  
2230 jurisdiction over the case and the parties for the entry of such  
2231 further orders as the circumstances may require. The court's  
2232 requirements for notification of proposed release must be  
2233 included in the original ~~treatment~~ order.

2234 (3) An involuntary services treatment order authorizes the  
2235 licensed service provider to require the individual to receive  
2236 services that ~~undergo such treatment as~~ will benefit him or her,  
2237 including services treatment at any licensable service component  
2238 of a licensed service provider.

2239 (4) If the court orders involuntary services, a copy of the  
2240 order must be sent to the managing entity within 1 working day  
2241 after it is received from the court. Documents may be submitted  
2242 electronically through existing data systems, if applicable.

2243 Section 40. Section 397.6971, Florida Statutes, is amended  
2244 to read:



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2245 397.6971 Early release from involuntary services ~~substance~~  
2246 ~~abuse treatment.~~

2247 (1) At any time before ~~prior to~~ the end of the 90-day ~~60-~~  
2248 ~~day~~ involuntary services ~~treatment~~ period, or before ~~prior to~~  
2249 the end of any extension granted pursuant to s. 397.6975, an  
2250 individual receiving ~~admitted for~~ involuntary services ~~treatment~~  
2251 may be determined eligible for discharge to the most appropriate  
2252 referral or disposition for the individual when any of the  
2253 following apply:

2254 (a) The individual no longer meets the criteria for  
2255 involuntary admission and has given his or her informed consent  
2256 to be transferred to voluntary treatment status. ~~†~~

2257 (b) If the individual was admitted on the grounds of  
2258 likelihood of infliction of physical harm upon himself or  
2259 herself or others, such likelihood no longer exists. ~~† or~~

2260 (c) If the individual was admitted on the grounds of need  
2261 for assessment and stabilization or treatment, accompanied by  
2262 inability to make a determination respecting such need, ~~either~~:

2263 1. Such inability no longer exists; or

2264 2. It is evident that further treatment will not bring  
2265 about further significant improvements in the individual's  
2266 condition. ~~†~~

2267 (d) The individual is no longer in need of services. ~~† or~~

2268 (e) The director of the service provider determines that  
2269 the individual is beyond the safe management capabilities of the  
2270 provider.

2271 (2) Whenever a qualified professional determines that an  
2272 individual admitted for involuntary services ~~qualifies~~ ~~treatment~~  
2273 ~~is ready~~ for early release under ~~for any of the reasons listed~~



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2274 ~~in~~ subsection (1), the service provider shall immediately  
2275 discharge the individual, and must notify all persons specified  
2276 by the court in the original treatment order.

2277 Section 41. Section 397.6975, Florida Statutes, is amended  
2278 to read:

2279 397.6975 Extension of involuntary services ~~substance abuse~~  
2280 ~~treatment~~ period.-

2281 (1) Whenever a service provider believes that an individual  
2282 who is nearing the scheduled date of his or her release from  
2283 involuntary services ~~treatment~~ continues to meet the criteria  
2284 for involuntary services ~~treatment~~ in s. 397.693, a petition for  
2285 renewal of the involuntary services ~~treatment~~ order may be filed  
2286 with the court at least 10 days before the expiration of the  
2287 court-ordered services ~~treatment~~ period. The court shall  
2288 immediately schedule a hearing to be held not more than 15 days  
2289 after filing of the petition. The court shall provide the copy  
2290 of the petition for renewal and the notice of the hearing to all  
2291 parties to the proceeding. The hearing is conducted pursuant to  
2292 s. 397.6957.

2293 (2) If the court finds that the petition for renewal of the  
2294 involuntary services ~~treatment~~ order should be granted, it may  
2295 order the respondent to receive ~~undergo~~ involuntary services  
2296 ~~treatment~~ for a period not to exceed an additional 90 days. When  
2297 the conditions justifying involuntary services ~~treatment~~ no  
2298 longer exist, the individual must be released as provided in s.  
2299 397.6971. When the conditions justifying involuntary services  
2300 ~~treatment~~ continue to exist after an additional 90 days of  
2301 service ~~additional treatment~~, a new petition requesting renewal  
2302 of the involuntary services ~~treatment~~ order may be filed





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2303 pursuant to this section.

2304 (3) Within 1 court working day after the filing of a  
2305 petition for continued involuntary services, the court shall  
2306 appoint the office of criminal conflict and civil regional  
2307 counsel to represent the respondent, unless the respondent is  
2308 otherwise represented by counsel. The clerk of the court shall  
2309 immediately notify the office of criminal conflict and civil  
2310 regional counsel of such appointment. The office of criminal  
2311 conflict and civil regional counsel shall represent the  
2312 respondent until the petition is dismissed or the court order  
2313 expires or the respondent is discharged from involuntary  
2314 services. Any attorney representing the respondent shall have  
2315 access to the respondent, witnesses, and records relevant to the  
2316 presentation of the respondent's case and shall represent the  
2317 interests of the respondent, regardless of the source of payment  
2318 to the attorney.

2319 (4) Hearings on petitions for continued involuntary  
2320 services shall be before the circuit court. The court may  
2321 appoint a magistrate to preside at the hearing. The procedures  
2322 for obtaining an order pursuant to this section shall be in  
2323 accordance with s. 397.697.

2324 (5) Notice of hearing shall be provided to the respondent  
2325 or his or her counsel. The respondent and the respondent's  
2326 counsel may agree to a period of continued involuntary services  
2327 without a court hearing.

2328 (6) The same procedure shall be repeated before the  
2329 expiration of each additional period of involuntary services.

2330 (7) If the respondent has previously been found incompetent  
2331 to consent to treatment, the court shall consider testimony and



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2332 evidence regarding the respondent's competence.

2333 Section 42. Section 397.6977, Florida Statutes, is amended  
2334 to read:

2335 397.6977 Disposition of individual upon completion of  
2336 involuntary services ~~substance abuse treatment~~.—At the  
2337 conclusion of the 90-day ~~60-day~~ period of court-ordered  
2338 involuntary services ~~treatment~~, the respondent ~~individual~~ is  
2339 automatically discharged unless a motion for renewal of the  
2340 involuntary services ~~treatment~~ order has been filed with the  
2341 court pursuant to s. 397.6975.

2342 Section 43. Section 397.6978, Florida Statutes, is created  
2343 to read:

2344 397.6978 Guardian advocate; patient incompetent to consent;  
2345 substance abuse disorder.—

2346 (1) The administrator of a receiving facility or an  
2347 addictions receiving facility may petition the court for the  
2348 appointment of a guardian advocate based upon the opinion of a  
2349 qualified professional that the patient is incompetent to  
2350 consent to treatment. If the court finds that a patient is  
2351 incompetent to consent to treatment and has not been adjudicated  
2352 incapacitated and that a guardian with the authority to consent  
2353 to substance abuse treatment has not been appointed, it may  
2354 appoint a guardian advocate. The patient has the right to have  
2355 an attorney represent him or her at the hearing. If the person  
2356 is indigent, the court shall appoint the office of criminal  
2357 conflict and civil regional counsel to represent him or her at  
2358 the hearing. The patient has the right to testify, cross-examine  
2359 witnesses, and present witnesses. The proceeding shall be  
2360 recorded electronically or stenographically, and testimony must



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2361 be provided under oath. One of the qualified professionals  
2362 authorized to give an opinion in support of a petition for  
2363 involuntary services, as described in s. 397.693, must testify.  
2364 A guardian advocate must meet the qualifications of a guardian  
2365 contained in part IV of chapter 744. The person who is appointed  
2366 as a guardian advocate must agree to the appointment.

2367 (2) The following persons are prohibited from appointment  
2368 as a patient's guardian advocate:

2369 (a) A professional providing clinical services to the  
2370 individual under this part.

2371 (b) The qualified professional who initiated the  
2372 involuntary examination of the individual, if the examination  
2373 was initiated by a qualified professional's certificate.

2374 (c) An employee, an administrator, or a board member of the  
2375 facility providing the examination of the individual.

2376 (d) An employee, an administrator, or a board member of the  
2377 treatment facility providing treatment of the individual.

2378 (e) A person providing any substantial professional  
2379 services, excluding public guardians or professional guardians,  
2380 to the individual, including clinical services.

2381 (f) A creditor of the individual.

2382 (g) A person subject to an injunction for protection  
2383 against domestic violence under s. 741.30, whether the order of  
2384 injunction is temporary or final, and for which the individual  
2385 was the petitioner.

2386 (h) A person subject to an injunction for protection  
2387 against repeat violence, stalking, sexual violence, or dating  
2388 violence under s. 784.046, whether the order of injunction is  
2389 temporary or final, and for which the individual was the



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2390 petitioner.

2391 (3) A facility requesting appointment of a guardian  
2392 advocate must, before the appointment, provide the prospective  
2393 guardian advocate with information about the duties and  
2394 responsibilities of guardian advocates, including information  
2395 about the ethics of medical decisionmaking. Before asking a  
2396 guardian advocate to give consent to treatment for a patient,  
2397 the facility must provide to the guardian advocate sufficient  
2398 information so that the guardian advocate can decide whether to  
2399 give express and informed consent to the treatment. Such  
2400 information must include information that demonstrates that the  
2401 treatment is essential to the care of the patient and does not  
2402 present an unreasonable risk of serious, hazardous, or  
2403 irreversible side effects. If possible, before giving consent to  
2404 treatment, the guardian advocate must personally meet and talk  
2405 with the patient and the patient's physician. If that is not  
2406 possible, the discussion may be conducted by telephone. The  
2407 decision of the guardian advocate may be reviewed by the court,  
2408 upon petition of the patient's attorney, the patient's family,  
2409 or the facility administrator.

2410 (4) In lieu of the training required for guardians  
2411 appointed pursuant to chapter 744, a guardian advocate shall  
2412 attend at least a 4-hour training course approved by the court  
2413 before exercising his or her authority. At a minimum, the  
2414 training course must include information about patient rights,  
2415 the diagnosis of substance abuse disorders, the ethics of  
2416 medical decisionmaking, and the duties of guardian advocates.

2417 (5) The required training course and the information to be  
2418 supplied to prospective guardian advocates before their



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2419 appointment must be developed by the department, approved by the  
2420 chief judge of the circuit court, and taught by a court-approved  
2421 organization, which may include, but need not be limited to, a  
2422 community college, a guardianship organization, a local bar  
2423 association, or The Florida Bar. The training course may be web-  
2424 based, provided in video format, or provided in other electronic  
2425 means but must be capable of ensuring the identity and  
2426 participation of the prospective guardian advocate. The court  
2427 may waive some or all of the training requirements for guardian  
2428 advocates or impose additional requirements. The court shall  
2429 make its decision on a case-by-case basis and, in making its  
2430 decision, shall consider the experience and education of the  
2431 guardian advocate, the duties assigned to the guardian advocate,  
2432 and the needs of the patient.

2433 (6) In selecting a guardian advocate, the court shall give  
2434 preference to the patient's health care surrogate, if one has  
2435 already been designated by the patient. If the patient has not  
2436 previously designated a health care surrogate, the selection  
2437 shall be made, except for good cause documented in the court  
2438 record, from among the following persons, listed in order of  
2439 priority:

2440 (a) The spouse of the patient.

2441 (b) An adult child of the patient.

2442 (c) A parent of the patient.

2443 (d) The adult next of kin of the patient.

2444 (e) An adult friend of the patient.

2445 (f) An adult trained and willing to serve as the guardian  
2446 advocate for the patient.

2447 (7) If a guardian with the authority to consent to medical



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2448 treatment has not already been appointed, or if the patient has  
2449 not already designated a health care surrogate, the court may  
2450 authorize the guardian advocate to consent to medical treatment  
2451 as well as substance abuse disorder treatment. Unless otherwise  
2452 limited by the court, a guardian advocate with authority to  
2453 consent to medical treatment has the same authority to make  
2454 health care decisions and is subject to the same restrictions as  
2455 a proxy appointed under part IV of chapter 765. Unless the  
2456 guardian advocate has sought and received express court approval  
2457 in a proceeding separate from the proceeding to determine the  
2458 competence of the patient to consent to medical treatment, the  
2459 guardian advocate may not consent to:

- 2460 (a) Abortion.
- 2461 (b) Sterilization.
- 2462 (c) Electroshock therapy.
- 2463 (d) Psychosurgery.
- 2464 (e) Experimental treatments that have not been approved by  
2465 a federally approved institutional review board in accordance  
2466 with 45 C.F.R. part 46 or 21 C.F.R. part 56.

2467  
2468 The court must base its authorization on evidence that the  
2469 treatment or procedure is essential to the care of the patient  
2470 and that the treatment does not present an unreasonable risk of  
2471 serious, hazardous, or irreversible side effects. In complying  
2472 with this subsection, the court shall follow the procedures set  
2473 forth in subsection (1).

2474 (8) The guardian advocate shall be discharged when the  
2475 patient is discharged from an order for involuntary services or  
2476 when the patient is transferred from involuntary to voluntary



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2477 status. The court or a hearing officer shall consider the  
2478 competence of the patient as provided in subsection (1) and may  
2479 consider an involuntarily placed patient's competence to consent  
2480 to services at any hearing. Upon sufficient evidence, the court  
2481 may restore, or the magistrate may recommend that the court  
2482 restore, the patient's competence. A copy of the order restoring  
2483 competence or the certificate of discharge containing the  
2484 restoration of competence shall be provided to the patient and  
2485 the guardian advocate.

2486       Section 44. Paragraphs (d) through (m) of subsection (2) of  
2487 section 409.967, are redesignated as paragraphs (e) through (n),  
2488 respectively, and a new paragraph (d) is added to that  
2489 subsection to read:

2490           409.967 Managed care plan accountability.—

2491           (2) The agency shall establish such contract requirements  
2492 as are necessary for the operation of the statewide managed care  
2493 program. In addition to any other provisions the agency may deem  
2494 necessary, the contract must require:

2495           (d) Quality care.—Managed care plans shall provide, or  
2496 contract for the provision of, care coordination to facilitate  
2497 the appropriate delivery of behavioral health care services in  
2498 the least restrictive setting with treatment and recovery  
2499 capabilities that address the needs of the patient. Services  
2500 shall be provided in a manner that integrates behavioral health  
2501 services and primary care. Plans shall be required to achieve  
2502 specific behavioral health outcome standards, established by the  
2503 agency in consultation with the department.

2504       Section 45. Subsection (5) is added to section 409.973,  
2505 Florida Statutes, to read:



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2506 409.973 Benefits.—

2507 (5) INTEGRATED BEHAVIORAL HEALTH INITIATIVE.—Each plan  
2508 operating in the managed medical assistance program shall work  
2509 with the managing entity in its service area to establish  
2510 specific organizational supports and protocols that enhance the  
2511 integration and coordination of primary care and behavioral  
2512 health services for Medicaid recipients. Progress in this  
2513 initiative shall be measured using the integration framework and  
2514 core measures developed by the Agency for Healthcare Research  
2515 and Quality.

2516 Section 46. Notwithstanding the amendment made to s.  
2517 409.975(6), Florida Statutes, by HB 5101, 1st Eng., 2016 Regular  
2518 Session, subsection (6) of section 409.975, Florida Statutes, is  
2519 reenacted to read:

2520 409.975 Managed care plan accountability.—In addition to  
2521 the requirements of s. 409.967, plans and providers  
2522 participating in the managed medical assistance program shall  
2523 comply with the requirements of this section.

2524 (6) PROVIDER PAYMENT.—Managed care plans and hospitals  
2525 shall negotiate mutually acceptable rates, methods, and terms of  
2526 payment. For rates, methods, and terms of payment negotiated  
2527 after the contract between the agency and the plan is executed,  
2528 plans shall pay hospitals, at a minimum, the rate the agency  
2529 would have paid on the first day of the contract between the  
2530 provider and the plan. Such payments to hospitals may not exceed  
2531 120 percent of the rate the agency would have paid on the first  
2532 day of the contract between the provider and the plan, unless  
2533 specifically approved by the agency. Payment rates may be  
2534 updated periodically.





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2535           Section 47. It is the intent of the Legislature that the  
2536 reenactment of s. 409.975(6), Florida Statutes, shall control  
2537 over the amendment to that subsection made by HB 5101, 1st Eng.,  
2538 2016 Regular Session, regardless of the order in which they are  
2539 enacted.

2540           Section 48. Section 491.0045, Florida Statutes, is amended  
2541 to read:

2542           491.0045 Intern registration; requirements.—

2543           (1) ~~Effective January 1, 1998,~~ An individual who has not  
2544 satisfied ~~intends to practice in Florida to satisfy the~~  
2545 ~~postgraduate or post-master's level experience requirements, as~~  
2546 ~~specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register~~  
2547 ~~as an intern in the profession for which he or she is seeking~~  
2548 ~~licensure before ~~prior to~~ commencing the post-master's~~  
2549 ~~experience requirement or an individual who intends to satisfy~~  
2550 ~~part of the required graduate-level practicum, internship, or~~  
2551 ~~field experience, outside the academic arena for any profession,~~  
2552 ~~must register as an intern in the profession for which he or she~~  
2553 ~~is seeking licensure before ~~prior to~~ commencing the practicum,~~  
2554 ~~internship, or field experience.~~

2555           (2) The department shall register as a clinical social  
2556 worker intern, marriage and family therapist intern, or mental  
2557 health counselor intern each applicant who the board certifies  
2558 has:

2559           (a) Completed the application form and remitted a  
2560 nonrefundable application fee not to exceed \$200, as set by  
2561 board rule;

2562           (b)1. Completed the education requirements as specified in  
2563 s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for which



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2564 he or she is applying for licensure, if needed; and  
2565       2. Submitted an acceptable supervision plan, as determined  
2566 by the board, for meeting the practicum, internship, or field  
2567 work required for licensure that was not satisfied in his or her  
2568 graduate program.  
2569       (c) Identified a qualified supervisor.  
2570       (3) An individual registered under this section must remain  
2571 under supervision while practicing under registered intern  
2572 status until he or she is in receipt of a license or a letter  
2573 from the department stating that he or she is licensed to  
2574 practice the profession for which he or she applied.  
2575       ~~(4) An individual who has applied for intern registration~~  
2576 ~~on or before December 31, 2001, and has satisfied the education~~  
2577 ~~requirements of s. 491.005 that are in effect through December~~  
2578 ~~31, 2000, will have met the educational requirements for~~  
2579 ~~licensure for the profession for which he or she has applied.~~  
2580       ~~(4)(5) An individual who fails~~ Individuals who have  
2581 ~~commenced the experience requirement as specified in s.~~  
2582 ~~491.005(1)(c), (3)(c), or (4)(c) but failed to register as~~  
2583 ~~required by subsection (1) shall register with the department~~  
2584 ~~before January 1, 2000. Individuals who fail to comply with this~~  
2585 ~~section may~~ subsection shall not be granted a license under this  
2586 chapter, and any time spent by the individual completing the  
2587 experience requirement as specified in s. 491.005(1)(c), (3)(c),  
2588 or (4)(c) before ~~prior to~~ registering as an intern does shall  
2589 not count toward completion of the ~~such~~ requirement.  
2590       (5) An intern registration is valid for 5 years.  
2591       (6) A registration issued on or before March 31, 2017,  
2592 expires March 31, 2022, and may not be renewed or reissued. Any



2593 registration issued after March 31, 2017, expires 60 months  
2594 after the date it is issued. A subsequent intern registration  
2595 may not be issued unless the candidate has passed the theory and  
2596 practice examination described in s. 491.005(1)(d), (3)(d), and  
2597 (4)(d).

2598 (7) An individual who has held a provisional license issued  
2599 by the board may not apply for an intern registration in the  
2600 same profession.

2601 Section 49. Section 394.4674, Florida Statutes, is  
2602 repealed.

2603 Section 50. Section 394.4985, Florida Statutes, is  
2604 repealed.

2605 Section 51. Section 394.745, Florida Statutes, is repealed.

2606 Section 52. Section 397.331, Florida Statutes, is repealed.

2607 Section 53. Section 397.801, Florida Statutes, is repealed.

2608 Section 54. Section 397.811, Florida Statutes, is repealed.

2609 Section 55. Section 397.821, Florida Statutes, is repealed.

2610 Section 56. Section 397.901, Florida Statutes, is repealed.

2611 Section 57. Section 397.93, Florida Statutes, is repealed.

2612 Section 58. Section 397.94, Florida Statutes, is repealed.

2613 Section 59. Section 397.951, Florida Statutes, is repealed.

2614 Section 60. Section 397.97, Florida Statutes, is repealed.

2615 Section 61. Section 397.98, Florida Statutes, is repealed.

2616 Section 62. Paragraph (a) of subsection (3) of section  
2617 39.407, Florida Statutes, is amended to read:

2618 39.407 Medical, psychiatric, and psychological examination  
2619 and treatment of child; physical, mental, or substance abuse  
2620 examination of person with or requesting child custody.—

2621 (3)(a)1. Except as otherwise provided in subparagraph (b)1.



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2622 or paragraph (e), before the department provides psychotropic  
2623 medications to a child in its custody, the prescribing physician  
2624 shall attempt to obtain express and informed consent, as defined  
2625 in s. 394.455(15) ~~s. 394.455(9)~~ and as described in s.  
2626 394.459(3) (a), from the child's parent or legal guardian. The  
2627 department must take steps necessary to facilitate the inclusion  
2628 of the parent in the child's consultation with the physician.  
2629 However, if the parental rights of the parent have been  
2630 terminated, the parent's location or identity is unknown or  
2631 cannot reasonably be ascertained, or the parent declines to give  
2632 express and informed consent, the department may, after  
2633 consultation with the prescribing physician, seek court  
2634 authorization to provide the psychotropic medications to the  
2635 child. Unless parental rights have been terminated and if it is  
2636 possible to do so, the department shall continue to involve the  
2637 parent in the decisionmaking process regarding the provision of  
2638 psychotropic medications. If, at any time, a parent whose  
2639 parental rights have not been terminated provides express and  
2640 informed consent to the provision of a psychotropic medication,  
2641 the requirements of this section that the department seek court  
2642 authorization do not apply to that medication until such time as  
2643 the parent no longer consents.

2644 2. Any time the department seeks a medical evaluation to  
2645 determine the need to initiate or continue a psychotropic  
2646 medication for a child, the department must provide to the  
2647 evaluating physician all pertinent medical information known to  
2648 the department concerning that child.

2649 Section 63. Subsection (1) of section 39.524, Florida  
2650 Statutes, is amended to read:



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2651 39.524 Safe-harbor placement.—

2652 (1) Except as provided in s. 39.407 or s. 985.801, a  
2653 dependent child 6 years of age or older who has been found to be  
2654 a victim of sexual exploitation as defined in s. 39.01(70)(g) ~~s.~~  
2655 ~~39.01(69)(g)~~ must be assessed for placement in a safe house or  
2656 safe foster home as provided in s. 409.1678 using the initial  
2657 screening and assessment instruments provided in s. 409.1754(1).  
2658 If such placement is determined to be appropriate for the child  
2659 as a result of this assessment, the child may be placed in a  
2660 safe house or safe foster home, if one is available. However,  
2661 the child may be placed in another setting, if the other setting  
2662 is more appropriate to the child's needs or if a safe house or  
2663 safe foster home is unavailable, as long as the child's  
2664 behaviors are managed so as not to endanger other children  
2665 served in that setting.

2666 Section 64. Paragraph (e) of subsection (5) of section  
2667 212.055, Florida Statutes, is amended to read:

2668 212.055 Discretionary sales surtaxes; legislative intent;  
2669 authorization and use of proceeds.—It is the legislative intent  
2670 that any authorization for imposition of a discretionary sales  
2671 surtax shall be published in the Florida Statutes as a  
2672 subsection of this section, irrespective of the duration of the  
2673 levy. Each enactment shall specify the types of counties  
2674 authorized to levy; the rate or rates which may be imposed; the  
2675 maximum length of time the surtax may be imposed, if any; the  
2676 procedure which must be followed to secure voter approval, if  
2677 required; the purpose for which the proceeds may be expended;  
2678 and such other requirements as the Legislature may provide.  
2679 Taxable transactions and administrative procedures shall be as



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2680 provided in s. 212.054.

2681 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined in  
2682 s. 125.011(1) may levy the surtax authorized in this subsection  
2683 pursuant to an ordinance either approved by extraordinary vote  
2684 of the county commission or conditioned to take effect only upon  
2685 approval by a majority vote of the electors of the county voting  
2686 in a referendum. In a county as defined in s. 125.011(1), for  
2687 the purposes of this subsection, “county public general  
2688 hospital” means a general hospital as defined in s. 395.002  
2689 which is owned, operated, maintained, or governed by the county  
2690 or its agency, authority, or public health trust.

2691 (e) A governing board, agency, or authority shall be  
2692 chartered by the county commission upon this act becoming law.  
2693 The governing board, agency, or authority shall adopt and  
2694 implement a health care plan for indigent health care services.  
2695 The governing board, agency, or authority shall consist of no  
2696 more than seven and no fewer than five members appointed by the  
2697 county commission. The members of the governing board, agency,  
2698 or authority shall be at least 18 years of age and residents of  
2699 the county. No member may be employed by or affiliated with a  
2700 health care provider or the public health trust, agency, or  
2701 authority responsible for the county public general hospital.  
2702 The following community organizations shall each appoint a  
2703 representative to a nominating committee: the South Florida  
2704 Hospital and Healthcare Association, the Miami-Dade County  
2705 Public Health Trust, the Dade County Medical Association, the  
2706 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade  
2707 County. This committee shall nominate between 10 and 14 county  
2708 citizens for the governing board, agency, or authority. The



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2709 slate shall be presented to the county commission and the county  
2710 commission shall confirm the top five to seven nominees,  
2711 depending on the size of the governing board. Until such time as  
2712 the governing board, agency, or authority is created, the funds  
2713 provided for in subparagraph (d)2. shall be placed in a  
2714 restricted account set aside from other county funds and not  
2715 disbursed by the county for any other purpose.

2716 1. The plan shall divide the county into a minimum of four  
2717 and maximum of six service areas, with no more than one  
2718 participant hospital per service area. The county public general  
2719 hospital shall be designated as the provider for one of the  
2720 service areas. Services shall be provided through participants'  
2721 primary acute care facilities.

2722 2. The plan and subsequent amendments to it shall fund a  
2723 defined range of health care services for both indigent persons  
2724 and the medically poor, including primary care, preventive care,  
2725 hospital emergency room care, and hospital care necessary to  
2726 stabilize the patient. For the purposes of this section,  
2727 "stabilization" means stabilization as defined in s. 397.311(44)  
2728 ~~s. 397.311(41)~~. Where consistent with these objectives, the plan  
2729 may include services rendered by physicians, clinics, community  
2730 hospitals, and alternative delivery sites, as well as at least  
2731 one regional referral hospital per service area. The plan shall  
2732 provide that agreements negotiated between the governing board,  
2733 agency, or authority and providers shall recognize hospitals  
2734 that render a disproportionate share of indigent care, provide  
2735 other incentives to promote the delivery of charity care to draw  
2736 down federal funds where appropriate, and require cost  
2737 containment, including, but not limited to, case management.



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2738 From the funds specified in subparagraphs (d)1. and 2. for  
2739 indigent health care services, service providers shall receive  
2740 reimbursement at a Medicaid rate to be determined by the  
2741 governing board, agency, or authority created pursuant to this  
2742 paragraph for the initial emergency room visit, and a per-member  
2743 per-month fee or capitation for those members enrolled in their  
2744 service area, as compensation for the services rendered  
2745 following the initial emergency visit. Except for provisions of  
2746 emergency services, upon determination of eligibility,  
2747 enrollment shall be deemed to have occurred at the time services  
2748 were rendered. The provisions for specific reimbursement of  
2749 emergency services shall be repealed on July 1, 2001, unless  
2750 otherwise reenacted by the Legislature. The capitation amount or  
2751 rate shall be determined before ~~prior to~~ program implementation  
2752 by an independent actuarial consultant. In no event shall such  
2753 reimbursement rates exceed the Medicaid rate. The plan must also  
2754 provide that any hospitals owned and operated by government  
2755 entities on or after the effective date of this act must, as a  
2756 condition of receiving funds under this subsection, afford  
2757 public access equal to that provided under s. 286.011 as to any  
2758 meeting of the governing board, agency, or authority the subject  
2759 of which is budgeting resources for the retention of charity  
2760 care, as that term is defined in the rules of the Agency for  
2761 Health Care Administration. The plan shall also include  
2762 innovative health care programs that provide cost-effective  
2763 alternatives to traditional methods of service and delivery  
2764 funding.

2765         3. The plan's benefits shall be made available to all  
2766 county residents currently eligible to receive health care





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2767 services as indigents or medically poor as defined in paragraph  
2768 (4) (d).

2769 4. Eligible residents who participate in the health care  
2770 plan shall receive coverage for a period of 12 months or the  
2771 period extending from the time of enrollment to the end of the  
2772 current fiscal year, per enrollment period, whichever is less.

2773 5. At the end of each fiscal year, the governing board,  
2774 agency, or authority shall prepare an audit that reviews the  
2775 budget of the plan, delivery of services, and quality of  
2776 services, and makes recommendations to increase the plan's  
2777 efficiency. The audit shall take into account participant  
2778 hospital satisfaction with the plan and assess the amount of  
2779 poststabilization patient transfers requested, and accepted or  
2780 denied, by the county public general hospital.

2781 Section 65. Paragraph (c) of subsection (2) of section  
2782 394.4599, Florida Statutes, is amended to read:

2783 394.4599 Notice.—

2784 (2) INVOLUNTARY ADMISSION.—

2785 (c)1. A receiving facility shall give notice of the  
2786 whereabouts of a minor who is being involuntarily held for  
2787 examination pursuant to s. 394.463 to the minor's parent,  
2788 guardian, caregiver, or guardian advocate, in person or by  
2789 telephone or other form of electronic communication, immediately  
2790 after the minor's arrival at the facility. The facility may  
2791 delay notification for no more than 24 hours after the minor's  
2792 arrival if the facility has submitted a report to the central  
2793 abuse hotline, pursuant to s. 39.201, based upon knowledge or  
2794 suspicion of abuse, abandonment, or neglect and if the facility  
2795 deems a delay in notification to be in the minor's best



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2796 interest.

2797         2. The receiving facility shall attempt to notify the  
2798 minor's parent, guardian, caregiver, or guardian advocate until  
2799 the receiving facility receives confirmation from the parent,  
2800 guardian, caregiver, or guardian advocate, verbally, by  
2801 telephone or other form of electronic communication, or by  
2802 recorded message, that notification has been received. Attempts  
2803 to notify the parent, guardian, caregiver, or guardian advocate  
2804 must be repeated at least once every hour during the first 12  
2805 hours after the minor's arrival and once every 24 hours  
2806 thereafter and must continue until such confirmation is  
2807 received, unless the minor is released at the end of the 72-hour  
2808 examination period, or until a petition for involuntary services  
2809 ~~placement~~ is filed with the court pursuant to s. 394.463(2)(g)  
2810 ~~s. 394.463(2)(i)~~. The receiving facility may seek assistance  
2811 from a law enforcement agency to notify the minor's parent,  
2812 guardian, caregiver, or guardian advocate if the facility has  
2813 not received within the first 24 hours after the minor's arrival  
2814 a confirmation by the parent, guardian, caregiver, or guardian  
2815 advocate that notification has been received. The receiving  
2816 facility must document notification attempts in the minor's  
2817 clinical record.

2818         Section 66. Subsection (3) and paragraph (p) of subsection  
2819 (4) of section 394.495, Florida Statutes, are amended to read:

2820         394.495 Child and adolescent mental health system of care;  
2821 programs and services.—

2822         (3) Assessments must be performed by:

2823         (a) A professional as defined in s. 394.455(5), (7), (32),  
2824 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24);~~



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2825 (b) A professional licensed under chapter 491; or  
2826 (c) A person who is under the direct supervision of a  
2827 qualified professional as defined in s. 394.455(5), (7), (32),  
2828 (35), or (36) s. 394.455(2), (4), (21), (23), or (24) or a  
2829 professional licensed under chapter 491.  
2830 (4) The array of services may include, but is not limited  
2831 to:  
2832 (p) Trauma-informed services for children who have suffered  
2833 sexual exploitation as defined in s. 39.01(70)(g) ~~s.~~  
2834 ~~39.01(69)(g)~~.  
2835 Section 67. Subsection (5) of section 394.496, Florida  
2836 Statutes, is amended to read:  
2837 394.496 Service planning.—  
2838 (5) A professional as defined in s. 394.455(5), (7), (32),  
2839 (35), or (36) s. 394.455(2), (4), (21), (23), or (24) or a  
2840 professional licensed under chapter 491 must be included among  
2841 those persons developing the services plan.  
2842 Section 68. Subsection (6) of section 394.9085, Florida  
2843 Statutes, is amended to read:  
2844 394.9085 Behavioral provider liability.—  
2845 (6) For purposes of this section, the terms "detoxification  
2846 services," "addictions receiving facility," and "receiving  
2847 facility" have the same meanings as those provided in ss.  
2848 397.311(25)(a)4., 397.311(25)(a)1., and 394.455(39) ~~ss.~~  
2849 ~~397.311(22)(a)4., 397.311(22)(a)1., and 394.455(26),~~  
2850 respectively.  
2851 Section 69. Subsections (16) through (20) of section  
2852 397.321, Florida Statutes, are renumbered as subsections (15)  
2853 through (19), respectively, and present subsection (15) of that



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2854 section is amended to read:

2855 397.321 Duties of the department.—The department shall:

2856 ~~(15) Appoint a substance abuse impairment coordinator to~~  
2857 ~~represent the department in efforts initiated by the statewide~~  
2858 ~~substance abuse impairment prevention and treatment coordinator~~  
2859 ~~established in s. 397.801 and to assist the statewide~~  
2860 ~~coordinator in fulfilling the responsibilities of that position.~~

2861 Section 70. Subsection (8) of section 397.405, Florida  
2862 Statutes, is amended to read:

2863 397.405 Exemptions from licensure.—The following are exempt  
2864 from the licensing provisions of this chapter:

2865 (8) A legally cognizable church or nonprofit religious  
2866 organization or denomination providing substance abuse services,  
2867 including prevention services, which are solely religious,  
2868 spiritual, or ecclesiastical in nature. A church or nonprofit  
2869 religious organization or denomination providing any of the  
2870 licensed service components itemized under s. 397.311(25) ~~s.~~  
2871 ~~397.311(22)~~ is not exempt from substance abuse licensure but  
2872 retains its exemption with respect to all services which are  
2873 solely religious, spiritual, or ecclesiastical in nature.

2874  
2875 The exemptions from licensure in this section do not apply to  
2876 any service provider that receives an appropriation, grant, or  
2877 contract from the state to operate as a service provider as  
2878 defined in this chapter or to any substance abuse program  
2879 regulated pursuant to s. 397.406. Furthermore, this chapter may  
2880 not be construed to limit the practice of a physician or  
2881 physician assistant licensed under chapter 458 or chapter 459, a  
2882 psychologist licensed under chapter 490, a psychotherapist



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2883 licensed under chapter 491, or an advanced registered nurse  
2884 practitioner licensed under part I of chapter 464, who provides  
2885 substance abuse treatment, so long as the physician, physician  
2886 assistant, psychologist, psychotherapist, or advanced registered  
2887 nurse practitioner does not represent to the public that he or  
2888 she is a licensed service provider and does not provide services  
2889 to individuals pursuant to part V of this chapter. Failure to  
2890 comply with any requirement necessary to maintain an exempt  
2891 status under this section is a misdemeanor of the first degree,  
2892 punishable as provided in s. 775.082 or s. 775.083.

2893 Section 71. Subsections (1) and (5) of section 397.407,  
2894 Florida Statutes, are amended to read:

2895 397.407 Licensure process; fees.—

2896 (1) The department shall establish the licensure process to  
2897 include fees and categories of licenses and must prescribe a fee  
2898 range that is based, at least in part, on the number and  
2899 complexity of programs listed in s. 397.311(25) ~~s. 397.311(22)~~  
2900 which are operated by a licensee. The fees from the licensure of  
2901 service components are sufficient to cover at least 50 percent  
2902 of the costs of regulating the service components. The  
2903 department shall specify a fee range for public and privately  
2904 funded licensed service providers. Fees for privately funded  
2905 licensed service providers must exceed the fees for publicly  
2906 funded licensed service providers.

2907 (5) The department may issue probationary, regular, and  
2908 interim licenses. The department shall issue one license for  
2909 each service component that is operated by a service provider  
2910 and defined pursuant to s. 397.311(25) ~~s. 397.311(22)~~. The  
2911 license is valid only for the specific service components listed



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2912 for each specific location identified on the license. The  
2913 licensed service provider shall apply for a new license at least  
2914 60 days before the addition of any service components or 30 days  
2915 before the relocation of any of its service sites. Provision of  
2916 service components or delivery of services at a location not  
2917 identified on the license may be considered an unlicensed  
2918 operation that authorizes the department to seek an injunction  
2919 against operation as provided in s. 397.401, in addition to  
2920 other sanctions authorized by s. 397.415. Probationary and  
2921 regular licenses may be issued only after all required  
2922 information has been submitted. A license may not be  
2923 transferred. As used in this subsection, the term "transfer"  
2924 includes, but is not limited to, the transfer of a majority of  
2925 the ownership interest in the licensed entity or transfer of  
2926 responsibilities under the license to another entity by  
2927 contractual arrangement.

2928 Section 72. Section 397.416, Florida Statutes, is amended  
2929 to read:

2930 397.416 Substance abuse treatment services; qualified  
2931 professional.—Notwithstanding any other provision of law, a  
2932 person who was certified through a certification process  
2933 recognized by the former Department of Health and Rehabilitative  
2934 Services before January 1, 1995, may perform the duties of a  
2935 qualified professional with respect to substance abuse treatment  
2936 services as defined in this chapter, and need not meet the  
2937 certification requirements contained in s. 397.311(33) ~~s.~~  
2938 ~~397.311(30)~~.

2939 Section 73. Subsection (2) of section 397.4871, Florida  
2940 Statutes, is amended to read:



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2941           397.4871 Recovery residence administrator certification.—  
2942           (2) The department shall approve at least one credentialing  
2943 entity by December 1, 2015, for the purpose of developing and  
2944 administering a voluntary credentialing program for  
2945 administrators. The department shall approve any credentialing  
2946 entity that the department endorses pursuant to s. 397.321(15)  
2947 ~~s. 397.321(16)~~ if the credentialing entity also meets the  
2948 requirements of this section. The approved credentialing entity  
2949 shall:  
2950           (a) Establish recovery residence administrator core  
2951 competencies, certification requirements, testing instruments,  
2952 and recertification requirements.  
2953           (b) Establish a process to administer the certification  
2954 application, award, and maintenance processes.  
2955           (c) Develop and administer:  
2956           1. A code of ethics and disciplinary process.  
2957           2. Biennial continuing education requirements and annual  
2958 certification renewal requirements.  
2959           3. An education provider program to approve training  
2960 entities that are qualified to provide precertification training  
2961 to applicants and continuing education opportunities to  
2962 certified persons.  
2963           Section 74. Paragraph (c) of subsection (1) and paragraphs  
2964 (a) and (b) of subsection (6) of section 409.1678, Florida  
2965 Statutes, are amended to read:  
2966           409.1678 Specialized residential options for children who  
2967 are victims of sexual exploitation.—  
2968           (1) DEFINITIONS.—As used in this section, the term:  
2969           (c) "Sexually exploited child" means a child who has



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2970 suffered sexual exploitation as defined in s. 39.01(70)(g) ~~s.~~  
2971 ~~39.01(69)(g)~~ and is ineligible for relief and benefits under the  
2972 federal Trafficking Victims Protection Act, 22 U.S.C. ss. 7101  
2973 et seq.

2974 (6) LOCATION INFORMATION.—

2975 (a) Information about the location of a safe house, safe  
2976 foster home, or other residential facility serving victims of  
2977 sexual exploitation, as defined in s. 39.01(70)(g) ~~s.~~  
2978 ~~39.01(69)(g)~~, which is held by an agency, as defined in s.  
2979 119.011, is confidential and exempt from s. 119.07(1) and s.  
2980 24(a), Art. I of the State Constitution. This exemption applies  
2981 to such confidential and exempt information held by an agency  
2982 before, on, or after the effective date of the exemption.

2983 (b) Information about the location of a safe house, safe  
2984 foster home, or other residential facility serving victims of  
2985 sexual exploitation, as defined in s. 39.01(70)(g) ~~s.~~  
2986 ~~39.01(69)(g)~~, may be provided to an agency, as defined in s.  
2987 119.011, as necessary to maintain health and safety standards  
2988 and to address emergency situations in the safe house, safe  
2989 foster home, or other residential facility.

2990 Section 75. Paragraph (e) of subsection (3) of section  
2991 409.966, Florida Statutes, is amended to read:

2992 409.966 Eligible plans; selection.—

2993 (3) QUALITY SELECTION CRITERIA.—

2994 (e) To ensure managed care plan participation in Regions 1  
2995 and 2, the agency shall award an additional contract to each  
2996 plan with a contract award in Region 1 or Region 2. Such  
2997 contract shall be in any other region in which the plan  
2998 submitted a responsive bid and negotiates a rate acceptable to





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2999 the agency. If a plan that is awarded an additional contract  
3000 pursuant to this paragraph is subject to penalties pursuant to  
3001 s. 409.967(2)(i) ~~s. 409.967(2)(h)~~ for activities in Region 1 or  
3002 Region 2, the additional contract is automatically terminated  
3003 180 days after the imposition of the penalties. The plan must  
3004 reimburse the agency for the cost of enrollment changes and  
3005 other transition activities.

3006 Section 76. Paragraph (b) of subsection (1) of section  
3007 409.972, Florida Statutes, is amended to read:

3008 409.972 Mandatory and voluntary enrollment.—

3009 (1) The following Medicaid-eligible persons are exempt from  
3010 mandatory managed care enrollment required by s. 409.965, and  
3011 may voluntarily choose to participate in the managed medical  
3012 assistance program:

3013 (b) Medicaid recipients residing in residential commitment  
3014 facilities operated through the Department of Juvenile Justice  
3015 or a mental health treatment facility ~~facilities~~ as defined in  
3016 s. 394.455(47) ~~by s. 394.455(32)~~.

3017 Section 77. Paragraphs (d) and (g) of subsection (1) of  
3018 section 440.102, Florida Statutes, are amended to read:

3019 440.102 Drug-free workplace program requirements.—The  
3020 following provisions apply to a drug-free workplace program  
3021 implemented pursuant to law or to rules adopted by the Agency  
3022 for Health Care Administration:

3023 (1) DEFINITIONS.—Except where the context otherwise  
3024 requires, as used in this act:

3025 (d) "Drug rehabilitation program" means a service provider,  
3026 established pursuant to s. 397.311(42) ~~s. 397.311(39)~~, that  
3027 provides confidential, timely, and expert identification,



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3028 assessment, and resolution of employee drug abuse.

3029 (g) "Employee assistance program" means an established  
3030 program capable of providing expert assessment of employee  
3031 personal concerns; confidential and timely identification  
3032 services with regard to employee drug abuse; referrals of  
3033 employees for appropriate diagnosis, treatment, and assistance;  
3034 and followup services for employees who participate in the  
3035 program or require monitoring after returning to work. If, in  
3036 addition to the above activities, an employee assistance program  
3037 provides diagnostic and treatment services, these services shall  
3038 in all cases be provided by service providers pursuant to s.  
3039 397.311(42) ~~s. 397.311(39)~~.

3040 Section 78. Subsection (7) of section 744.704, Florida  
3041 Statutes, is amended to read:

3042 744.704 Powers and duties.—

3043 (7) A public guardian may ~~shall~~ not commit a ward to a  
3044 ~~mental health~~ treatment facility, as defined in s. 394.455(47)  
3045 ~~s. 394.455(32)~~, without an involuntary placement proceeding as  
3046 provided by law.

3047 Section 79. Subsection (5) of section 960.065, Florida  
3048 Statutes, is amended to read:

3049 960.065 Eligibility for awards.—

3050 (5) A person is not ineligible for an award pursuant to  
3051 paragraph (2) (a), paragraph (2) (b), or paragraph (2) (c) if that  
3052 person is a victim of sexual exploitation of a child as defined  
3053 in s. 39.01(70) (g) ~~s. 39.01(69) (g)~~.

3054 Section 80. The Secretary of Children and Families shall  
3055 appoint a workgroup to consider the feasibility of individuals  
3056 using advance directives to express the treatment wishes for



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3057 substance use disorders. The workgroup shall be composed of  
3058 individuals with expertise in the treatment of substance use  
3059 disorders. The workgroup must review the use of advance  
3060 directives in mental health, the use of advance directives for  
3061 substance use disorders in other states, and the use of similar  
3062 legal instruments to express the treatment wishes of individuals  
3063 suffering from substance use disorders. The workgroup shall  
3064 provide a report to the Governor, the President of the Senate,  
3065 and the Speaker of the House of Representatives by January 1,  
3066 2017. The report must include recommendations on the feasibility  
3067 of using advance directives for individuals with substance use  
3068 disorders and recommendations for any revisions to state laws or  
3069 agency rules. The members of the workgroup are not entitled to  
3070 reimbursement from the Department of Children and Families for  
3071 travel for workgroup meetings unless they are employees of the  
3072 department. This section expires on May 6, 2017.

3073 Section 81. Paragraph (b) of subsection (2) of section  
3074 61.13, Florida Statutes, is amended to read:

3075 61.13 Support of children; parenting and time-sharing;  
3076 powers of court.—

3077 (2)

3078 (b) A parenting plan approved by the court must, at a  
3079 minimum:—

3080 1. Describe in adequate detail how the parents will share  
3081 and be responsible for the daily tasks associated with the  
3082 upbringing of the child;

3083 2. Include the time-sharing schedule arrangements that  
3084 specify the time that the minor child will spend with each  
3085 parent;



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3086           3. Designate a designation of who will be responsible for:  
3087           a. Any and all forms of health care. If the court orders  
3088 shared parental responsibility over health care decisions, the  
3089 parenting plan must provide that either parent may consent to  
3090 mental health treatment for the child.

3091           b. School-related matters, including the address to be used  
3092 for school-boundary determination and registration.7—and

3093           c. Other activities; and

3094           4. Describe in adequate detail the methods and technologies  
3095 that the parents will use to communicate with the child.

3096           Section 82. Subsection (6) of section 39.001, Florida  
3097 Statutes, is amended to read:

3098           39.001 Purposes and intent; personnel standards and  
3099 screening.—

3100           (6) MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES.—

3101           (a) The Legislature recognizes that early referral and  
3102 comprehensive treatment can help combat mental illnesses and  
3103 substance abuse disorders in families and that treatment is  
3104 cost-effective.

3105           (b) The Legislature establishes the following goals for the  
3106 state related to mental illness and substance abuse treatment  
3107 services in the dependency process:

3108           1. To ensure the safety of children.

3109           2. To prevent and remediate the consequences of mental  
3110 illnesses and substance abuse disorders on families involved in  
3111 protective supervision or foster care and reduce the occurrences  
3112 of mental illnesses and substance abuse disorders, including  
3113 alcohol abuse or related disorders, for families who are at risk  
3114 of being involved in protective supervision or foster care.



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3115           3. To expedite permanency for children and reunify healthy,  
3116 intact families, when appropriate.

3117           4. To support families in recovery.

3118           (c) The Legislature finds that children in the care of the  
3119 state's dependency system need appropriate health care services,  
3120 that the impact of mental illnesses and substance abuse  
3121 disorders on health indicates the need for health care services  
3122 to include treatment for mental health and substance abuse  
3123 disorders for services to children and parents, where  
3124 appropriate, and that it is in the state's best interest that  
3125 such children be provided the services they need to enable them  
3126 to become and remain independent of state care. In order to  
3127 provide these services, the state's dependency system must have  
3128 the ability to identify and provide appropriate intervention and  
3129 treatment for children with personal or family-related mental  
3130 illness and substance abuse problems.

3131           (d) It is the intent of the Legislature to encourage the  
3132 use of the mental health court program model established under  
3133 chapter 394 and the drug court program model established under  
3134 ~~by~~ s. 397.334 and authorize courts to assess children and  
3135 persons who have custody or are requesting custody of children  
3136 where good cause is shown to identify and address mental  
3137 illnesses and substance abuse disorders ~~problems~~ as the court  
3138 deems appropriate at every stage of the dependency process.  
3139 Participation in treatment, including a mental health court  
3140 program or a treatment-based drug court program, may be required  
3141 by the court following adjudication. Participation in assessment  
3142 and treatment before ~~prior to~~ adjudication is ~~shall be~~  
3143 voluntary, except as provided in s. 39.407(16).



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3144 (e) It is therefore the purpose of the Legislature to  
3145 provide authority for the state to contract with mental health  
3146 service providers and community substance abuse treatment  
3147 providers for the development and operation of specialized  
3148 support and overlay services for the dependency system, which  
3149 will be fully implemented and used as resources permit.

3150 (f) Participation in a mental health court program or a the  
3151 treatment-based drug court program does not divest any public or  
3152 private agency of its responsibility for a child or adult, but  
3153 is intended to enable these agencies to better meet their needs  
3154 through shared responsibility and resources.

3155 Section 83. Subsection (10) of section 39.507, Florida  
3156 Statutes, is amended to read:

3157 39.507 Adjudicatory hearings; orders of adjudication.—

3158 (10) After an adjudication of dependency, or a finding of  
3159 dependency in which ~~where~~ adjudication is withheld, the court  
3160 may order a person who has custody or is requesting custody of  
3161 the child to submit to a mental health or substance abuse  
3162 disorder assessment or evaluation. The order may be made only  
3163 upon good cause shown and pursuant to notice and procedural  
3164 requirements provided under the Florida Rules of Juvenile  
3165 Procedure. The assessment or evaluation must be administered by  
3166 an appropriate ~~a~~ qualified professional, as defined in s. 39.01  
3167 or s. 397.311. The court may also require such person to  
3168 participate in and comply with treatment and services identified  
3169 as necessary, including, when appropriate and available,  
3170 participation in and compliance with a mental health court  
3171 program established under chapter 394 or a treatment-based drug  
3172 court program established under s. 397.334. In addition to



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3173 supervision by the department, the court, including the mental  
3174 health court program or treatment-based drug court program, may  
3175 oversee the progress and compliance with treatment by a person  
3176 who has custody or is requesting custody of the child. The court  
3177 may impose appropriate available sanctions for noncompliance  
3178 upon a person who has custody or is requesting custody of the  
3179 child or make a finding of noncompliance for consideration in  
3180 determining whether an alternative placement of the child is in  
3181 the child's best interests. Any order entered under this  
3182 subsection may be made only upon good cause shown. This  
3183 subsection does not authorize placement of a child with a person  
3184 seeking custody, other than the parent or legal custodian, who  
3185 requires mental health or substance abuse disorder treatment.

3186 Section 84. Paragraph (b) of subsection (1) of section  
3187 39.521, Florida Statutes, is amended to read:

3188 39.521 Disposition hearings; powers of disposition.—

3189 (1) A disposition hearing shall be conducted by the court,  
3190 if the court finds that the facts alleged in the petition for  
3191 dependency were proven in the adjudicatory hearing, or if the  
3192 parents or legal custodians have consented to the finding of  
3193 dependency or admitted the allegations in the petition, have  
3194 failed to appear for the arraignment hearing after proper  
3195 notice, or have not been located despite a diligent search  
3196 having been conducted.

3197 (b) When any child is adjudicated by a court to be  
3198 dependent, the court having jurisdiction of the child has the  
3199 power by order to:

3200 1. Require the parent and, when appropriate, the legal  
3201 custodian and the child to participate in treatment and services



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3202 identified as necessary. The court may require the person who  
3203 has custody or who is requesting custody of the child to submit  
3204 to a mental health or substance abuse disorder assessment or  
3205 evaluation. The order may be made only upon good cause shown and  
3206 pursuant to notice and procedural requirements provided under  
3207 the Florida Rules of Juvenile Procedure. The mental health  
3208 assessment or evaluation must be administered by a qualified  
3209 professional, as defined in s. 39.01, and the substance abuse  
3210 assessment or evaluation must be administered by a qualified  
3211 professional as defined in s. 397.311. The court may also  
3212 require such person to participate in and comply with treatment  
3213 and services identified as necessary, including, when  
3214 appropriate and available, participation in and compliance with  
3215 a mental health court program established under chapter 394 or a  
3216 treatment-based drug court program established under s. 397.334.  
3217 In addition to supervision by the department, the court,  
3218 including the mental health court program or the treatment-based  
3219 drug court program, may oversee the progress and compliance with  
3220 treatment by a person who has custody or is requesting custody  
3221 of the child. The court may impose appropriate available  
3222 sanctions for noncompliance upon a person who has custody or is  
3223 requesting custody of the child or make a finding of  
3224 noncompliance for consideration in determining whether an  
3225 alternative placement of the child is in the child's best  
3226 interests. Any order entered under this subparagraph may be made  
3227 only upon good cause shown. This subparagraph does not authorize  
3228 placement of a child with a person seeking custody of the child,  
3229 other than the child's parent or legal custodian, who requires  
3230 mental health or substance abuse disorder treatment.





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3231           2. Require, if the court deems necessary, the parties to  
3232 participate in dependency mediation.

3233           3. Require placement of the child either under the  
3234 protective supervision of an authorized agent of the department  
3235 in the home of one or both of the child's parents or in the home  
3236 of a relative of the child or another adult approved by the  
3237 court, or in the custody of the department. Protective  
3238 supervision continues until the court terminates it or until the  
3239 child reaches the age of 18, whichever date is first. Protective  
3240 supervision shall be terminated by the court whenever the court  
3241 determines that permanency has been achieved for the child,  
3242 whether with a parent, another relative, or a legal custodian,  
3243 and that protective supervision is no longer needed. The  
3244 termination of supervision may be with or without retaining  
3245 jurisdiction, at the court's discretion, and shall in either  
3246 case be considered a permanency option for the child. The order  
3247 terminating supervision by the department must ~~shall~~ set forth  
3248 the powers of the custodian of the child and ~~shall~~ include the  
3249 powers ordinarily granted to a guardian of the person of a minor  
3250 unless otherwise specified. Upon the court's termination of  
3251 supervision by the department, ~~no~~ further judicial reviews are  
3252 not required ~~if, so long as~~ permanency has been established for  
3253 the child.

3254           Section 85. Section 394.4655, Florida Statutes, is amended  
3255 to read:

3256           394.4655 Involuntary outpatient services placement.—

3257           (1) DEFINITIONS.—As used in this section, the term:

3258           (a) "Court" means a circuit court or a criminal county  
3259 court.



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3260 (b) "Criminal county court" means a county court exercising  
3261 its original jurisdiction in a misdemeanor case under s. 34.01.

3262 (2) ~~(1)~~ CRITERIA FOR INVOLUNTARY OUTPATIENT SERVICES  
3263 PLACEMENT.—A person may be ordered to involuntary outpatient  
3264 services ~~placement~~ upon a finding of the court, by clear and  
3265 convincing evidence, that the person meets all of the following  
3266 criteria ~~by clear and convincing evidence~~:

3267 (a) The person is 18 years of age or older.†

3268 (b) The person has a mental illness.†

3269 (c) The person is unlikely to survive safely in the  
3270 community without supervision, based on a clinical  
3271 determination.†

3272 (d) The person has a history of lack of compliance with  
3273 treatment for mental illness.†

3274 (e) The person has:

3275 1. At least twice within the immediately preceding 36  
3276 months been involuntarily admitted to a receiving or treatment  
3277 facility as defined in s. 394.455, or has received mental health  
3278 services in a forensic or correctional facility. The 36-month  
3279 period does not include any period during which the person was  
3280 admitted or incarcerated; or

3281 2. Engaged in one or more acts of serious violent behavior  
3282 toward self or others, or attempts at serious bodily harm to  
3283 himself or herself or others, within the preceding 36 months.†

3284 (f) The person is, as a result of his or her mental  
3285 illness, unlikely to voluntarily participate in the recommended  
3286 treatment plan and ~~either he or she~~ has refused voluntary  
3287 services placement for treatment after sufficient and  
3288 conscientious explanation and disclosure of why the services are



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3289 ~~necessary purpose of placement for treatment or he or she is~~  
3290 ~~unable to determine for himself or herself whether services are~~  
3291 ~~placement is necessary.~~

3292 (g) In view of the person's treatment history and current  
3293 behavior, the person is in need of involuntary outpatient  
3294 services ~~placement~~ in order to prevent a relapse or  
3295 deterioration that would be likely to result in serious bodily  
3296 harm to himself or herself or others, or a substantial harm to  
3297 his or her well-being as set forth in s. 394.463(1).

3298 (h) It is likely that the person will benefit from  
3299 involuntary outpatient services. ~~placement; and~~

3300 (i) All available, less restrictive alternatives that would  
3301 offer an opportunity for improvement of his or her condition  
3302 have been judged to be inappropriate or unavailable.

3303 ~~(3)~~ ~~(2)~~ INVOLUNTARY OUTPATIENT SERVICES PLACEMENT.—

3304 (a)1. A patient who is being recommended for involuntary  
3305 outpatient services ~~placement~~ by the administrator of the  
3306 ~~receiving~~ facility where the patient has been examined may be  
3307 retained by the facility after adherence to the notice  
3308 procedures provided in s. 394.4599. The recommendation must be  
3309 supported by the opinion of a psychiatrist and the second  
3310 opinion of a clinical psychologist or another psychiatrist, both  
3311 of whom have personally examined the patient within the  
3312 preceding 72 hours, that the criteria for involuntary outpatient  
3313 services ~~placement~~ are met. However, ~~in a county having a~~  
3314 ~~population of fewer than 50,000,~~ if the administrator certifies  
3315 that a psychiatrist or clinical psychologist is not available to  
3316 provide the second opinion, the second opinion may be provided  
3317 by a licensed physician who has postgraduate training and



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3318 experience in diagnosis and treatment of mental illness, a  
3319 physician assistant who has at least 3 years' experience and is  
3320 supervised by such licensed physician or a psychiatrist, a  
3321 clinical social worker, and nervous disorders or by a  
3322 psychiatric nurse. Any second opinion authorized in this  
3323 subparagraph may be conducted through a face-to-face  
3324 examination, in person or by electronic means. Such  
3325 recommendation must be entered on an involuntary outpatient  
3326 services placement certificate that authorizes the ~~receiving~~  
3327 facility to retain the patient pending completion of a hearing.  
3328 The certificate must ~~shall~~ be made a part of the patient's  
3329 clinical record.

3330         2. If the patient has been stabilized and no longer meets  
3331 the criteria for involuntary examination pursuant to s.  
3332 394.463(1), the patient must be released from the ~~receiving~~  
3333 facility while awaiting the hearing for involuntary outpatient  
3334 services placement. Before filing a petition for involuntary  
3335 outpatient services treatment, the administrator of the a  
3336 ~~receiving~~ facility or a designated department representative  
3337 must identify the service provider that will have primary  
3338 responsibility for service provision under an order for  
3339 involuntary outpatient services placement, unless the person is  
3340 otherwise participating in outpatient psychiatric treatment and  
3341 is not in need of public financing for that treatment, in which  
3342 case the individual, if eligible, may be ordered to involuntary  
3343 treatment pursuant to the existing psychiatric treatment  
3344 relationship.

3345         3. The service provider shall prepare a written proposed  
3346 treatment plan in consultation with the patient or the patient's



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3347 guardian advocate, if appointed, for the court's consideration  
3348 for inclusion in the involuntary outpatient services placement  
3349 order that addresses the nature and extent of the mental illness  
3350 and any co-occurring substance use disorder that necessitate  
3351 involuntary outpatient services. The treatment plan must specify  
3352 the likely level of care, including the use of medication, and  
3353 anticipated discharge criteria for terminating involuntary  
3354 outpatient services. The service provider shall also provide a  
3355 copy of the proposed treatment plan to the patient and the  
3356 administrator of the receiving facility. The treatment plan must  
3357 specify the nature and extent of the patient's mental illness,  
3358 address the reduction of symptoms that necessitate involuntary  
3359 outpatient placement, and include measurable goals and  
3360 objectives for the services and treatment that are provided to  
3361 treat the person's mental illness and assist the person in  
3362 living and functioning in the community or to prevent a relapse  
3363 or deterioration. Service providers may select and supervise  
3364 other individuals to implement specific aspects of the treatment  
3365 plan. The services in the treatment plan must be deemed  
3366 clinically appropriate by a physician, clinical psychologist,  
3367 psychiatric nurse, mental health counselor, marriage and family  
3368 therapist, or clinical social worker who consults with, or is  
3369 employed or contracted by, the service provider. The service  
3370 provider must certify to the court in the proposed treatment  
3371 plan whether sufficient services for improvement and  
3372 stabilization are currently available and whether the service  
3373 provider agrees to provide those services. If the service  
3374 provider certifies that the services in the proposed treatment  
3375 plan are not available, the petitioner may not file the



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3376 petition. The service provider must notify the managing entity  
3377 if the requested services are not available. The managing entity  
3378 must document such efforts to obtain the requested services.

3379 (b) If a patient in involuntary inpatient placement meets  
3380 the criteria for involuntary outpatient services placement, the  
3381 administrator of the ~~treatment~~ facility may, before the  
3382 expiration of the period during which the ~~treatment~~ facility is  
3383 authorized to retain the patient, recommend involuntary  
3384 outpatient services placement. The recommendation must be  
3385 supported by the opinion of a psychiatrist and the second  
3386 opinion of a clinical psychologist or another psychiatrist, both  
3387 of whom have personally examined the patient within the  
3388 preceding 72 hours, that the criteria for involuntary outpatient  
3389 services placement are met. However, ~~in a county having a~~  
3390 ~~population of fewer than 50,000~~, if the administrator certifies  
3391 that a psychiatrist or clinical psychologist is not available to  
3392 provide the second opinion, the second opinion may be provided  
3393 by a licensed physician who has postgraduate training and  
3394 experience in diagnosis and treatment of mental illness, a  
3395 physician assistant who has at least three years' experience and  
3396 is supervised by such licensed physician or a psychiatrist, a  
3397 clinical social worker, and nervous disorders or by a  
3398 psychiatric nurse. Any second opinion authorized in this  
3399 subparagraph may be conducted through a face-to-face  
3400 examination, in person or by electronic means. Such  
3401 recommendation must be entered on an involuntary outpatient  
3402 services placement certificate, and the certificate must be made  
3403 a part of the patient's clinical record.

3404 (c)1. The administrator of the treatment facility shall



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3405 provide a copy of the involuntary outpatient services placement  
3406 certificate and a copy of the state mental health discharge form  
3407 to the managing entity ~~a department representative~~ in the county  
3408 where the patient will be residing. For persons who are leaving  
3409 a state mental health treatment facility, the petition for  
3410 involuntary outpatient services placement must be filed in the  
3411 county where the patient will be residing.

3412 2. The service provider that will have primary  
3413 responsibility for service provision shall be identified by the  
3414 designated department representative before ~~prior to~~ the order  
3415 for involuntary outpatient services placement and must, before  
3416 ~~prior to~~ filing a petition for involuntary outpatient services  
3417 placement, certify to the court whether the services recommended  
3418 in the patient's discharge plan are available ~~in the local~~  
3419 ~~community~~ and whether the service provider agrees to provide  
3420 those services. The service provider must develop with the  
3421 patient, or the patient's guardian advocate, if appointed, a  
3422 treatment or service plan that addresses the needs identified in  
3423 the discharge plan. The plan must be deemed to be clinically  
3424 appropriate by a physician, clinical psychologist, psychiatric  
3425 nurse, mental health counselor, marriage and family therapist,  
3426 or clinical social worker, as defined in this chapter, who  
3427 consults with, or is employed or contracted by, the service  
3428 provider.

3429 3. If the service provider certifies that the services in  
3430 the proposed treatment or service plan are not available, the  
3431 petitioner may not file the petition. The service provider must  
3432 notify the managing entity if the requested services are not  
3433 available. The managing entity must document such efforts to



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3434 obtain the requested services.

3435 (4) ~~(3)~~ PETITION FOR INVOLUNTARY OUTPATIENT SERVICES  
3436 PLACEMENT.—

3437 (a) A petition for involuntary outpatient services  
3438 ~~placement~~ may be filed by:

- 3439 1. The administrator of a receiving facility; or  
3440 2. The administrator of a treatment facility.

3441 (b) Each required criterion for involuntary outpatient  
3442 services placement must be alleged and substantiated in the  
3443 petition for involuntary outpatient services placement. A copy  
3444 of the certificate recommending involuntary outpatient services  
3445 ~~placement~~ completed by a qualified professional specified in  
3446 subsection (3) ~~(2)~~ must be attached to the petition. A copy of  
3447 the proposed treatment plan must be attached to the petition.  
3448 Before the petition is filed, the service provider shall certify  
3449 that the services in the proposed ~~treatment~~ plan are available.  
3450 If the necessary services are not available ~~in the patient's~~  
3451 ~~local community to respond to the person's individual needs~~, the  
3452 petition may not be filed. The service provider must notify the  
3453 managing entity if the requested services are not available. The  
3454 managing entity must document such efforts to obtain the  
3455 requested services.

3456 (c) The petition for involuntary outpatient services  
3457 ~~placement~~ must be filed in the county where the patient is  
3458 located, unless the patient is being placed from a state  
3459 treatment facility, in which case the petition must be filed in  
3460 the county where the patient will reside. When the petition has  
3461 been filed, the clerk of the court shall provide copies of the  
3462 petition and the proposed treatment plan to the department, the





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3463 managing entity, the patient, the patient's guardian or  
3464 representative, the state attorney, and the public defender or  
3465 the patient's private counsel. A fee may not be charged for  
3466 filing a petition under this subsection.

3467 (5)~~(4)~~ APPOINTMENT OF COUNSEL.—Within 1 court working day  
3468 after the filing of a petition for involuntary outpatient  
3469 services placement, the court shall appoint the public defender  
3470 to represent the person who is the subject of the petition,  
3471 unless the person is otherwise represented by counsel. The clerk  
3472 of the court shall immediately notify the public defender of the  
3473 appointment. The public defender shall represent the person  
3474 until the petition is dismissed, the court order expires, or the  
3475 patient is discharged from involuntary outpatient services  
3476 placement. An attorney who represents the patient must be  
3477 provided ~~shall have~~ access to the patient, witnesses, and  
3478 records relevant to the presentation of the patient's case and  
3479 shall represent the interests of the patient, regardless of the  
3480 source of payment to the attorney.

3481 (6)~~(5)~~ CONTINUANCE OF HEARING.—The patient is entitled,  
3482 with the concurrence of the patient's counsel, to at least one  
3483 continuance of the hearing. The continuance shall be for a  
3484 period of up to 4 weeks.

3485 (7)~~(6)~~ HEARING ON INVOLUNTARY OUTPATIENT SERVICES  
3486 PLACEMENT.—

3487 (a)1. The court shall hold the hearing on involuntary  
3488 outpatient services placement within 5 working days after the  
3489 filing of the petition, unless a continuance is granted. The  
3490 hearing must ~~shall~~ be held in the county where the petition is  
3491 filed, must ~~shall~~ be as convenient to the patient as is



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3492 consistent with orderly procedure, and must ~~shall~~ be conducted  
3493 in physical settings not likely to be injurious to the patient's  
3494 condition. If the court finds that the patient's attendance at  
3495 the hearing is not consistent with the best interests of the  
3496 patient and if the patient's counsel does not object, the court  
3497 may waive the presence of the patient from all or any portion of  
3498 the hearing. The state attorney for the circuit in which the  
3499 patient is located shall represent the state, rather than the  
3500 petitioner, as the real party in interest in the proceeding.

3501 2. The court may appoint a magistrate ~~master~~ to preside at  
3502 the hearing. One of the professionals who executed the  
3503 involuntary outpatient services ~~placement~~ certificate shall be a  
3504 witness. The patient and the patient's guardian or  
3505 representative shall be informed by the court of the right to an  
3506 independent expert examination. If the patient cannot afford  
3507 such an examination, the court shall ensure that one is  
3508 provided, as otherwise provided by law ~~provide for one~~. The  
3509 independent expert's report is ~~shall be~~ confidential and not  
3510 discoverable, unless the expert is to be called as a witness for  
3511 the patient at the hearing. The court shall allow testimony from  
3512 individuals, including family members, deemed by the court to be  
3513 relevant under state law, regarding the person's prior history  
3514 and how that prior history relates to the person's current  
3515 condition. The testimony in the hearing must be given under  
3516 oath, and the proceedings must be recorded. The patient may  
3517 refuse to testify at the hearing.

3518 (b)1. If the court concludes that the patient meets the  
3519 criteria for involuntary outpatient services ~~placement~~ pursuant  
3520 to subsection (2) ~~(1)~~, the court shall issue an order for



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3521 involuntary outpatient services ~~placement~~. The court order shall  
3522 be for a period of up to 90 days ~~6 months~~. The order must  
3523 specify the nature and extent of the patient's mental illness.  
3524 The order of the court and the treatment plan must ~~shall~~ be made  
3525 part of the patient's clinical record. The service provider  
3526 shall discharge a patient from involuntary outpatient services  
3527 ~~placement~~ when the order expires or any time the patient no  
3528 longer meets the criteria for involuntary placement. Upon  
3529 discharge, the service provider shall send a certificate of  
3530 discharge to the court.

3531 2. The court may not order the department or the service  
3532 provider to provide services if the program or service is not  
3533 available in the patient's local community, if there is no space  
3534 available in the program or service for the patient, or if  
3535 funding is not available for the program or service. The service  
3536 provider must notify the managing entity if the requested  
3537 services are not available. The managing entity must document  
3538 such efforts to obtain the requested services. A copy of the  
3539 order must be sent to the managing entity ~~Agency for Health Care~~  
3540 ~~Administration~~ by the service provider within 1 working day  
3541 after it is received from the court. The order may be submitted  
3542 electronically through existing data systems. After the  
3543 ~~placement~~ order for involuntary services is issued, the service  
3544 provider and the patient may modify ~~provisions of~~ the treatment  
3545 plan. For any material modification of the treatment plan to  
3546 which the patient or, if one is appointed, the patient's  
3547 guardian advocate agrees, ~~if appointed, does agree,~~ the service  
3548 provider shall send notice of the modification to the court. Any  
3549 material modifications of the treatment plan which are contested



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3550 by the patient or the patient's guardian advocate, if applicable  
3551 ~~appointed~~, must be approved or disapproved by the court  
3552 consistent with subsection (3) ~~(2)~~.

3553         3. If, in the clinical judgment of a physician, the patient  
3554 has failed or has refused to comply with the treatment ordered  
3555 by the court, and, in the clinical judgment of the physician,  
3556 efforts were made to solicit compliance and the patient may meet  
3557 the criteria for involuntary examination, a person may be  
3558 brought to a receiving facility pursuant to s. 394.463. If,  
3559 after examination, the patient does not meet the criteria for  
3560 involuntary inpatient placement pursuant to s. 394.467, the  
3561 patient must be discharged from the ~~receiving~~ facility. The  
3562 involuntary outpatient services ~~placement~~ order shall remain in  
3563 effect unless the service provider determines that the patient  
3564 no longer meets the criteria for involuntary outpatient services  
3565 ~~placement~~ or until the order expires. The service provider must  
3566 determine whether modifications should be made to the existing  
3567 treatment plan and must attempt to continue to engage the  
3568 patient in treatment. For any material modification of the  
3569 treatment plan to which the patient or the patient's guardian  
3570 advocate, if applicable ~~appointed~~, agrees ~~does agree~~, the  
3571 service provider shall send notice of the modification to the  
3572 court. Any material modifications of the treatment plan which  
3573 are contested by the patient or the patient's guardian advocate,  
3574 if applicable ~~appointed~~, must be approved or disapproved by the  
3575 court consistent with subsection (3) ~~(2)~~.

3576         (c) If, at any time before the conclusion of the initial  
3577 hearing on involuntary outpatient services ~~placement~~, it appears  
3578 to the court that the person does not meet the criteria for



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3579 involuntary outpatient services placement under this section  
3580 but, instead, meets the criteria for involuntary inpatient  
3581 placement, the court may order the person admitted for  
3582 involuntary inpatient examination under s. 394.463. If the  
3583 person instead meets the criteria for involuntary assessment,  
3584 protective custody, or involuntary admission pursuant to s.  
3585 397.675, the court may order the person to be admitted for  
3586 involuntary assessment for a period of 5 days pursuant to s.  
3587 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by  
3588 chapter 397.

3589 (d) At the hearing on involuntary outpatient services  
3590 ~~placement~~, the court shall consider testimony and evidence  
3591 regarding the patient's competence to consent to services  
3592 ~~treatment~~. If the court finds that the patient is incompetent to  
3593 consent to treatment, it shall appoint a guardian advocate as  
3594 provided in s. 394.4598. The guardian advocate shall be  
3595 appointed or discharged in accordance with s. 394.4598.

3596 (e) The administrator of the receiving facility or the  
3597 designated department representative shall provide a copy of the  
3598 court order and adequate documentation of a patient's mental  
3599 illness to the service provider for involuntary outpatient  
3600 services placement. Such documentation must include any advance  
3601 directives made by the patient, a psychiatric evaluation of the  
3602 patient, and any evaluations of the patient performed by a  
3603 ~~clinical~~ psychologist or a clinical social worker.

3604 (8) ~~(7)~~ PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT  
3605 SERVICES PLACEMENT.—

3606 (a)1. If the person continues to meet the criteria for  
3607 involuntary outpatient services placement, the service provider



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3608 shall, at least 10 days before the expiration of the period  
3609 during which the treatment is ordered for the person, file in  
3610 the ~~circuit~~ court that issued the order for involuntary  
3611 outpatient services a petition for continued involuntary  
3612 outpatient services placement. The court shall immediately  
3613 schedule a hearing on the petition to be held within 15 days  
3614 after the petition is filed.

3615 2. The existing involuntary outpatient services placement  
3616 order remains in effect until disposition on the petition for  
3617 continued involuntary outpatient services placement.

3618 3. A certificate shall be attached to the petition which  
3619 includes a statement from the person's physician or clinical  
3620 psychologist justifying the request, a brief description of the  
3621 patient's treatment during the time he or she was receiving  
3622 involuntary services involuntarily placed, and an individualized  
3623 plan of continued treatment.

3624 4. The service provider shall develop the individualized  
3625 plan of continued treatment in consultation with the patient or  
3626 the patient's guardian advocate, if applicable appointed. When  
3627 the petition has been filed, the clerk of the court shall  
3628 provide copies of the certificate and the individualized plan of  
3629 continued services treatment to the department, the patient, the  
3630 patient's guardian advocate, the state attorney, and the  
3631 patient's private counsel or the public defender.

3632 (b) Within 1 court working day after the filing of a  
3633 petition for continued involuntary outpatient services  
3634 placement, the court shall appoint the public defender to  
3635 represent the person who is the subject of the petition, unless  
3636 the person is otherwise represented by counsel. The clerk of the



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3637 court shall immediately notify the public defender of such  
3638 appointment. The public defender shall represent the person  
3639 until the petition is dismissed or the court order expires or  
3640 the patient is discharged from involuntary outpatient services  
3641 ~~placement~~. Any attorney representing the patient shall have  
3642 access to the patient, witnesses, and records relevant to the  
3643 presentation of the patient's case and shall represent the  
3644 interests of the patient, regardless of the source of payment to  
3645 the attorney.

3646 (c) Hearings on petitions for continued involuntary  
3647 outpatient services must placement ~~shall~~ be before the ~~circuit~~  
3648 court that issued the order for involuntary outpatient services.  
3649 The court may appoint a magistrate ~~master~~ to preside at the  
3650 hearing. The procedures for obtaining an order pursuant to this  
3651 paragraph must meet the requirements of ~~shall be in accordance~~  
3652 ~~with~~ subsection (7) ~~(6)~~, except that the time period included in  
3653 paragraph (2) (e) ~~(1) (e)~~ is not applicable in determining the  
3654 appropriateness of additional periods of involuntary outpatient  
3655 placement.

3656 (d) Notice of the hearing must ~~shall~~ be provided as set  
3657 forth in s. 394.4599. The patient and the patient's attorney may  
3658 agree to a period of continued outpatient services ~~placement~~  
3659 without a court hearing.

3660 (e) The same procedure must ~~shall~~ be repeated before the  
3661 expiration of each additional period the patient is placed in  
3662 treatment.

3663 (f) If the patient has previously been found incompetent to  
3664 consent to treatment, the court shall consider testimony and  
3665 evidence regarding the patient's competence. Section 394.4598



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3666 governs the discharge of the guardian advocate if the patient's  
3667 competency to consent to treatment has been restored.

3668 Section 86. Paragraphs (c) and (d) of subsection (2) of  
3669 section 394.4599, Florida Statutes, are amended to read:

3670 394.4599 Notice.—

3671 (2) INVOLUNTARY ADMISSION.—

3672 (c)1. A receiving facility shall give notice of the  
3673 whereabouts of a minor who is being involuntarily held for  
3674 examination pursuant to s. 394.463 to the minor's parent,  
3675 guardian, caregiver, or guardian advocate, in person or by  
3676 telephone or other form of electronic communication, immediately  
3677 after the minor's arrival at the facility. The facility may  
3678 delay notification for no more than 24 hours after the minor's  
3679 arrival if the facility has submitted a report to the central  
3680 abuse hotline, pursuant to s. 39.201, based upon knowledge or  
3681 suspicion of abuse, abandonment, or neglect and if the facility  
3682 deems a delay in notification to be in the minor's best  
3683 interest.

3684 2. The receiving facility shall attempt to notify the  
3685 minor's parent, guardian, caregiver, or guardian advocate until  
3686 the receiving facility receives confirmation from the parent,  
3687 guardian, caregiver, or guardian advocate, verbally, by  
3688 telephone or other form of electronic communication, or by  
3689 recorded message, that notification has been received. Attempts  
3690 to notify the parent, guardian, caregiver, or guardian advocate  
3691 must be repeated at least once every hour during the first 12  
3692 hours after the minor's arrival and once every 24 hours  
3693 thereafter and must continue until such confirmation is  
3694 received, unless the minor is released at the end of the 72-hour





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3695 examination period, or until a petition for involuntary services  
3696 ~~placement~~ is filed with the court pursuant to s. 394.463(2)(g)  
3697 ~~s. 394.463(2)(i)~~. The receiving facility may seek assistance  
3698 from a law enforcement agency to notify the minor's parent,  
3699 guardian, caregiver, or guardian advocate if the facility has  
3700 not received within the first 24 hours after the minor's arrival  
3701 a confirmation by the parent, guardian, caregiver, or guardian  
3702 advocate that notification has been received. The receiving  
3703 facility must document notification attempts in the minor's  
3704 clinical record.

3705 (d) The written notice of the filing of the petition for  
3706 involuntary services for placement of an individual being held  
3707 must contain the following:

3708 1. Notice that the petition for:

3709 a. Involuntary inpatient treatment pursuant to s. 394.467  
3710 has been filed with the circuit court in the county in which the  
3711 individual is hospitalized and the address of such court; or

3712 b. Involuntary outpatient services pursuant to s. 394.4655  
3713 has been filed with the criminal county court, as defined in s.  
3714 394.4655(1), or the circuit court, as applicable, in the county  
3715 in which the individual is hospitalized and the address of such  
3716 court.

3717 2. Notice that the office of the public defender has been  
3718 appointed to represent the individual in the proceeding, if the  
3719 individual is not otherwise represented by counsel.

3720 3. The date, time, and place of the hearing and the name of  
3721 each examining expert and every other person expected to testify  
3722 in support of continued detention.

3723 4. Notice that the individual, the individual's guardian,



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3724 guardian advocate, health care surrogate or proxy, or  
3725 representative, or the administrator may apply for a change of  
3726 venue for the convenience of the parties or witnesses or because  
3727 of the condition of the individual.

3728 5. Notice that the individual is entitled to an independent  
3729 expert examination and, if the individual cannot afford such an  
3730 examination, that the court will provide for one.

3731 Section 87. Section 394.455, Florida Statutes, is amended  
3732 to read:

3733 394.455 Definitions.—As used in this part, ~~unless the~~  
3734 ~~context clearly requires otherwise,~~ the term:

3735 (1) "Access center" means a facility that has medical,  
3736 mental health, and substance abuse professionals to provide  
3737 emergency screening and evaluation for mental health or  
3738 substance abuse disorders and may provide transportation to an  
3739 appropriate facility if an individual is in need of more  
3740 intensive services.

3741 (2) "Addictions receiving facility" is a secure, acute care  
3742 facility that, at a minimum, provides emergency screening,  
3743 evaluation, detoxification, and stabilization services; is  
3744 operated 24 hours per day, 7 days per week; and is designated by  
3745 the department to serve individuals found to have substance  
3746 abuse impairment who qualify for services under this part.

3747 (3)~~(1)~~ "Administrator" means the chief administrative  
3748 officer of a receiving or treatment facility or his or her  
3749 designee.

3750 (4) "Adult" means an individual who is 18 years of age or  
3751 older or who has had the disability of nonage removed under  
3752 chapter 743.



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3753           (5)~~(2)~~ "Clinical psychologist" means a psychologist as  
3754 defined in s. 490.003(7) with 3 years of postdoctoral experience  
3755 in the practice of clinical psychology, inclusive of the  
3756 experience required for licensure, or a psychologist employed by  
3757 a facility operated by the United States Department of Veterans  
3758 Affairs that qualifies as a receiving or treatment facility  
3759 under this part.

3760           (6)~~(3)~~ "Clinical record" means all parts of the record  
3761 required to be maintained and includes all medical records,  
3762 progress notes, charts, and admission and discharge data, and  
3763 all other information recorded by ~~a~~ facility staff which  
3764 pertains to the patient's hospitalization or treatment.

3765           (7)~~(4)~~ "Clinical social worker" means a person licensed as  
3766 a clinical social worker under s. 491.005 or s. 491.006 ~~chapter~~  
3767 ~~491~~.

3768           (8)~~(5)~~ "Community facility" means a ~~any~~ community service  
3769 provider that contracts ~~contracting~~ with the department to  
3770 furnish substance abuse or mental health services under part IV  
3771 of this chapter.

3772           (9)~~(6)~~ "Community mental health center or clinic" means a  
3773 publicly funded, not-for-profit center that ~~which~~ contracts with  
3774 the department for the provision of inpatient, outpatient, day  
3775 treatment, or emergency services.

3776           (10)~~(7)~~ "Court," unless otherwise specified, means the  
3777 circuit court.

3778           (11)~~(8)~~ "Department" means the Department of Children and  
3779 Families.

3780           (12) "Designated receiving facility" means a facility  
3781 approved by the department which may be a public or private



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3782 hospital, crisis stabilization unit, or addictions receiving  
3783 facility; which provides, at a minimum, emergency screening,  
3784 evaluation, and short-term stabilization for mental health or  
3785 substance abuse disorders; and which may have an agreement with  
3786 a corresponding facility for transportation and services.

3787 (13) "Detoxification facility" means a facility licensed to  
3788 provide detoxification services under chapter 397.

3789 (14) "Electronic means" means a form of telecommunication  
3790 which requires all parties to maintain visual as well as audio  
3791 communication when being used to conduct an examination by a  
3792 qualified professional.

3793 (15) ~~(9)~~ "Express and informed consent" means consent  
3794 voluntarily given in writing, by a competent person, after  
3795 sufficient explanation and disclosure of the subject matter  
3796 involved to enable the person to make a knowing and willful  
3797 decision without any element of force, fraud, deceit, duress, or  
3798 other form of constraint or coercion.

3799 (16) ~~(10)~~ "Facility" means any hospital, community facility,  
3800 public or private facility, or receiving or treatment facility  
3801 providing for the evaluation, diagnosis, care, treatment,  
3802 training, or hospitalization of persons who appear to have a  
3803 mental illness or who have been diagnosed as having a mental  
3804 illness or substance abuse impairment. The term "Facility" does  
3805 not include a ~~any~~ program or an entity licensed under ~~pursuant~~  
3806 ~~to~~ chapter 400 or chapter 429.

3807 (17) ~~(11)~~ "Guardian" means the natural guardian of a minor,  
3808 or a person appointed by a court to act on behalf of a ward's  
3809 person if the ward is a minor or has been adjudicated  
3810 incapacitated.



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3811           ~~(18)-(12)~~ "Guardian advocate" means a person appointed by a  
3812 court to make decisions regarding mental health treatment on  
3813 behalf of a patient who has been found incompetent to consent to  
3814 treatment pursuant to this part. ~~The guardian advocate may be~~  
3815 ~~granted specific additional powers by written order of the~~  
3816 ~~court, as provided in this part.~~

3817           ~~(19)-(13)~~ "Hospital" means a hospital facility ~~as defined in~~  
3818 ~~s. 395.002 and~~ licensed under chapter 395 and part II of chapter  
3819 408.

3820           ~~(20)-(14)~~ "Incapacitated" means that a person has been  
3821 adjudicated incapacitated pursuant to part V of chapter 744 and  
3822 a guardian of the person has been appointed.

3823           ~~(21)-(15)~~ "Incompetent to consent to treatment" means a  
3824 state in which ~~that~~ a person's judgment is so affected by a his  
3825 ~~or her~~ mental illness or a substance abuse impairment that he or  
3826 ~~she the person~~ lacks the capacity to make a well-reasoned,  
3827 willful, and knowing decision concerning his or her medical, ~~or~~  
3828 mental health, or substance abuse treatment.

3829           ~~(22)~~ "Involuntary examination" means an examination  
3830 performed under s. 394.463, s. 397.6772, s. 397.679, s.  
3831 397.6798, or s. 397.6811 to determine whether a person qualifies  
3832 for involuntary services.

3833           ~~(23)~~ "Involuntary services" means court-ordered outpatient  
3834 services or inpatient placement for mental health treatment  
3835 pursuant to s. 394.4655 or s. 394.467.

3836           ~~(24)-(16)~~ "Law enforcement officer" has the same meaning as  
3837 provided ~~means a law enforcement officer as defined in s.~~  
3838 943.10.

3839           ~~(25)~~ "Marriage and family therapist" means a person



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3840 licensed to practice marriage and family therapy under s.  
3841 491.005 or s. 491.006.

3842 (26) "Mental health counselor" means a person licensed to  
3843 practice mental health counseling under s. 491.005 or s.  
3844 491.006.

3845 (27)~~(17)~~ "Mental health overlay program" means a mobile  
3846 service that ~~which~~ provides an independent examination for  
3847 voluntary admission ~~admissions~~ and a range of supplemental  
3848 onsite services to persons with a mental illness in a  
3849 residential setting such as a nursing home, an assisted living  
3850 facility, or an adult family-care home~~7~~, or a nonresidential  
3851 setting such as an adult day care center. Independent  
3852 examinations provided ~~pursuant to this part~~ through a mental  
3853 health overlay program must only be provided under contract with  
3854 the department ~~for this service~~ or be attached to a public  
3855 receiving facility that is also a community mental health  
3856 center.

3857 (28)~~(18)~~ "Mental illness" means an impairment of the mental  
3858 or emotional processes that exercise conscious control of one's  
3859 actions or of the ability to perceive or understand reality,  
3860 which impairment substantially interferes with the person's  
3861 ability to meet the ordinary demands of living. For the purposes  
3862 of this part, the term does not include a developmental  
3863 disability as defined in chapter 393, intoxication, or  
3864 conditions manifested only by antisocial behavior or substance  
3865 abuse ~~impairment~~.

3866 (29) "Minor" means an individual who is 17 years of age or  
3867 younger and who has not had the disability of nonage removed  
3868 pursuant to s. 743.01 or s. 743.015.



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3869            (30)~~(19)~~ "Mobile crisis response service" means a  
3870 nonresidential crisis service ~~attached to a public receiving~~  
3871 ~~facility and~~ available 24 hours per a day, 7 days per a week,  
3872 ~~through~~ which provides immediate intensive assessments and  
3873 interventions, including screening for admission into a mental  
3874 health receiving facility, an addictions receiving facility, or  
3875 a detoxification facility, ~~take place~~ for the purpose of  
3876 identifying appropriate treatment services.

3877            (31)~~(20)~~ "Patient" means any person, with or without a co-  
3878 occurring substance abuse disorder, who is held or accepted for  
3879 mental health treatment.

3880            (32)~~(21)~~ "Physician" means a medical practitioner licensed  
3881 under chapter 458 or chapter 459 who has experience in the  
3882 diagnosis and treatment of mental illness ~~and nervous disorders~~  
3883 or a physician employed by a facility operated by the United  
3884 States Department of Veterans Affairs or the United States  
3885 Department of Defense ~~which qualifies as a receiving or~~  
3886 ~~treatment facility under this part.~~

3887            (33) "Physician assistant" means a person licensed under  
3888 chapter 458 or chapter 459 who has experience in the diagnosis  
3889 and treatment of mental disorders.

3890            (34)~~(22)~~ "Private facility" means a ~~any~~ hospital or  
3891 facility operated by a for-profit or not-for-profit corporation  
3892 or association which ~~that~~ provides mental health or substance  
3893 abuse services and is not a public facility.

3894            (35)~~(23)~~ "Psychiatric nurse" means an advanced registered  
3895 nurse practitioner certified under s. 464.012 who has a master's  
3896 or doctoral degree in psychiatric nursing, holds a national  
3897 advanced practice certification as a psychiatric mental health



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3898 advanced practice nurse, and has 2 years of post-master's  
3899 clinical experience under the supervision of a physician.

3900 ~~(36)-(24)~~ "Psychiatrist" means a medical practitioner  
3901 licensed under chapter 458 or chapter 459 ~~who has primarily~~  
3902 ~~diagnosed and treated mental and nervous disorders for at least~~  
3903 ~~a period of not less than 3 years, inclusive of psychiatric~~  
3904 ~~residency.~~

3905 ~~(37)-(25)~~ "Public facility" means a ~~any~~ facility that has  
3906 contracted with the department to provide mental health services  
3907 to all persons, regardless of ~~their~~ ability to pay, and is  
3908 receiving state funds for such purpose.

3909 (38) "Qualified professional" means a physician or a  
3910 physician assistant licensed under chapter 458 or chapter 459; a  
3911 psychiatrist licensed under chapter 458 or chapter 459; a  
3912 psychologist as defined in s. 490.003(7); or a psychiatric nurse  
3913 as defined in s. 394.455.

3914 ~~(39)-(26)~~ "Receiving facility" means a ~~any~~ public or private  
3915 facility or hospital designated by the department to receive and  
3916 hold or refer, as appropriate, involuntary patients under  
3917 emergency conditions ~~or~~ for mental health or substance abuse  
3918 ~~psychiatric~~ evaluation and to provide ~~short-term~~ treatment or  
3919 transportation to the appropriate service provider. The term  
3920 does not include a county jail.

3921 ~~(40)-(27)~~ "Representative" means a person selected to  
3922 receive notice of proceedings during the time a patient is held  
3923 in or admitted to a receiving or treatment facility.

3924 ~~(41)-(28)-(a)~~ "Restraint" means: ~~a physical device, method,~~  
3925 ~~or drug used to control behavior.~~

3926 (a) A physical restraint, including ~~is~~ any manual method or





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3927 physical or mechanical device, material, or equipment attached  
3928 or adjacent to ~~an the~~ individual's body so that he or she cannot  
3929 easily remove the restraint and which restricts freedom of  
3930 movement or normal access to one's body. "Physical restraint"  
3931 includes the physical holding of a person during a procedure to  
3932 forcibly administer psychotropic medication. "Physical  
3933 restraint" does not include physical devices such as  
3934 orthopedically prescribed appliances, surgical dressings and  
3935 bandages, supportive body bands, or other physical holding when  
3936 necessary for routine physical examinations and tests or for  
3937 purposes of orthopedic, surgical, or other similar medical  
3938 treatment when used to provide support for the achievement of  
3939 functional body position or proper balance or when used to  
3940 protect a person from falling out of bed.

3941 (b) A drug or used as a restraint is a medication used to  
3942 control a the person's behavior or to restrict his or her  
3943 freedom of movement which and is not part of the standard  
3944 treatment regimen of a person with a diagnosed mental illness  
3945 ~~who is a client of the department. Physically holding a person~~  
3946 ~~during a procedure to forcibly administer psychotropic~~  
3947 ~~medication is a physical restraint.~~

3948 (c) ~~Restraint does not include physical devices, such as~~  
3949 ~~orthopedically prescribed appliances, surgical dressings and~~  
3950 ~~bandages, supportive body bands, or other physical holding when~~  
3951 ~~necessary for routine physical examinations and tests; or for~~  
3952 ~~purposes of orthopedic, surgical, or other similar medical~~  
3953 ~~treatment; when used to provide support for the achievement of~~  
3954 ~~functional body position or proper balance; or when used to~~  
3955 ~~protect a person from falling out of bed.~~



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3956            ~~(42)-(29)~~ "Seclusion" means the physical segregation ~~of a~~  
3957 ~~person in any fashion~~ or involuntary isolation of a person in a  
3958 room or area from which the person is prevented from leaving.  
3959 The prevention may be by physical barrier or by a staff member  
3960 who is acting in a manner, or who is physically situated, so as  
3961 to prevent the person from leaving the room or area. For  
3962 purposes of this part ~~chapter~~, the term does not mean isolation  
3963 due to a person's medical condition or symptoms.

3964            ~~(43)-(30)~~ "Secretary" means the Secretary of Children and  
3965 Families.

3966            (44) "Service provider" means a receiving facility, a  
3967 facility licensed under chapter 397, a treatment facility, an  
3968 entity under contract with the department to provide mental  
3969 health or substance abuse services, a community mental health  
3970 center or clinic, a psychologist, a clinical social worker, a  
3971 marriage and family therapist, a mental health counselor, a  
3972 physician, a psychiatrist, an advanced registered nurse  
3973 practitioner, a psychiatric nurse, or a qualified professional  
3974 as defined in s. 39.01.

3975            (45) "Substance abuse impairment" means a condition  
3976 involving the use of alcoholic beverages or any psychoactive or  
3977 mood-altering substance in such a manner that a person has lost  
3978 the power of self-control and has inflicted or is likely to  
3979 inflict physical harm on himself, herself, or another.

3980            ~~(46)-(31)~~ "Transfer evaluation" means the process by which,  
3981 ~~as approved by the appropriate district office of the~~  
3982 ~~department, whereby~~ a person who is being considered for  
3983 placement in a state treatment facility is ~~first~~ evaluated for  
3984 appropriateness of admission to such ~~the~~ facility ~~by a~~



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3985 ~~community-based public receiving facility or by a community~~  
3986 ~~mental health center or clinic if the public receiving facility~~  
3987 ~~is not a community mental health center or clinic.~~

3988 (47)~~(32)~~ "Treatment facility" means a any state-owned,  
3989 state-operated, or state-supported hospital, center, or clinic  
3990 designated by the department for extended treatment and  
3991 hospitalization, beyond that provided for by a receiving  
3992 facility, of persons who have a mental illness, including  
3993 facilities of the United States Government, and any private  
3994 facility designated by the department when rendering such  
3995 services to a person pursuant to the provisions of this part.  
3996 Patients treated in facilities of the United States Government  
3997 shall be solely those whose care is the responsibility of the  
3998 United States Department of Veterans Affairs.

3999 (48) "Triage center" means a facility that has medical,  
4000 mental health, and substance abuse professionals present or on  
4001 call to provide emergency screening and evaluation for mental  
4002 health or substance abuse disorders for individuals transported  
4003 to the center by a law enforcement officer.

4004 ~~(33)~~ "Service provider" means ~~any public or private~~  
4005 ~~receiving facility, an entity under contract with the Department~~  
4006 ~~of Children and Families to provide mental health services, a~~  
4007 ~~clinical psychologist, a clinical social worker, a marriage and~~  
4008 ~~family therapist, a mental health counselor, a physician, a~~  
4009 ~~psychiatric nurse as defined in subsection (23), or a community~~  
4010 ~~mental health center or clinic as defined in this part.~~

4011 ~~(34)~~ "Involuntary examination" means ~~an examination~~  
4012 ~~performed under s. 394.463 to determine if an individual~~  
4013 ~~qualifies for involuntary inpatient treatment under s.~~



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4014 ~~394.467(1) or involuntary outpatient treatment under s.~~  
4015 ~~394.4655(1).~~

4016 ~~(35) "Involuntary placement" means either involuntary~~  
4017 ~~outpatient treatment pursuant to s. 394.4655 or involuntary~~  
4018 ~~inpatient treatment pursuant to s. 394.467.~~

4019 ~~(36) "Marriage and family therapist" means a person~~  
4020 ~~licensed as a marriage and family therapist under chapter 491.~~

4021 ~~(37) "Mental health counselor" means a person licensed as a~~  
4022 ~~mental health counselor under chapter 491.~~

4023 ~~(38) "Electronic means" means a form of telecommunication~~  
4024 ~~that requires all parties to maintain visual as well as audio~~  
4025 ~~communication.~~

4026 Section 88. Subsection (2) of section 394.463, Florida  
4027 Statutes, is amended to read:

4028 394.463 Involuntary examination.—

4029 (2) INVOLUNTARY EXAMINATION.—

4030 (a) An involuntary examination may be initiated by any one  
4031 of the following means:

4032 1. A circuit or county court may enter an ex parte order  
4033 stating that a person appears to meet the criteria for  
4034 involuntary examination and specifying, ~~giving~~ the findings on  
4035 which that conclusion is based. The ex parte order for  
4036 involuntary examination must be based on written or oral sworn  
4037 testimony that includes specific facts that support the  
4038 findings, ~~written or oral~~. If other less restrictive means are  
4039 not available, such as voluntary appearance for outpatient  
4040 evaluation, a law enforcement officer, or other designated agent  
4041 of the court, shall take the person into custody and deliver him  
4042 or her to an appropriate, or the nearest, ~~receiving~~ facility



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4043 within the designated receiving system pursuant to s. 394.462  
4044 for involuntary examination. The order of the court shall be  
4045 made a part of the patient's clinical record. ~~A No fee may not~~  
4046 ~~shall~~ be charged for the filing of an order under this  
4047 subsection. ~~A Any receiving~~ facility accepting the patient based  
4048 on this order must send a copy of the order to the department  
4049 ~~Agency for Health Care Administration~~ on the next working day.  
4050 The order may be submitted electronically through existing data  
4051 systems, if available. The order shall be valid only until the  
4052 person is delivered to the facility or ~~executed or, if not~~  
4053 ~~executed,~~ for the period specified in the order itself,  
4054 whichever comes first. If no time limit is specified in the  
4055 order, the order shall be valid for 7 days after the date that  
4056 the order was signed.

4057       2. A law enforcement officer shall take a person who  
4058 appears to meet the criteria for involuntary examination into  
4059 custody and deliver the person or have him or her delivered to  
4060 an appropriate, or the nearest, ~~receiving~~ facility within the  
4061 designated receiving system pursuant to s. 394.462 for  
4062 examination. The officer shall execute a written report  
4063 detailing the circumstances under which the person was taken  
4064 into custody, which must ~~and the report shall~~ be made a part of  
4065 the patient's clinical record. Any ~~receiving~~ facility accepting  
4066 the patient based on this report must send a copy of the report  
4067 to the department ~~Agency for Health Care Administration~~ on the  
4068 next working day.

4069       3. A physician, clinical psychologist, psychiatric nurse,  
4070 mental health counselor, marriage and family therapist, or  
4071 clinical social worker may execute a certificate stating that he



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4072 or she has examined a person within the preceding 48 hours and  
4073 finds that the person appears to meet the criteria for  
4074 involuntary examination and stating the observations upon which  
4075 that conclusion is based. If other less restrictive means, such  
4076 as voluntary appearance for outpatient evaluation, are not  
4077 available, ~~such as voluntary appearance for outpatient~~  
4078 ~~evaluation,~~ a law enforcement officer shall take into custody  
4079 the person named in the certificate ~~into custody~~ and deliver him  
4080 or her to the appropriate, or nearest, receiving facility within  
4081 the designated receiving system pursuant to s. 394.462 for  
4082 involuntary examination. The law enforcement officer shall  
4083 execute a written report detailing the circumstances under which  
4084 the person was taken into custody. The report and certificate  
4085 shall be made a part of the patient's clinical record. Any  
4086 ~~receiving~~ facility accepting the patient based on this  
4087 certificate must send a copy of the certificate to the  
4088 department ~~Agency for Health Care Administration~~ on the next  
4089 working day. The document may be submitted electronically  
4090 through existing data systems, if applicable.

4091 (b) A person may ~~shall~~ not be removed from any program or  
4092 residential placement licensed under chapter 400 or chapter 429  
4093 and transported to a receiving facility for involuntary  
4094 examination unless an ex parte order, a professional  
4095 certificate, or a law enforcement officer's report is first  
4096 prepared. If the condition of the person is such that  
4097 preparation of a law enforcement officer's report is not  
4098 practicable before removal, the report shall be completed as  
4099 soon as possible after removal, but in any case before the  
4100 person is transported to a receiving facility. A ~~receiving~~



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4101 facility admitting a person for involuntary examination who is  
4102 not accompanied by the required ex parte order, professional  
4103 certificate, or law enforcement officer's report shall notify  
4104 the department ~~Agency for Health Care Administration~~ of such  
4105 admission by certified mail or by e-mail, if available, by ~~no~~  
4106 ~~later than~~ the next working day. The provisions of this  
4107 paragraph do not apply when transportation is provided by the  
4108 patient's family or guardian.

4109 (c) A law enforcement officer acting in accordance with an  
4110 ex parte order issued pursuant to this subsection may serve and  
4111 execute such order on any day of the week, at any time of the  
4112 day or night.

4113 (d) A law enforcement officer acting in accordance with an  
4114 ex parte order issued pursuant to this subsection may use such  
4115 reasonable physical force as is necessary to gain entry to the  
4116 premises, and any dwellings, buildings, or other structures  
4117 located on the premises, and to take custody of the person who  
4118 is the subject of the ex parte order.

4119 (e) The department ~~Agency for Health Care Administration~~  
4120 shall receive and maintain the copies of ex parte orders,  
4121 involuntary outpatient services ~~placement~~ orders issued pursuant  
4122 to s. 394.4655, involuntary inpatient placement orders issued  
4123 pursuant to s. 394.467, professional certificates, and law  
4124 enforcement officers' reports. These documents shall be  
4125 considered part of the clinical record, governed by the  
4126 provisions of s. 394.4615. These documents shall be used to ~~The~~  
4127 ~~agency shall~~ prepare annual reports analyzing the data obtained  
4128 from these documents, without information identifying patients,  
4129 and shall provide copies of reports to the department, the



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4130 President of the Senate, the Speaker of the House of  
4131 Representatives, and the minority leaders of the Senate and the  
4132 House of Representatives.

4133 (f) A patient shall be examined by a physician or, a  
4134 clinical psychologist, or by a psychiatric nurse performing  
4135 within the framework of an established protocol with a  
4136 psychiatrist at a ~~receiving~~ facility without unnecessary delay  
4137 to determine if the criteria for involuntary services are met.  
4138 Emergency treatment may be provided and may, upon the order of a  
4139 physician if the physician determines, ~~be given emergency~~  
4140 ~~treatment if it is determined~~ that such treatment is necessary  
4141 for the safety of the patient or others. The patient may not be  
4142 released by the receiving facility or its contractor without the  
4143 documented approval of a psychiatrist or a clinical psychologist  
4144 or, if the receiving facility is owned or operated by a hospital  
4145 or health system, the release may also be approved by a  
4146 psychiatric nurse performing within the framework of an  
4147 established protocol with a psychiatrist, or an attending  
4148 emergency department physician with experience in the diagnosis  
4149 and treatment of mental illness ~~and nervous disorders~~ and after  
4150 completion of an involuntary examination pursuant to this  
4151 subsection. A psychiatric nurse may not approve the release of a  
4152 patient if the involuntary examination was initiated by a  
4153 psychiatrist unless the release is approved by the initiating  
4154 psychiatrist. ~~However, a patient may not be held in a receiving~~  
4155 ~~facility for involuntary examination longer than 72 hours.~~

4156 (g) Within the 72-hour examination period or, if the 72  
4157 hours ends on a weekend or holiday, no later than the next  
4158 working day thereafter, one of the following actions must be





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4159 taken, based on the individual needs of the patient:

4160 1. The patient shall be released, unless he or she is  
4161 charged with a crime, in which case the patient shall be  
4162 returned to the custody of a law enforcement officer;

4163 2. The patient shall be released, subject to the provisions  
4164 of subparagraph 1., for voluntary outpatient treatment;

4165 3. The patient, unless he or she is charged with a crime,  
4166 shall be asked to give express and informed consent to placement  
4167 as a voluntary patient and, if such consent is given, the  
4168 patient shall be admitted as a voluntary patient; or

4169 4. A petition for involuntary services shall be filed in  
4170 the circuit court if inpatient treatment is deemed necessary or  
4171 with the criminal county court, as defined in s. 394.4655(1), as  
4172 applicable. When inpatient treatment is deemed necessary, the  
4173 least restrictive treatment consistent with the optimum  
4174 improvement of the patient's condition shall be made available.  
4175 When a petition is to be filed for involuntary outpatient  
4176 placement, it shall be filed by one of the petitioners specified  
4177 in s. 394.4655(4) (a). A petition for involuntary inpatient  
4178 placement shall be filed by the facility administrator.

4179 (h) ~~(g)~~ A person for whom an involuntary examination has  
4180 been initiated who is being evaluated or treated at a hospital  
4181 for an emergency medical condition specified in s. 395.002 must  
4182 be examined by a ~~receiving~~ facility within 72 hours. The 72-hour  
4183 period begins when the patient arrives at the hospital and  
4184 ceases when the attending physician documents that the patient  
4185 has an emergency medical condition. If the patient is examined  
4186 at a hospital providing emergency medical services by a  
4187 professional qualified to perform an involuntary examination and



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4188 is found as a result of that examination not to meet the  
4189 criteria for involuntary outpatient services ~~placement~~ pursuant  
4190 to s. 394.4655(2) ~~394.4655(1)~~ or involuntary inpatient placement  
4191 pursuant to s. 394.467(1), the patient may be offered voluntary  
4192 services or placement, if appropriate, or released directly from  
4193 the hospital providing emergency medical services. The finding  
4194 by the professional that the patient has been examined and does  
4195 not meet the criteria for involuntary inpatient services  
4196 ~~placement~~ or involuntary outpatient placement must be entered  
4197 into the patient's clinical record. ~~Nothing in~~ This paragraph is  
4198 not intended to prevent a hospital providing emergency medical  
4199 services from appropriately transferring a patient to another  
4200 hospital before ~~prior to~~ stabilization if, ~~provided~~ the  
4201 requirements of s. 395.1041(3) (c) have been met.

4202 (i) ~~(h)~~ One of the following must occur within 12 hours  
4203 after the patient's attending physician documents that the  
4204 patient's medical condition has stabilized or that an emergency  
4205 medical condition does not exist:

4206 1. The patient must be examined by a ~~designated receiving~~  
4207 facility and released; or

4208 2. The patient must be transferred to a designated  
4209 ~~receiving~~ facility in which appropriate medical treatment is  
4210 available. However, the ~~receiving~~ facility must be notified of  
4211 the transfer within 2 hours after the patient's condition has  
4212 been stabilized or after determination that an emergency medical  
4213 condition does not exist.

4214 ~~(i) Within the 72-hour examination period or, if the 72~~  
4215 ~~hours ends on a weekend or holiday, no later than the next~~  
4216 ~~working day thereafter, one of the following actions must be~~



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4217 ~~taken, based on the individual needs of the patient:~~

4218 ~~1. The patient shall be released, unless he or she is~~  
4219 ~~charged with a crime, in which case the patient shall be~~  
4220 ~~returned to the custody of a law enforcement officer;~~

4221 ~~2. The patient shall be released, subject to the provisions~~  
4222 ~~of subparagraph 1., for voluntary outpatient treatment;~~

4223 ~~3. The patient, unless he or she is charged with a crime,~~  
4224 ~~shall be asked to give express and informed consent to placement~~  
4225 ~~as a voluntary patient, and, if such consent is given, the~~  
4226 ~~patient shall be admitted as a voluntary patient; or~~

4227 ~~4. A petition for involuntary placement shall be filed in~~  
4228 ~~the circuit court when outpatient or inpatient treatment is~~  
4229 ~~deemed necessary. When inpatient treatment is deemed necessary,~~  
4230 ~~the least restrictive treatment consistent with the optimum~~  
4231 ~~improvement of the patient's condition shall be made available.~~  
4232 ~~When a petition is to be filed for involuntary outpatient~~  
4233 ~~placement, it shall be filed by one of the petitioners specified~~  
4234 ~~in s. 394.4655(3)(a). A petition for involuntary inpatient~~  
4235 ~~placement shall be filed by the facility administrator.~~

4236 Section 89. Subsection (3) of section 394.4615, Florida  
4237 Statutes, is amended to read:

4238 394.4615 Clinical records; confidentiality.-

4239 (3) Information from the clinical record may be released in  
4240 the following circumstances:

4241 (a) When a patient has declared an intention to harm other  
4242 persons. When such declaration has been made, the administrator  
4243 may authorize the release of sufficient information to provide  
4244 adequate warning to the person threatened with harm by the  
4245 patient.



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4246 (b) When the administrator of the facility or secretary of  
4247 the department deems release to a qualified researcher as  
4248 defined in administrative rule, an aftercare treatment provider,  
4249 or an employee or agent of the department is necessary for  
4250 treatment of the patient, maintenance of adequate records,  
4251 compilation of treatment data, aftercare planning, or evaluation  
4252 of programs.

4253  
4254 For the purpose of determining whether a person meets the  
4255 criteria for involuntary outpatient placement or for preparing  
4256 the proposed treatment plan pursuant to s. 394.4655, the  
4257 clinical record may be released to the state attorney, the  
4258 public defender or the patient's private legal counsel, the  
4259 court, and to the appropriate mental health professionals,  
4260 including the service provider identified in s. 394.4655(7)(b)2.  
4261 ~~394.4655(6)(b)2.~~, in accordance with state and federal law.

4262 Section 90. For the 2016-2017 fiscal year, the sum of  
4263 \$400,000 in nonrecurring funds is appropriated from the  
4264 Operations and Maintenance Trust Fund to the Department of  
4265 Children and Families for the purpose of modifying the existing  
4266 crisis stabilization database to collect and analyze data and  
4267 information pursuant to s. 397.321, Florida Statutes, as amended  
4268 by this act.

4269 Section 91. This act shall take effect July 1, 2016.

4270  
4271 ===== T I T L E A M E N D M E N T =====

4272 And the title is amended as follows:

4273 Delete lines 4956 - 5263

4274 and insert:



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4275                                   A bill to be entitled  
4276           An act relating to mental health and substance abuse;  
4277           amending s. 29.004, F.S.; including services provided  
4278           to treatment-based mental health programs within case  
4279           management funded from state revenues as an element of  
4280           the state courts system; amending s. 39.01, F.S.;  
4281           defining a term; amending s. 39.407, F.S.; requiring  
4282           assessment findings to be provided to the plan that is  
4283           financially responsible for a child's care in  
4284           residential treatment under certain circumstances;  
4285           amending s. 394.453, F.S.; revising legislative  
4286           intent; amending s. 394.4573, F.S.; requiring the  
4287           Department of Children and Families to submit a  
4288           certain assessment to the Governor and Legislature by  
4289           a specified date; defining and revising terms;  
4290           providing essential elements of a coordinated system  
4291           of care; providing requirements for the department's  
4292           annual assessment; authorizing the department to award  
4293           certain grants; deleting duties and measures of the  
4294           department regarding continuity of care management  
4295           systems; amending s. 394.461, F.S.; creating a  
4296           designated receiving system that functions as a no-  
4297           wrong-door model, based on certain receiving system  
4298           models; authorizing, rather than requiring, the  
4299           department to adopt rules to implement the designated  
4300           receiving system; repealing s. 394.675, F.S., relating  
4301           to the substance abuse and mental health service  
4302           system; amending ss. 394.75 and 394.76, F.S.;  
4303           conforming provisions and cross-references to changes



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4304 made by the act; amending s. 394.4597, F.S.; revising  
4305 the prioritization of health care surrogates to be  
4306 selected for involuntary patients; specifying certain  
4307 persons who are prohibited from being selected as an  
4308 individual's representative; amending s. 394.4598,  
4309 F.S.; specifying certain persons who are prohibited  
4310 from being appointed as a person's guardian advocate;  
4311 amending s. 394.462, F.S.; requiring that counties  
4312 develop and implement transportation plans; providing  
4313 requirements for the plans; revising requirements for  
4314 transportation to receiving facilities and treatment  
4315 facilities; revising exceptions to such requirements;  
4316 amending s. 394.467, F.S.; revising criteria for  
4317 involuntary inpatient placement; revising criteria for  
4318 a procedure for continued involuntary inpatient  
4319 services; specifying requirements for a certain waiver  
4320 of the patient's attendance at a hearing; requiring  
4321 the court to consider certain testimony and evidence  
4322 regarding a patient's incompetence; amending s.  
4323 394.46715, F.S.; revising rulemaking authority of the  
4324 department; amending s. 394.4685, F.S.; requiring a  
4325 public receiving facility initiating a patient  
4326 transfer to a licensed hospital for certain mental  
4327 health services to provide notice and transfer patient  
4328 records to the hospital; amending s. 394.656, F.S.;  
4329 revising the membership of the Criminal Justice,  
4330 Mental Health, and Substance Abuse Statewide Grant  
4331 Review Committee; providing duties for the committee;  
4332 authorizing a not-for-profit community provider or



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4333 managing entity to apply for certain grants; revising  
4334 eligibility for such grants; defining a term; creating  
4335 s. 394.761, F.S.; requiring the agency and the  
4336 department to develop a plan for revenue maximization;  
4337 providing requirements for the plan; providing duties  
4338 for the agency and department relating to the plan;  
4339 requiring the plan to be submitted to the Legislature  
4340 by a certain date; amending s. 394.879, F.S.;  
4341 providing that certain facilities may be in a multi-  
4342 story building and authorized on certain floors;  
4343 requiring the department to develop a plan to create  
4344 an option for a single, consolidated license for  
4345 certain providers by a specified date; amending s.  
4346 394.9082, F.S.; providing a purpose for behavioral  
4347 health managing entities; revising definitions;  
4348 providing duties of the department; requiring the  
4349 department to revise its contracts with managing  
4350 entities; providing duties for managing entities;  
4351 providing requirements for network accreditation and  
4352 systems coordination agreements; providing for  
4353 performance measurement and accountability and  
4354 enhancements plans; providing a funding mechanism for  
4355 managing entities; renaming the Crisis Stabilization  
4356 Services Utilization Database as the Acute Care  
4357 Services Utilization Database; requiring certain  
4358 providers to provide utilization data; deleting  
4359 provisions relating to legislative findings and  
4360 intent, service delivery strategies, essential  
4361 elements, reporting requirements, and rulemaking



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4362 authority; amending s. 397.305, F.S.; providing  
4363 legislative intent; amending s. 397.311, F.S.;  
4364 defining and redefining terms; conforming a cross-  
4365 reference; amending s. 397.321, F.S.; deleting a  
4366 requirement for the department to appoint a substance  
4367 abuse impairment coordinator; requiring the department  
4368 to develop certain forms, display such forms on its  
4369 website, and notify certain entities of the existence  
4370 and availability of such forms; amending s. 397.675,  
4371 F.S.; revising the criteria for involuntary admissions  
4372 due to substance abuse or co-occurring mental health  
4373 disorders; amending s. 397.6772, F.S.; requiring law  
4374 enforcement officers to use standard forms developed  
4375 by the department to execute a certain written report;  
4376 amending s. 397.6773, F.S.; revising a cross-  
4377 reference; amending s. 397.679, F.S.; authorizing  
4378 specified licensed professionals to complete a  
4379 certificate for the involuntary admission of an  
4380 individual; amending s. 397.6791, F.S.; providing a  
4381 list of professionals authorized to initiate a  
4382 certificate for an emergency assessment or admission  
4383 of a person who has a substance abuse disorder;  
4384 amending s. 397.6793, F.S.; revising the criteria for  
4385 initiation of a certificate for an emergency admission  
4386 for a person who is substance abuse impaired; amending  
4387 s. 397.6795, F.S.; revising the list of persons  
4388 authorized to deliver a person for an emergency  
4389 assessment; amending s. 397.681, F.S.; prohibiting the  
4390 court from charging a fee for involuntary petitions;





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4391 amending s. 397.6811, F.S.; revising the list of  
4392 persons authorized to file a petition for an  
4393 involuntary assessment and stabilization; amending s.  
4394 397.6814, F.S.; prohibiting a fee from being charged  
4395 for the filing of a petition for involuntary  
4396 assessment and stabilization; amending s. 397.6818,  
4397 F.S.; limiting the validity of an order for  
4398 involuntary admission to 7 days after it is signed  
4399 unless otherwise specified in the order; amending s.  
4400 397.6819, F.S.; revising the responsibilities of  
4401 service providers who admit an individual for an  
4402 involuntary assessment and stabilization; amending s.  
4403 397.695, F.S.; authorizing certain persons to file a  
4404 petition for involuntary outpatient services of an  
4405 individual; providing procedures and requirements for  
4406 such petitions; amending s. 397.6951, F.S.; requiring  
4407 that certain additional information be included in a  
4408 petition for involuntary outpatient services; amending  
4409 s. 397.6955, F.S.; requiring a court to fulfill  
4410 certain additional duties upon the filing of a  
4411 petition for involuntary outpatient services; amending  
4412 s. 397.6957, F.S.; providing additional requirements  
4413 for a hearing on a petition for involuntary outpatient  
4414 services; amending s. 397.697, F.S.; authorizing a  
4415 court to make a determination of involuntary  
4416 outpatient services; extending the timeframe a  
4417 respondent receives certain publicly funded licensed  
4418 services; authorizing a court to order a respondent to  
4419 undergo treatment through a publicly or privately



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4420 funded licensed service provider under certain  
4421 circumstances; requiring a copy of the court's order  
4422 to be sent to the managing entity; amending s.  
4423 397.6971, F.S.; establishing the requirements for an  
4424 early release from involuntary outpatient services;  
4425 amending s. 397.6975, F.S.; requiring the court to  
4426 appoint certain counsel; providing requirements for  
4427 hearings on petitions for continued involuntary  
4428 outpatient services; requiring notice of such  
4429 hearings; amending s. 397.6977, F.S.; conforming  
4430 provisions to changes made by the act; creating s.  
4431 397.6978, F.S.; providing for the appointment of  
4432 guardian advocates if an individual is found  
4433 incompetent to consent to treatment; prohibiting  
4434 specified persons from being appointed as an  
4435 individual's guardian advocate; providing requirements  
4436 for a facility requesting the appointment of a  
4437 guardian advocate; requiring a training course for  
4438 guardian advocates; providing requirements for the  
4439 training course; providing requirements for the  
4440 prioritization of individuals to be selected as  
4441 guardian advocates; authorizing certain guardian  
4442 advocates to consent to medical treatment; providing  
4443 exceptions; providing procedures for the discharge of  
4444 a guardian advocate; amending s. 409.967, F.S.;  
4445 requiring managed care plans to provide for quality  
4446 care; amending s. 409.973, F.S.; providing an  
4447 integrated behavioral health initiative; reenacting s.  
4448 409.975(6), F.S., relating to provider payment;



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4449 providing legislative intent; amending s. 491.0045,  
4450 F.S.; revising registration requirements for interns;  
4451 repealing s. 394.4674, F.S., relating to the  
4452 comprehensive plan and report on the  
4453 deinstitutionalization of patients in a treatment  
4454 facility; repealing s. 394.4985, F.S., relating to the  
4455 implementation of a districtwide information and  
4456 referral network; repealing s. 394.745, F.S., relating  
4457 to the annual report on the compliance of providers  
4458 under contract with the department; repealing s.  
4459 397.331, F.S., relating to definitions and legislative  
4460 intent; repealing part IX of chapter 397, F.S.,  
4461 consisting of ss. 397.801, 397.811, and 397.821, F.S.,  
4462 relating to substance abuse impairment coordination,  
4463 juvenile substance abuse impairment coordination, and  
4464 juvenile substance abuse impairment prevention and  
4465 early intervention councils, respectively; repealing  
4466 s. 397.901, F.S., relating to prototype juvenile  
4467 addictions receiving facilities; repealing s. 397.93,  
4468 F.S., relating to target populations for children's  
4469 substance abuse services; repealing s. 397.94, F.S.,  
4470 relating to the information and referral network for  
4471 children's substance abuse services; repealing s.  
4472 397.951, F.S., relating to substance abuse treatment  
4473 and sanctions; repealing s. 397.97, F.S., relating to  
4474 demonstration models for children's substance abuse  
4475 services; repealing s. 397.98, F.S., relating to  
4476 utilization management for children's substance abuse  
4477 services; amending ss. 39.407, 39.524, 212.055,



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4478 394.4599, 394.495, 394.496, 394.9085, 397.321,  
4479 397.405, 397.407, 397.416, 397.4871, 409.1678,  
4480 409.966, 409.972, 440.102, 744.704, and 960.065, F.S.;  
4481 conforming cross-references; requiring the Secretary  
4482 of Children and Families to appoint a workgroup on the  
4483 use of advance directives for substance use disorders;  
4484 requiring a report to the Governor and Legislature by  
4485 a specified date; providing for expiration of the  
4486 workgroup; amending s. 61.13, F.S.; providing that a  
4487 parenting plan that provides for shared parental  
4488 responsibility over health care decisions must  
4489 authorize either parent to consent to mental health  
4490 treatment for the child; amending s. 39.001, F.S.;  
4491 conforming provisions to changes made by the act;  
4492 amending ss. 39.507 and 39.521, F.S.; providing for  
4493 consideration of mental health issues and involvement  
4494 in mental health programs in adjudicatory hearings and  
4495 orders; providing requirements for certain court  
4496 orders; revising the qualifications for administrators  
4497 of mental health and substance abuse assessments or  
4498 evaluations; amending s. 394.4655, F.S.; defining the  
4499 terms "court" and "criminal county court"; providing  
4500 for involuntary outpatient services; authorizing  
4501 certain licensed physicians and psychiatric nurses to  
4502 provide a second opinion regarding a recommendation  
4503 for involuntary outpatient services under certain  
4504 circumstances; requiring a service provider to  
4505 document certain inquiries; requiring the managing  
4506 entity to document certain efforts; making technical



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4507 changes; amending s. 394.4599, F.S.; conforming  
4508 provisions to changes made by the act; amending s.  
4509 394.455, F.S.; defining and redefining terms; amending  
4510 s. 394.463, F.S.; authorizing circuit or county courts  
4511 to enter ex parte orders for involuntary examinations;  
4512 requiring a facility to provide copies of ex parte  
4513 orders, reports, and certificates to the department,  
4514 rather than the Agency for Health Care Administration;  
4515 requiring the department to receive certain orders,  
4516 certificates, and reports; requiring the department to  
4517 receive and maintain copies of certain documents;  
4518 prohibiting a person from being held for involuntary  
4519 examination for more than a specified period of time;  
4520 providing exceptions; requiring certain individuals to  
4521 be released to law enforcement custody; providing  
4522 exceptions; conforming cross-references; amending s.  
4523 394.4615, F.S.; conforming a cross-reference;  
4524 providing an appropriation; providing an effective  
4525 date.