

Amendment No.

CHAMBER ACTION

Senate

House

.

1 Representative Harrell offered the following:

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

4 Remove everything after the enacting clause and insert:

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

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

11 (10) Case management. Case management includes:

12 (e) Service referral, coordination, monitoring, and
13 tracking for mental health programs under chapter 394.
14

295021

3/4/2016 4:43 PM

Amendment No.

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

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

23 39.01 Definitions.—When used in this chapter, unless the
24 context otherwise requires:

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

31 Section 3. Paragraph (c) of subsection (6) of section
32 39.407, Florida Statutes, is amended to read:

33 39.407 Medical, psychiatric, and psychological examination
34 and treatment of child; physical, mental, or substance abuse
35 examination of person with or requesting child custody.—

36 (6) Children who are in the legal custody of the
37 department may be placed by the department, without prior
38 approval of the court, in a residential treatment center
39 licensed under s. 394.875 or a hospital licensed under chapter
40 395 for residential mental health treatment only pursuant to

295021

3/4/2016 4:43 PM

Amendment No.

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

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

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

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

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

61
62 A copy of the written findings of the evaluation and suitability
63 assessment must be provided to the department, ~~and~~ to the
64 guardian ad litem, and, if the child is a member of a Medicaid
65 managed care plan, to the plan that is financially responsible
66 for the child's care in residential treatment, all of whom must

295021

3/4/2016 4:43 PM

Amendment No.

67 be provided with ~~who shall have~~ the opportunity to discuss the
68 findings with the evaluator.

69 Section 4. Section 394.453, Florida Statutes, is amended
70 to read:

71 394.453 Legislative intent.—

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

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

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

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

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

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

92 4. ~~that~~ Any involuntary treatment or examination be

295021

3/4/2016 4:43 PM

Amendment No.

93 accomplished in a setting that ~~which~~ is clinically appropriate
94 and most likely to facilitate the person's return to the
95 community as soon as possible; and

96 5. ~~that~~ Individual dignity and human rights be guaranteed
97 to all persons who are admitted to mental health facilities or
98 who are being held under s. 394.463.

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

106 (d) That state policy and funding decisions be driven by
107 data concerning the populations served and the effectiveness of
108 the services provided.

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

113 (2) It is the further intent of the Legislature that the
114 least restrictive means of intervention be employed based on the
115 individual needs of each person, within the scope of available
116 services. It is the policy of this state that the use of
117 restraint and seclusion on clients is justified only as an
118 emergency safety measure to be used in response to imminent

295021

3/4/2016 4:43 PM

Amendment No.

119 danger to the client or others. It is, therefore, the intent of
120 the Legislature to achieve an ongoing reduction in the use of
121 restraint and seclusion in programs and facilities serving
122 persons with mental illness.

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

125 394.4573 Coordinated system of care; annual assessment;
126 essential elements ~~Continuity of care management system;~~
127 measures of performance; system improvement grants; reports.—On
128 or before December 1 of each year, the department shall submit
129 to the Governor, the President of the Senate, and the Speaker of
130 the House of Representatives an assessment of the behavioral
131 health services in this state. The assessment shall consider, at
132 a minimum, the extent to which designated receiving systems
133 function as no-wrong-door models, the availability of treatment
134 and recovery services that use recovery-oriented and peer-
135 involved approaches, the availability of less-restrictive
136 services, and the use of evidence-informed practices. The
137 department's assessment shall consider, at a minimum, the needs
138 assessments conducted by the managing entities pursuant to s.
139 394.9082(5). Beginning in 2017, the department shall compile and
140 include in the report all plans submitted by managing entities
141 pursuant to s. 394.9082(8) and the department's evaluation of
142 each plan.

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

144 (a) "Care coordination" means intensive activities

295021

3/4/2016 4:43 PM

Amendment No.

145 undertaken across systems and providers to facilitate the
146 delivery of treatment services and recovery supports to
147 individuals with complex needs who are not yet effectively
148 connected with such services and supports.

149 (b) (a) "Case management" means those direct services
150 provided to a client in order to assess his or her activities
151 aimed at assessing client needs, plan or arrange planning
152 services, coordinate service providers, link linking the service
153 system to a client, monitor coordinating the various system
154 components, monitoring service delivery, and evaluate patient
155 outcomes evaluating the effect of service delivery.

156 ~~(b) "Case manager" means an individual who works with~~
157 ~~clients, and their families and significant others, to provide~~
158 ~~case management.~~

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

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

295021

3/4/2016 4:43 PM

Amendment No.

171 (d) "No-wrong-door model" means a model for the delivery
172 of acute care services to persons who have mental health or
173 substance use disorders, or both, which optimizes access to
174 care, regardless of the entry point to the behavioral health
175 care system.

176 (2) The essential elements of a coordinated system of care
177 include:

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

181 (b) A designated receiving system that consists of one or
182 more facilities serving a defined geographic area and
183 responsible for assessment and evaluation, both voluntary and
184 involuntary, and treatment or triage of patients who have a
185 mental health or substance use disorder, or co-occurring
186 disorders.

187 1. A county or several counties shall plan the designated
188 receiving system using a process that includes the managing
189 entity and is open to participation by individuals with
190 behavioral health needs and their families, service providers,
191 law enforcement agencies, and other parties. The county or
192 counties, in collaboration with the managing entity, shall
193 document the designated receiving system through written
194 memoranda of agreement or other binding arrangements. The county
195 or counties and the managing entity shall approve and implement
196 the designated receiving system by July 1, 2017, and the county

295021

3/4/2016 4:43 PM

Amendment No.

197 or counties and the managing entity shall review, update as
198 necessary, and reapprove the designated receiving system at
199 least once every 3 years.

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

206 a. A central receiving system that consists of a
207 designated central receiving facility that serves as a single
208 entry point for persons with mental health or substance use
209 disorders, or co-occurring disorders. The central receiving
210 facility shall be capable of assessment, evaluation, and triage
211 or treatment of various conditions and circumstances.

212 b. A coordinated receiving system that consists of
213 multiple entry points that are linked by shared data systems,
214 formal referral agreements, and cooperative arrangements for
215 care coordination and case management. Each entry point shall be
216 a designated receiving facility and shall, within existing
217 resources, provide or arrange for necessary services following
218 an initial assessment and evaluation.

219 c. A tiered receiving system that consists of multiple
220 entry points, some of which offer only specialized or limited
221 services. Each service provider shall be classified according to
222 its capabilities as either a designated receiving facility, or

295021

3/4/2016 4:43 PM

Amendment No.

223 another type of service provider such as a triage center, or an
224 access center. All participating service providers shall, within
225 existing resources, be linked by methods to share data, formal
226 referral agreements, and cooperative arrangements for care
227 coordination and case management.

228
229 An accurate inventory of the participating service providers
230 which specifies the capabilities and limitations of each
231 provider and its ability to accept patients under the designated
232 receiving system agreements and the transportation plan
233 developed pursuant to this section shall be maintained and made
234 available at all times to all first responders in the service
235 area.

236 (c) Transportation in accordance with a plan developed
237 under s. 394.462.

238 (d) Crisis services, including mobile response teams,
239 crisis stabilization units, addiction receiving facilities, and
240 detoxification facilities.

241 (e) Case management. Each case manager or person directly
242 supervising a case manager who provides Medicaid-funded targeted
243 case management services shall hold a valid certification from a
244 department-approved credentialing entity as defined in s.
245 397.311(9) by July 1, 2017, and within 6 months after hire
246 thereafter.

247 (f) Care coordination that involves coordination with
248 other local systems and entities, public and private, which are

295021

3/4/2016 4:43 PM

Amendment No.

249 involved with the individual, such as primary care, child
250 welfare, behavioral health care, and criminal and juvenile
251 justice organizations. The department shall define the priority
252 populations for receiving care coordination. In defining the
253 priority populations, the department shall take into account the
254 availability of resources for that purpose and consider:

255 1. The number and duration of involuntary admissions
256 within a specified time.

257 2. The degree of involvement with the criminal justice
258 system and the risk to public safety posed by the individual.

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

262 4. The degree of utilization of behavioral health
263 services.

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

266 (g) Outpatient services.

267 (h) Residential services.

268 (i) Hospital inpatient care.

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

270 (k) Medication-assisted treatment and medication
271 management.

272 (l) Recovery support, including, but not limited to,
273 support for competitive employment, educational attainment,
274 independent living skills development, family support and

295021

3/4/2016 4:43 PM

Amendment No.

275 education, wellness management and self-care, and assistance in
276 obtaining housing that meets the individual's needs. Such
277 housing shall include mental health residential treatment
278 facilities, limited mental health assisted living facilities,
279 adult family care homes, and supportive housing. Housing
280 provided using state funds shall provide a safe and decent
281 environment free from abuse and neglect. The care plan shall
282 assign specific responsibility for initial and ongoing
283 evaluation of the supervision and support needs of the
284 individual and the identification of housing that meets such
285 needs. For purposes of this paragraph, the term "supervision"
286 means oversight of and assistance with compliance with the
287 clinical aspects of an individual's care plan.

288 (3) Subject to a specific appropriation by the
289 Legislature, the department may award system improvement grants
290 to managing entities based on the submission of a detailed plan
291 to enhance services, coordination, or performance measurement to
292 address the needs identified in the department's assessment
293 under this section. Such a grant must be awarded through a
294 performance-based contract that links payments to the documented
295 and measurable achievement of system improvements. The
296 ~~department is directed to implement a continuity of care~~
297 ~~management system for the provision of mental health care,~~
298 ~~through the provision of client and case management, including~~
299 ~~clients referred from state treatment facilities to community~~
300 ~~mental health facilities. Such system shall include a network of~~

295021

3/4/2016 4:43 PM

Amendment No.

301 ~~client managers and case managers throughout the state designed~~
302 ~~to:~~

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

305 ~~(b) Provide for the creation or designation of an agency~~
306 ~~in each county to provide single intake services for each person~~
307 ~~seeking mental health services. Such agency shall provide~~
308 ~~information and referral services necessary to ensure that~~
309 ~~clients receive the most appropriate and least restrictive form~~
310 ~~of care, based on the individual needs of the person seeking~~
311 ~~treatment. Such agency shall have a single telephone number,~~
312 ~~operating 24 hours per day, 7 days per week, where practicable,~~
313 ~~at a central location, where each client will have a central~~
314 ~~record.~~

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

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

324 ~~(3) The department is directed to develop and include in~~
325 ~~contracts with service providers measures of performance with~~
326 ~~regard to goals and objectives as specified in the state plan.~~

295021

3/4/2016 4:43 PM

Amendment No.

327 ~~Such measures shall use, to the extent practical, existing data~~
328 ~~collection methods and reports and shall not require, as a~~
329 ~~result of this subsection, additional reports on the part of~~
330 ~~service providers. The department shall plan monitoring visits~~
331 ~~of community mental health facilities with other state, federal,~~
332 ~~and local governmental and private agencies charged with~~
333 ~~monitoring such facilities.~~

334 Section 6. Section 394.461, Florida Statutes, is amended
335 to read:

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

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

350 (2) TREATMENT FACILITY.—The department may designate any
351 state-owned, state-operated, or state-supported facility as a
352 state treatment facility. A civil patient shall not be admitted

295021

3/4/2016 4:43 PM

Amendment No.

353 to a state treatment facility without previously undergoing a
354 transfer evaluation. Before a court hearing for involuntary
355 placement in a state treatment facility, the court shall receive
356 and consider the information documented in the transfer
357 evaluation. Any other facility, including a private facility or
358 a federal facility, may be designated as a treatment facility by
359 the department, provided that such designation is agreed to by
360 the appropriate governing body or authority of the facility.

361 (3) PRIVATE FACILITIES.—Private facilities designated as
362 receiving and treatment facilities by the department may provide
363 examination and treatment of involuntary patients, as well as
364 voluntary patients, and are subject to all the provisions of
365 this part.

366 (4) REPORTING REQUIREMENTS.—

367 (a) A facility designated as a public receiving or
368 treatment facility under this section shall report to the
369 department on an annual basis the following data, unless these
370 data are currently being submitted to the Agency for Health Care
371 Administration:

- 372 1. Number of licensed beds.
- 373 2. Number of contract days.
- 374 3. Number of admissions by payor class and diagnoses.
- 375 4. Number of bed days by payor class.
- 376 5. Average length of stay by payor class.
- 377 6. Total revenues by payor class.

295021

3/4/2016 4:43 PM

Amendment No.

378 (b) For the purposes of this subsection, "payor class"
379 means Medicare, Medicare HMO, Medicaid, Medicaid HMO, private-
380 pay health insurance, private-pay health maintenance
381 organization, private preferred provider organization, the
382 Department of Children and Families, other government programs,
383 self-pay patients, and charity care.

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

389 (d) The department shall issue an annual report based on
390 the data required pursuant to this subsection. The report shall
391 include individual facilities' data, as well as statewide
392 totals. The report shall be submitted to the Governor, the
393 President of the Senate, and the Speaker of the House of
394 Representatives.

395 (5) RECEIVING SYSTEM.—The department may designate as a
396 receiving system one or more facilities serving a defined
397 geographic area developed pursuant to s. 394.4573 that is
398 responsible for assessment and evaluation, both voluntary and
399 involuntary, and treatment or triage for patients who present
400 with mental illness, substance use disorder, or co-occurring
401 disorders. Any transportation plans developed pursuant to s.
402 394.462 must support the operation of the receiving system.

295021

3/4/2016 4:43 PM

Amendment No.

403 (6)~~(5)~~ RULES.—The department may ~~shall~~ adopt rules
404 relating to:

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

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

414 (c) Procedures and criteria for designating receiving
415 systems, which may include consideration of the adequacy of
416 services provided by facilities within the receiving system to
417 meet the needs of the geographic area within available
418 resources.

419 (d)~~(e)~~ Procedures for receiving complaints against a
420 designated facility or designated receiving system and for
421 initiating inspections and investigations of facilities or
422 receiving systems alleged to have violated the provisions of
423 this part or rules adopted under this part.

424 (e)~~(d)~~ Procedures and criteria for the suspension or
425 withdrawal of designation as a receiving facility or receiving
426 system.

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

295021

3/4/2016 4:43 PM

Amendment No.

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

430 394.75 State and district substance abuse and mental
431 health plans.—

432 (3) The district health and human services board shall
433 prepare an integrated district substance abuse and mental health
434 plan. The plan shall be prepared and updated on a schedule
435 established by the Alcohol, Drug Abuse, and Mental Health
436 Program Office. The plan shall reflect the needs and program
437 priorities established by the department and the needs of the
438 district established under ss. 394.4573 and 394.674 and ~~394.675~~.

439 The plan must list in order of priority the mental health and
440 the substance abuse treatment needs of the district and must
441 rank each program separately. The plan shall include:

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

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

446 (c) A record of the amount of money allocated for each
447 service identified in the plan as being purchased with state
448 funds.

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

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

295021

3/4/2016 4:43 PM

Amendment No.

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

460
461 The plan shall be submitted by the district board to the
462 district administrator and to the governing bodies for review,
463 comment, and approval.

464 (4) The district plan shall:

465 (b) Provide the means for meeting the needs of the
466 district's eligible clients, specified in ss. 394.4573 and
467 394.674 ~~and 394.675~~, for substance abuse and mental health
468 services.

469 Section 9. Paragraph (a) of subsection (3) of section
470 394.76, Florida Statutes, is amended to read:

471 394.76 Financing of district programs and services.—If the
472 local match funding level is not provided in the General
473 Appropriations Act or the substantive bill implementing the
474 General Appropriations Act, such funding level shall be provided
475 as follows:

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

478 (a) The state share of approved program costs shall be a

295021

3/4/2016 4:43 PM

Amendment No.

479 percentage of the net balance determined by deducting from the
480 total operating cost of services and programs, as specified in
481 s. 394.4573 ~~394.675(1)~~, those expenditures which are ineligible
482 for state participation as provided in subsection (7) and those
483 ineligible expenditures established by rule of the department
484 pursuant to s. 394.78.

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

487 394.4597 Persons to be notified; patient's
488 representative.—

489 (2) INVOLUNTARY PATIENTS.—

490 (d) When the receiving or treatment facility selects a
491 representative, first preference shall be given to a health care
492 surrogate, if one has been previously selected by the patient.
493 If the patient has not previously selected a health care
494 surrogate, the selection, except for good cause documented in
495 the patient's clinical record, shall be made from the following
496 list in the order of listing:

- 497 1. The patient's spouse.
- 498 2. An adult child of the patient.
- 499 3. A parent of the patient.
- 500 4. The adult next of kin of the patient.
- 501 5. An adult friend of the patient.
- 502 ~~6. The appropriate Florida local advocacy council as~~
503 ~~provided in s. 402.166.~~

504 (e) The following persons are prohibited from selection as

295021

3/4/2016 4:43 PM

Amendment No.

505 a patient's representative:

506 1. A professional providing clinical services to the
507 patient under this part.

508 2. The licensed professional who initiated the involuntary
509 examination of the patient, if the examination was initiated by
510 professional certificate.

511 3. An employee, an administrator, or a board member of the
512 facility providing the examination of the patient.

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

515 5. A person providing any substantial professional
516 services to the patient, including clinical services.

517 6. A creditor of the patient.

518 7. A person subject to an injunction for protection
519 against domestic violence under s. 741.30, whether the order of
520 injunction is temporary or final, and for which the patient was
521 the petitioner.

522 8. A person subject to an injunction for protection
523 against repeat violence, stalking, sexual violence, or dating
524 violence under s. 784.046, whether the order of injunction is
525 temporary or final, and for which the patient was the petitioner

526 ~~A licensed professional providing services to the patient under~~
527 ~~this part, an employee of a facility providing direct services~~
528 ~~to the patient under this part, a department employee, a person~~
529 ~~providing other substantial services to the patient in a~~
530 ~~professional or business capacity, or a creditor of the patient~~

295021

3/4/2016 4:43 PM

Amendment No.

531 ~~shall not be appointed as the patient's representative.~~

532 Section 11. Subsections (2) through (7) of section
533 394.4598, Florida Statutes, are renumbered as subsections (3)
534 through (8), respectively, a new subsection (2) is added to that
535 section, and present subsections (3) and (4) of that section are
536 amended, to read:

537 394.4598 Guardian advocate.—

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

540 (a) A professional providing clinical services to the
541 patient under this part.

542 (b) The licensed professional who initiated the
543 involuntary examination of the patient, if the examination was
544 initiated by professional certificate.

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

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

549 (e) A person providing any substantial professional
550 services, excluding public and professional guardians, to the
551 patient, including clinical services.

552 (f) A creditor of the patient.

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

295021

3/4/2016 4:43 PM

Amendment No.

557 (h) A person subject to an injunction for protection
558 against repeat violence, stalking, sexual violence, or dating
559 violence under s. 784.046, whether the order of injunction is
560 temporary or final, and for which the patient was the
561 petitioner.

562 (4)-(3) In lieu of the training required of guardians
563 appointed pursuant to chapter 744, Prior to a guardian advocate
564 must, at a minimum, participate in a 4-hour training course
565 approved by the court before exercising his or her authority,
566 the guardian advocate shall attend a training course approved by
567 the court. At a minimum, this training course, of not less than
568 4 hours, must include, at minimum, information about the patient
569 rights, psychotropic medications, the diagnosis of mental
570 illness, the ethics of medical decisionmaking, and duties of
571 guardian advocates. This training course shall take the place of
572 the training required for guardians appointed pursuant to
573 chapter 744.

574 (5)-(4) The required training course and the information to
575 be supplied to prospective guardian advocates before prior to
576 their appointment and the training course for guardian advocates
577 must be developed and completed through a course developed by
578 the department, and approved by the chief judge of the circuit
579 court, and taught by a court-approved organization, which-
580 Court-approved organizations may include, but is are not limited
581 to, a community college community or junior colleges, a
582 guardianship organization guardianship organizations, a and the

295021

3/4/2016 4:43 PM

Amendment No.

583 local bar association, or The Florida Bar. The training course
584 may be web-based, provided in video format, or other electronic
585 means but must be capable of ensuring the identity and
586 participation of the prospective guardian advocate. The court
587 may, ~~in its discretion,~~ waive some or all of the training
588 requirements for guardian advocates or impose additional
589 requirements. The court shall make its decision on a case-by-
590 case basis and, in making its decision, shall consider the
591 experience and education of the guardian advocate, the duties
592 assigned to the guardian advocate, and the needs of the patient.

593 Section 12. Section 394.462, Florida Statutes, is amended
594 to read:

595 394.462 Transportation.—A transportation plan shall be
596 developed and implemented by each county by July 1, 2017, in
597 collaboration with the managing entity in accordance with this
598 section. A county may enter into a memorandum of understanding
599 with the governing boards of nearby counties to establish a
600 shared transportation plan. When multiple counties enter into a
601 memorandum of understanding for this purpose, the counties shall
602 notify the managing entity and provide it with a copy of the
603 agreement. The transportation plan shall describe methods of
604 transport to a facility within the designated receiving system
605 for individuals subject to involuntary examination under s.
606 394.463 or involuntary admission under s. 397.6772, s. 397.679,
607 s. 397.6798, or s. 397.6811, and may identify responsibility for
608 other transportation to a participating facility when necessary

295021

3/4/2016 4:43 PM

Amendment No.

609 and agreed to by the facility. The plan may rely on emergency
610 medical transport services or private transport companies, as
611 appropriate. The plan shall comply with the transportation
612 provisions of this section and ss. 397.6772, 397.6795, 397.6822,
613 and 397.697.

614 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

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

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

626 a.1. The jurisdiction designated by the county has
627 contracted on an annual basis with an emergency medical
628 transport service or private transport company for
629 transportation of persons to receiving facilities pursuant to
630 this section at the sole cost of the county; and

631 b.2. The law enforcement agency and the emergency medical
632 transport service or private transport company agree that the
633 continued presence of law enforcement personnel is not necessary
634 for the safety of the person or others.

295021

3/4/2016 4:43 PM

Amendment No.

635 ~~2.3-~~ The entity providing transportation jurisdiction
636 ~~designated by the county~~ may seek reimbursement for
637 transportation expenses. The party responsible for payment for
638 such transportation is the person receiving the transportation.
639 The county shall seek reimbursement from the following sources
640 in the following order:

641 a. From a private or public third-party payor ~~an insurance~~
642 ~~company, health care corporation, or other source~~, if the person
643 receiving the transportation has applicable coverage ~~is covered~~
644 ~~by an insurance policy or subscribes to a health care~~
645 ~~corporation or other source for payment of such expenses.~~

646 b. From the person receiving the transportation.

647 c. From a financial settlement for medical care,
648 treatment, hospitalization, or transportation payable or
649 accruing to the injured party.

650 ~~(c)-(b)~~ A Any company that transports a patient pursuant to
651 this subsection is considered an independent contractor and is
652 solely liable for the safe and dignified transport
653 ~~transportation~~ of the patient. Such company must be insured and
654 provide no less than \$100,000 in liability insurance with
655 respect to the transport ~~transportation~~ of patients.

656 ~~(d)-(e)~~ Any company that contracts with a governing board
657 of a county to transport patients shall comply with the
658 applicable rules of the department to ensure the safety and
659 dignity of ~~the~~ patients.

295021

3/4/2016 4:43 PM

Amendment No.

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

664 (f)~~(e)~~ When a member of a mental health overlay program or
665 a mobile crisis response service is a professional authorized to
666 initiate an involuntary examination pursuant to s. 394.463 or s.
667 397.675 and that professional evaluates a person and determines
668 that transportation to a receiving facility is needed, the
669 service, at its discretion, may transport the person to the
670 facility or may call on the law enforcement agency or other
671 transportation arrangement best suited to the needs of the
672 patient.

673 (g)~~(f)~~ When any law enforcement officer has custody of a
674 person based on either noncriminal or minor criminal behavior
675 that meets the statutory guidelines for involuntary examination
676 pursuant to s. 394.463 ~~under this part~~, the law enforcement
677 officer shall transport the person to the appropriate facility
678 within the designated receiving system pursuant to a
679 transportation plan or an exception under subsection (4), or to
680 the nearest receiving facility if neither apply for examination.

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

295021

3/4/2016 4:43 PM

Amendment No.

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
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

295021

3/4/2016 4:43 PM

Amendment No.

712 or a private transport company authorized by the county for
713 involuntary examination pursuant to s. 394.463.

714 (l) ~~(k)~~ Each law enforcement agency designated pursuant to
715 paragraph (a) shall establish a policy that ~~develop a memorandum~~
716 ~~of understanding with each receiving facility within the law~~
717 ~~enforcement agency's jurisdiction which~~ reflects a single set of
718 protocols approved by the managing entity for the safe and
719 secure transportation ~~of the person~~ and transfer of custody of
720 the person. ~~These protocols must also address crisis~~
721 ~~intervention measures.~~

722 (m) ~~(l)~~ When a jurisdiction has entered into a contract
723 with an emergency medical transport service or a private
724 transport company for transportation of persons to ~~receiving~~
725 facilities within the designated receiving system, such service
726 or company shall be given preference for transportation of
727 persons from nursing homes, assisted living facilities, adult
728 day care centers, or adult family-care homes, unless the
729 behavior of the person being transported is such that
730 transportation by a law enforcement officer is necessary.

731 (n) ~~(m)~~ ~~Nothing in~~ This section may not ~~shall~~ be construed
732 to limit emergency examination and treatment of incapacitated
733 persons provided in accordance with ~~the provisions of~~ s.
734 401.445.

735 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

736 (a) If neither the patient nor any person legally
737 obligated or responsible for the patient is able to pay for the

295021

3/4/2016 4:43 PM

Amendment No.

738 expense of transporting a voluntary or involuntary patient to a
739 treatment facility, the transportation plan established by the
740 governing board of the county or counties must specify how in
741 ~~which~~ the hospitalized patient will be transported to, from, and
742 between facilities in a ~~is hospitalized shall arrange for such~~
743 ~~required transportation and shall ensure the safe and dignified~~
744 manner transportation of the patient. The governing board of
745 ~~each county is authorized to contract with private transport~~
746 ~~companies for the transportation of such patients to and from a~~
747 ~~treatment facility.~~

748 (b) A ~~Any~~ company that transports a patient pursuant to
749 this subsection is considered an independent contractor and is
750 solely liable for the safe and dignified transportation of the
751 patient. Such company must be insured and provide no less than
752 \$100,000 in liability insurance with respect to the transport
753 ~~transportation~~ of patients.

754 (c) A ~~Any~~ company that contracts with one or more counties
755 ~~the governing board of a county~~ to transport patients in
756 accordance with this section shall comply with the applicable
757 rules of the department to ensure the safety and dignity of ~~the~~
758 patients.

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

295021

3/4/2016 4:43 PM

Amendment No.

764 alternatives.

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

769 (4) EXCEPTIONS.—An exception to the requirements of this
770 section may be granted by the secretary of the department for
771 the purposes of improving service coordination or better meeting
772 the special needs of individuals. A proposal for an exception
773 must be submitted by the district administrator after being
774 approved by the governing boards of any affected counties,
775 before ~~prior to~~ submission to the secretary.

776 (a) A proposal for an exception must identify the specific
777 provision from which an exception is requested; describe how the
778 proposal will be implemented by participating law enforcement
779 agencies and transportation authorities; and provide a plan for
780 the coordination of services such as case management.

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

782 1. An arrangement centralizing and improving the provision
783 of services within a district, which may include an exception to
784 the requirement for transportation to the nearest receiving
785 facility;

786 2. An arrangement by which a facility may provide, in
787 addition to required psychiatric services, an environment and
788 services which are uniquely tailored to the needs of an
789 identified group of persons with special needs, such as persons

295021

3/4/2016 4:43 PM

Amendment No.

790 with hearing impairments or visual impairments, or elderly
791 persons with physical frailties; or

792 3. A specialized transportation system that provides an
793 efficient and humane method of transporting patients to
794 receiving facilities, among receiving facilities, and to
795 treatment facilities.

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

798

799 The exceptions provided in this subsection shall expire on June
800 30, 2017, and no new exceptions shall be granted after that
801 date. After June 30, 2017, the transport of a patient to a
802 facility that is not the nearest facility must be made pursuant
803 to a plan as provided in this section.

804 Section 13. Section 394.467, Florida Statutes, is amended
805 to read:

806 394.467 Involuntary inpatient placement.—

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

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

812 1.a. He or she has refused voluntary inpatient placement
813 for treatment after sufficient and conscientious explanation and
814 disclosure of the purpose of inpatient placement for treatment;
815 or

295021

3/4/2016 4:43 PM

Amendment No.

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

818 2.a. He or she is ~~manifestly~~ incapable of surviving alone
819 or with the help of willing and responsible family or friends,
820 including available alternative services, and, without
821 treatment, is likely to suffer from neglect or refuse to care
822 for himself or herself, and such neglect or refusal poses a real
823 and present threat of substantial harm to his or her well-being;
824 or

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

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

832 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
833 retained by a ~~receiving~~ facility or involuntarily placed in a
834 treatment facility upon the recommendation of the administrator
835 of the ~~receiving~~ facility where the patient has been examined
836 and after adherence to the notice and hearing procedures
837 provided in s. 394.4599. The recommendation must be supported by
838 the opinion of a psychiatrist and the second opinion of a
839 clinical psychologist or another psychiatrist, both of whom have
840 personally examined the patient within the preceding 72 hours,
841 that the criteria for involuntary inpatient placement are met.

295021

3/4/2016 4:43 PM

Amendment No.

842 However, in a county that has a population of fewer than 50,000,
843 if the administrator certifies that a psychiatrist or clinical
844 psychologist is not available to provide the second opinion, the
845 second opinion may be provided by a licensed physician who has
846 postgraduate training and experience in diagnosis and treatment
847 of mental illness ~~and nervous disorders~~ or by a psychiatric
848 nurse. Any ~~second~~ opinion authorized in this subsection may be
849 conducted through a face-to-face examination, in person or by
850 electronic means. Such recommendation shall be entered on a
851 petition for an involuntary inpatient placement certificate that
852 authorizes the ~~receiving~~ facility to retain the patient pending
853 transfer to a treatment facility or completion of a hearing.

854 (3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT.—The
855 administrator of the facility shall file a petition for
856 involuntary inpatient placement in the court in the county where
857 the patient is located. Upon filing, the clerk of the court
858 shall provide copies to the department, the patient, the
859 patient's guardian or representative, and the state attorney and
860 public defender of the judicial circuit in which the patient is
861 located. A No fee may not shall be charged for the filing of a
862 petition under this subsection.

863 (4) APPOINTMENT OF COUNSEL.—Within 1 court working day
864 after the filing of a petition for involuntary inpatient
865 placement, the court shall appoint the public defender to
866 represent the person who is the subject of the petition, unless
867 the person is otherwise represented by counsel. The clerk of the

295021

3/4/2016 4:43 PM

Amendment No.

868 court shall immediately notify the public defender of such
869 appointment. Any attorney representing the patient shall have
870 access to the patient, witnesses, and records relevant to the
871 presentation of the patient's case and shall represent the
872 interests of the patient, regardless of the source of payment to
873 the attorney.

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

878 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

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

882 2. Except for good cause documented in the court file, the
883 hearing must shall be held in the county or the facility, as
884 appropriate, where the patient is located, must and shall be as
885 convenient to the patient as is may be consistent with orderly
886 procedure, and shall be conducted in physical settings not
887 likely to be injurious to the patient's condition. If the court
888 finds that the patient's attendance at the hearing is not
889 consistent with the best interests of the patient, and the
890 patient's counsel does not object, the court may waive the
891 presence of the patient from all or any portion of the hearing.
892 The state attorney for the circuit in which the patient is
893 located shall represent the state, rather than the petitioning

295021

3/4/2016 4:43 PM

Amendment No.

894 facility administrator, as the real party in interest in the
895 proceeding.

896 ~~3.2.~~ The court may appoint a ~~general or special~~ magistrate
897 to preside at the hearing. One of the professionals who executed
898 the petition for involuntary inpatient placement-certificate
899 shall be a witness. The patient and the patient's guardian or
900 representative shall be informed by the court of the right to an
901 independent expert examination. If the patient cannot afford
902 such an examination, the court shall ensure that one is
903 provided, as otherwise provided for by law ~~provide for one~~. The
904 independent expert's report is ~~shall be~~ confidential and not
905 discoverable, unless the expert is to be called as a witness for
906 the patient at the hearing. The testimony in the hearing must be
907 given under oath, and the proceedings must be recorded. The
908 patient may refuse to testify at the hearing.

909 (b) If the court concludes that the patient meets the
910 criteria for involuntary inpatient placement, it may ~~shall~~ order
911 that the patient be transferred to a treatment facility or, if
912 the patient is at a treatment facility, that the patient be
913 retained there or be treated at any other appropriate ~~receiving~~
914 ~~or treatment~~ facility, or that the patient receive services ~~from~~
915 ~~a receiving or treatment facility~~, on an involuntary basis, for
916 ~~a period of up to 90 days 6 months~~. However, any order for
917 involuntary mental health services in a treatment facility may
918 be for up to 6 months. The order shall specify the nature and
919 extent of the patient's mental illness. The court may not order

295021

3/4/2016 4:43 PM

Amendment No.

920 an individual with traumatic brain injury or dementia who lacks
921 a co-occurring mental illness to be involuntarily placed in a
922 state treatment facility. The facility shall discharge a patient
923 any time the patient no longer meets the criteria for
924 involuntary inpatient placement, unless the patient has
925 transferred to voluntary status.

926 (c) If at any time before ~~prior to~~ the conclusion of the
927 hearing on involuntary inpatient placement it appears to the
928 court that the person does not meet the criteria for involuntary
929 inpatient placement under this section, but instead meets the
930 criteria for involuntary outpatient services ~~placement~~, the
931 court may order the person evaluated for involuntary outpatient
932 services ~~placement~~ pursuant to s. 394.4655. The petition and
933 hearing procedures set forth in s. 394.4655 shall apply. If the
934 person instead meets the criteria for involuntary assessment,
935 protective custody, or involuntary admission pursuant to s.
936 397.675, then the court may order the person to be admitted for
937 involuntary assessment for a period of 5 days pursuant to s.
938 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by
939 chapter 397.

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

945 (e) The administrator of the petitioning ~~receiving~~

295021

3/4/2016 4:43 PM

Amendment No.

946 facility shall provide a copy of the court order and adequate
947 documentation of a patient's mental illness to the administrator
948 of a treatment facility if the ~~whenever~~ a patient is ordered for
949 involuntary inpatient placement, whether by civil or criminal
950 court. The documentation must ~~shall~~ include any advance
951 directives made by the patient, a psychiatric evaluation of the
952 patient, and any evaluations of the patient performed by a
953 psychiatric nurse, a clinical psychologist, a marriage and
954 family therapist, a mental health counselor, or a clinical
955 social worker. The administrator of a treatment facility may
956 refuse admission to any patient directed to its facilities on an
957 involuntary basis, whether by civil or criminal court order, who
958 is not accompanied ~~at the same time~~ by adequate orders and
959 documentation.

960 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT
961 PLACEMENT.—

962 (a) Hearings on petitions for continued involuntary
963 inpatient placement of an individual placed at any treatment
964 facility are ~~shall be~~ administrative hearings and must ~~shall~~ be
965 conducted in accordance with ~~the provisions of~~ s. 120.57(1),
966 except that any order entered by the administrative law judge is
967 ~~shall be~~ final and subject to judicial review in accordance with
968 s. 120.68. Orders concerning patients committed after
969 successfully pleading not guilty by reason of insanity are ~~shall~~
970 ~~be~~ governed by ~~the provisions of~~ s. 916.15.

971 (b) If the patient continues to meet the criteria for

295021

3/4/2016 4:43 PM

Amendment No.

972 involuntary inpatient placement and is being treated at a
973 treatment facility, the administrator shall, before ~~prior to~~ the
974 expiration of the period ~~during which~~ the treatment facility is
975 authorized to retain the patient, file a petition requesting
976 authorization for continued involuntary inpatient placement. The
977 request must ~~shall~~ be accompanied by a statement from the
978 patient's physician, psychiatrist, psychiatric nurse, or
979 clinical psychologist justifying the request, a brief
980 description of the patient's treatment during the time he or she
981 was involuntarily placed, and an individualized plan of
982 continued treatment. Notice of the hearing must ~~shall~~ be
983 provided as provided ~~set forth~~ in s. 394.4599. If a patient's
984 attendance at the hearing is voluntarily waived, the
985 administrative law judge must determine that the waiver is
986 knowing and voluntary before waiving the presence of the patient
987 from all or a portion of the hearing. Alternatively, if at the
988 hearing the administrative law judge finds that attendance at
989 the hearing is not consistent with the best interests of the
990 patient, the administrative law judge may waive the presence of
991 the patient from all or any portion of the hearing, unless the
992 patient, through counsel, objects to the waiver of presence. The
993 testimony in the hearing must be under oath, and the proceedings
994 must be recorded.

995 (c) Unless the patient is otherwise represented or is
996 ineligible, he or she shall be represented at the hearing on the
997 petition for continued involuntary inpatient placement by the

295021

3/4/2016 4:43 PM

Amendment No.

998 public defender of the circuit in which the facility is located.

999 (d) If at a hearing it is shown that the patient continues
1000 to meet the criteria for involuntary inpatient placement, the
1001 administrative law judge shall sign the order for continued
1002 involuntary inpatient placement for ~~a period~~ up to 90 days not
1003 ~~to exceed 6 months.~~ However, any order for involuntary mental
1004 health services in a treatment facility may be for up to 6
1005 months. The same procedure shall be repeated before ~~prior to~~ the
1006 expiration of each additional period the patient is retained.

1007 (e) If continued involuntary inpatient placement is
1008 necessary for a patient admitted while serving a criminal
1009 sentence, but his or her ~~whose~~ sentence is about to expire, or
1010 for a minor patient involuntarily placed, ~~while a minor~~ but who
1011 is about to reach the age of 18, the administrator shall
1012 petition the administrative law judge for an order authorizing
1013 continued involuntary inpatient placement.

1014 (f) If the patient has been previously found incompetent
1015 to consent to treatment, the administrative law judge shall
1016 consider testimony and evidence regarding the patient's
1017 competence. If the administrative law judge finds evidence that
1018 the patient is now competent to consent to treatment, the
1019 administrative law judge may issue a recommended order to the
1020 court that found the patient incompetent to consent to treatment
1021 that the patient's competence be restored and that any guardian
1022 advocate previously appointed be discharged.

1023 (g) If the patient has been ordered to undergo involuntary

295021

3/4/2016 4:43 PM

Amendment No.

1024 inpatient placement and has previously been found incompetent to
1025 consent to treatment, the court shall consider testimony and
1026 evidence regarding the patient's incompetence. If the patient's
1027 competency to consent to treatment is restored, the discharge of
1028 the guardian advocate shall be governed by s. 394.4598.

1029
1030 The procedure required in this subsection must be followed
1031 before the expiration of each additional period the patient is
1032 involuntarily receiving services.

1033 (8) RETURN TO FACILITY OF PATIENTS.—If a patient
1034 involuntarily held ~~When a patient~~ at a treatment facility under
1035 this part leaves the facility without the administrator's
1036 authorization, the administrator may authorize a search for the
1037 patient and his or her ~~the return of the patient~~ to the
1038 facility. The administrator may request the assistance of a law
1039 enforcement agency in this regard ~~the search for and return of~~
1040 ~~the patient.~~

1041 Section 14. Section 394.46715, Florida Statutes, is
1042 amended to read:

1043 394.46715 Rulemaking authority.—The department may adopt
1044 rules to administer this part ~~Department of Children and~~
1045 ~~Families shall have rulemaking authority to implement the~~
1046 ~~provisions of ss. 394.455, 394.4598, 394.4615, 394.463,~~
1047 ~~394.4655, and 394.467 as amended or created by this act. These~~
1048 ~~rules shall be for the purpose of protecting the health, safety,~~
1049 ~~and well-being of persons examined, treated, or placed under~~

295021

3/4/2016 4:43 PM

Amendment No.

1050 ~~this act.~~1051 Section 15. Subsection (2) of section 394.4685, Florida
1052 Statutes, is amended to read:

1053 394.4685 Transfer of patients among facilities.—

1054 (2) TRANSFER FROM PUBLIC TO PRIVATE FACILITIES.—

1055 (a) A patient who has been admitted to a public receiving
1056 or public treatment facility and has requested, either
1057 personally or through his or her guardian or guardian advocate,
1058 and is able to pay for treatment in a private facility shall be
1059 transferred at the patient's expense to a private facility upon
1060 acceptance of the patient by the private facility.1061 (b) A public receiving facility initiating a patient
1062 transfer to a licensed hospital for acute care mental health
1063 services not accessible through the public receiving facility
1064 shall notify the hospital of such transfer and send the hospital
1065 all records relating to the emergency psychiatric or medical
1066 condition.1067 Section 16. Section 394.656, Florida Statutes, is amended
1068 to read:1069 394.656 Criminal Justice, Mental Health, and Substance
1070 Abuse Reinvestment Grant Program.—1071 (1) There is created within the Department of Children and
1072 Families the Criminal Justice, Mental Health, and Substance
1073 Abuse Reinvestment Grant Program. The purpose of the program is
1074 to provide funding to counties ~~with~~ which they may use to ~~can~~
1075 plan, implement, or expand initiatives that increase public

295021

3/4/2016 4:43 PM

Amendment No.

1076 safety, avert increased spending on criminal justice, and
1077 improve the accessibility and effectiveness of treatment
1078 services for adults and juveniles who have a mental illness,
1079 substance abuse disorder, or co-occurring mental health and
1080 substance abuse disorders and who are in, or at risk of
1081 entering, the criminal or juvenile justice systems.

1082 (2) The department shall establish a Criminal Justice,
1083 Mental Health, and Substance Abuse Statewide Grant Review
1084 Committee. The committee shall include:

1085 (a) One representative of the Department of Children and
1086 Families;

1087 (b) One representative of the Department of Corrections;

1088 (c) One representative of the Department of Juvenile
1089 Justice;

1090 (d) One representative of the Department of Elderly
1091 Affairs; ~~and~~

1092 (e) One representative of the Office of the State Courts
1093 Administrator;

1094 (f) One representative of the Department of Veterans'
1095 Affairs;

1096 (g) One representative of the Florida Sheriffs
1097 Association;

1098 (h) One representative of the Florida Police Chiefs
1099 Association;

1100 (i) One representative of the Florida Association of
1101 Counties;

295021

3/4/2016 4:43 PM

Amendment No.

1102 (j) One representative of the Florida Alcohol and Drug
1103 Abuse Association;

1104 (k) One representative of the Florida Association of
1105 Managing Entities;

1106 (l) One representative of the Florida Council for
1107 Community Mental Health;

1108 (m) One representative of the National Alliance of Mental
1109 Illness;

1110 (n) One representative of the Florida Prosecuting
1111 Attorneys Association;

1112 (o) One representative of the Florida Public Defender
1113 Association; and

1114 (p) One administrator of an assisted living facility that
1115 holds a limited mental health license.

1116 (3) The committee shall serve as the advisory body to
1117 review policy and funding issues that help reduce the impact of
1118 persons with mental illness and substance abuse disorders on
1119 communities, criminal justice agencies, and the court system.
1120 The committee shall advise the department in selecting
1121 priorities for grants and investing awarded grant moneys.

1122 (4) The committee must have experience in substance use
1123 and mental health disorders, community corrections, and law
1124 enforcement. To the extent possible, the ~~members of the~~
1125 committee shall have expertise in grant review ~~writing, grant~~
1126 ~~reviewing,~~ and grant application scoring.

1127 (5) ~~(a)-(3)-(a)~~ A county, or a not-for-profit community

295021

3/4/2016 4:43 PM

Amendment No.

1128 provider or managing entity designated by the county planning
1129 council or committee, as described in s. 394.657, may apply for
1130 a 1-year planning grant or a 3-year implementation or expansion
1131 grant. The purpose of the grants is to demonstrate that
1132 investment in treatment efforts related to mental illness,
1133 substance abuse disorders, or co-occurring mental health and
1134 substance abuse disorders results in a reduced demand on the
1135 resources of the judicial, corrections, juvenile detention, and
1136 health and social services systems.

1137 (b) To be eligible to receive a 1-year planning grant or a
1138 3-year implementation or expansion grant:7

1139 1. A county applicant must have a ~~county~~ planning council
1140 or committee that is in compliance with the membership
1141 requirements set forth in this section.

1142 2. A not-for-profit community provider or managing entity
1143 must be designated by the county planning council or committee
1144 and have written authorization to submit an application. A not-
1145 for-profit community provider or managing entity must have
1146 written authorization for each submitted application.

1147 (c) The department may award a 3-year implementation or
1148 expansion grant to an applicant who has not received a 1-year
1149 planning grant.

1150 (d) The department may require an applicant to conduct
1151 sequential intercept mapping for a project. For purposes of this
1152 paragraph, the term "sequential intercept mapping" means a
1153 process for reviewing a local community's mental health,

295021

3/4/2016 4:43 PM

Amendment No.

1154 substance abuse, criminal justice, and related systems and
1155 identifying points of interceptions where interventions may be
1156 made to prevent an individual with a substance abuse disorder or
1157 mental illness from deeper involvement in the criminal justice
1158 system.

1159 (6)(4) The grant review and selection committee shall
1160 select the grant recipients and notify the department of
1161 Children and Families in writing of the recipients' names of the
1162 applicants who have been selected by the committee to receive a
1163 grant. Contingent upon the availability of funds and upon
1164 notification by the grant review and selection committee of
1165 those applicants approved to receive planning, implementation,
1166 or expansion grants, the department ~~of Children and Families~~ may
1167 transfer funds appropriated for the grant program to a selected
1168 grant recipient to any county awarded a grant.

1169 Section 17. Section 394.761, Florida Statutes, is created
1170 to read:

1171 394.761 Revenue maximization.—The agency and the
1172 department shall develop a plan to obtain federal approval for
1173 increasing the availability of federal Medicaid funding for
1174 behavioral health care. Increased funding shall be used to
1175 advance the goal of improved integration of behavioral health
1176 services and primary care services for individuals eligible for
1177 Medicaid through the development and effective implementation of
1178 the behavioral health system of care as described in s.
1179 394.4573. The agency and the department shall submit the written

295021

3/4/2016 4:43 PM

Amendment No.

1180 plan to the President of the Senate and the Speaker of the House
1181 of Representatives by November 1, 2016. The plan shall identify
1182 the amount of general revenue funding appropriated for mental
1183 health and substance abuse services which is eligible to be used
1184 as state Medicaid match. The plan shall evaluate alternative
1185 uses of increased Medicaid funding, including seeking Medicaid
1186 eligibility for the severely and persistently mentally ill or
1187 persons with substance use disorders, increased reimbursement
1188 rates for behavioral health services, adjustments to the
1189 capitation rate for Medicaid enrollees with chronic mental
1190 illness and substance use disorders, including targeted case
1191 management for individuals with substance use disorder as a
1192 Medicaid-funded service, supplemental payments to mental health
1193 and substance abuse service providers through a designated state
1194 health program or other mechanisms, and innovative programs to
1195 provide incentives for improved outcomes for behavioral health
1196 conditions. The plan shall identify the advantages and
1197 disadvantages of each alternative and assess each alternative's
1198 potential for achieving improved integration of services. The
1199 plan shall identify the types of federal approvals necessary to
1200 implement each alternative and project a timeline for
1201 implementation.

1202 Section 18. Subsection (5) of section 394.879, Florida
1203 Statutes, is amended, and subsection (6) is added to that
1204 section, to read:

1205 394.879 Rules; enforcement.—

295021

3/4/2016 4:43 PM

Amendment No.

1206 (5) The agency or the department may not adopt any rule
1207 governing the design, construction, erection, alteration,
1208 modification, repair, or demolition of crisis stabilization
1209 units. It is the intent of the Legislature to preempt that
1210 function to the Florida Building Commission and the State Fire
1211 Marshal through adoption and maintenance of the Florida Building
1212 Code and the Florida Fire Prevention Code. However, a crisis
1213 stabilization unit, short-term residential treatment facility,
1214 or integrated adult mental health crisis stabilization and
1215 addictions receiving facility which is collocated with a
1216 centralized receiving facility may be in a multi-story building
1217 and may be authorized on floors other than the ground floor. The
1218 agency shall provide technical assistance to the commission and
1219 the State Fire Marshal in updating the construction standards of
1220 the Florida Building Code and the Florida Fire Prevention Code
1221 which govern crisis stabilization units. In addition, the agency
1222 may enforce the special-occupancy provisions of the Florida
1223 Building Code and the Florida Fire Prevention Code which apply
1224 to crisis stabilization units in conducting any inspection
1225 authorized under this part or part II of chapter 408.

1226 (6) The department and the Agency for Health Care
1227 Administration shall develop a plan for modifying licensure
1228 statutes and rules to provide options for a single, consolidated
1229 license for a provider that offers multiple types of either
1230 mental health services or substance abuse services, or both,
1231 regulated under chapters 394 and 397, respectively. The plan

295021

3/4/2016 4:43 PM

Amendment No.

1232 shall identify options for license consolidation within the
1233 department and the agency and shall identify interagency license
1234 consolidation options. The department and the agency shall
1235 submit the plan to the Governor, the President of the Senate,
1236 and the Speaker of the House of Representatives by November 1,
1237 2016.

1238 Section 19. Section 394.9082, Florida Statutes, is amended
1239 to read:

1240 (Substantial rewording of section. See
1241 s. 394.9082, F.S., for present text.)

1242 394.9082 Behavioral health managing entities.—

1243 (1) INTENT AND PURPOSE.—

1244 (a) The Legislature finds that untreated behavioral health
1245 disorders constitute major health problems for residents of this
1246 state, are a major economic burden to the citizens of this
1247 state, and substantially increase demands on the state's
1248 juvenile and adult criminal justice systems, the child welfare
1249 system, and health care systems. The Legislature finds that
1250 behavioral health disorders respond to appropriate treatment,
1251 rehabilitation, and supportive intervention. The Legislature
1252 finds that local communities have also made substantial
1253 investments in behavioral health services, contracting with
1254 safety net providers who by mandate and mission provide
1255 specialized services to vulnerable and hard-to-serve populations
1256 and have strong ties to local public health and public safety
1257 agencies. The Legislature finds that a regional management

295021

3/4/2016 4:43 PM

Amendment No.

1258 structure that facilitates a comprehensive and cohesive system
1259 of coordinated care for behavioral health treatment and
1260 prevention services will improve access to care, promote service
1261 continuity, and provide for more efficient and effective
1262 delivery of substance abuse and mental health services. The
1263 Legislature finds that discharge of a mental health consumer
1264 from a public receiving facility into homelessness is
1265 inappropriate and detrimental to recovery. It is the intent of
1266 the Legislature that such consumers not be discharged from a
1267 public receiving facility into homelessness. Managing entities,
1268 public receiving facilities, homeless services providers, and
1269 licensed housing providers shall work to create cooperative
1270 agreements and networks that facilitate recovery.

1271 (b) The purpose of the behavioral health managing entities
1272 is to plan, coordinate, and contract for the delivery of
1273 community mental health and substance abuse services, to improve
1274 access to care, to promote service continuity, to purchase
1275 services, and to support efficient and effective delivery of
1276 services.

1277 (2) DEFINITIONS.—As used in this section, the term:

1278 (a) "Behavioral health services" means mental health
1279 services and substance abuse prevention and treatment services
1280 as described in this chapter and chapter 397.

1281 (b) "Coordinated system of care" means the array of mental
1282 health services and substance abuse services described in s.
1283 394.4573.

295021

3/4/2016 4:43 PM

Amendment No.

1284 (c) "Geographic area" means one or more contiguous
1285 counties, circuits, or regions as described in s. 409.966.

1286 (d) "Managed behavioral health organization" means a
1287 Medicaid managed care organization currently under contract with
1288 the statewide Medicaid managed medical assistance program in
1289 this state pursuant to part IV of chapter 409, including a
1290 managed care organization operating as a behavioral health
1291 specialty plan.

1292 (e) "Managing entity" means a corporation selected by and
1293 under contract with the department to manage the daily
1294 operational delivery of behavioral health services through a
1295 coordinated system of care.

1296 (f) "Provider network" means the group of direct service
1297 providers, facilities, and organizations under contract with a
1298 managing entity to provide a comprehensive array of emergency,
1299 acute care, residential, outpatient, recovery support, and
1300 consumer support services, including prevention services.

1301 (g) "Subregion" means a distinct portion of a managing
1302 entity's geographic region defined by unifying service and
1303 provider utilization patterns.

1304 (3) DEPARTMENT DUTIES.—The department shall:

1305 (a) Contract with organizations to serve as managing
1306 entities in accordance with the requirements of this section and
1307 conduct a readiness review of any new managing entities before
1308 such entities assume their responsibilities.

295021

3/4/2016 4:43 PM

Amendment No.

1309 (b) Specify data reporting requirements and use of shared
1310 data systems.

1311 (c) Develop strategies to divert persons with mental
1312 illness or substance use disorders from the criminal and
1313 juvenile justice systems in collaboration with the court system
1314 and the Department of Juvenile Justice and to integrate
1315 behavioral health services with the child welfare system.

1316 (d) Support the development and implementation of a
1317 coordinated system of care by requiring each provider that
1318 receives state funds for behavioral health services through a
1319 direct contract with the department to work with the managing
1320 entity in the provider's service area to coordinate the
1321 provision of behavioral health services as part of the contract
1322 with the department.

1323 (e) Provide technical assistance to the managing entities.

1324 (f) Promote the coordination of behavioral health care and
1325 primary care.

1326 (g) Facilitate coordination between the managing entity
1327 and other payors of behavioral health care.

1328 (h) Develop and provide a unique identifier for clients
1329 receiving behavioral health services through the managing entity
1330 to coordinate care.

1331 (i) Coordinate procedures for the referral and admission
1332 of patients to, and the discharge of patients from, treatment
1333 facilities as defined in s. 394.455 and their return to the
1334 community.

295021

3/4/2016 4:43 PM

Amendment No.

1335 (j) Ensure that managing entities comply with state and
1336 federal laws, rules, regulations, and grant requirements.

1337 (k) Develop rules for the operations of, and the
1338 requirements that shall be met by, the managing entity, if
1339 necessary.

1340 (l) Annually review contract and reporting requirements
1341 and reduce costly, duplicative, and unnecessary administrative
1342 requirements.

1343 (4) CONTRACT WITH MANAGING ENTITIES.-

1344 (a) In contracting for services with managing entities
1345 under this section, the department shall first attempt to
1346 contract with not-for-profit, community-based organizations with
1347 competence in managing provider networks serving persons with
1348 mental health and substance use disorders to serve as managing
1349 entities.

1350 (b) The department shall issue an invitation to negotiate
1351 under s. 287.057 to select an organization to serve as a
1352 managing entity. If the department receives fewer than two
1353 responsive bids to the solicitation, the department shall
1354 reissue the solicitation, in which case managed behavioral
1355 health organizations shall also be eligible to bid and be
1356 awarded a contract.

1357 (c) If the managing entity is a not-for-profit, community-
1358 based organization, it must have a governing board that is
1359 representative. At a minimum, the governing board must include
1360 consumers and their family members; representatives of local

295021

3/4/2016 4:43 PM

Amendment No.

1361 government, area law enforcement agencies, health care
1362 facilities, and community-based care lead agencies; business
1363 leaders; and providers of substance abuse and mental health
1364 services as defined in this chapter and chapter 397.

1365 (d) If the managing entity is a managed behavioral health
1366 organization, it must establish an advisory board that meets the
1367 same requirements specified in paragraph (c) for a governing
1368 board.

1369 (e) If the department issues an invitation to negotiate
1370 pursuant to paragraph (b), the department shall consider, at a
1371 minimum, the following factors:

1372 1. Experience serving persons with mental health and
1373 substance use disorders.

1374 2. Established community partnerships with behavioral
1375 health care providers.

1376 3. Demonstrated organizational capabilities for network
1377 management functions.

1378 4. Capability to coordinate behavioral health services
1379 with primary care services.

1380 5. Willingness to provide recovery-oriented services and
1381 systems of care and work collaboratively with persons with
1382 mental health and substance use disorders and their families in
1383 designing such systems and delivering such services.

1384 (f) The department's contracts with managing entities must
1385 support efficient and effective administration of the behavioral
1386 health system and ensure accountability for performance.

295021

3/4/2016 4:43 PM

Amendment No.

1387 (g) A contractor serving as a managing entity shall
1388 operate under the same data reporting, administrative, and
1389 administrative rate requirements, regardless of whether it is a
1390 for-profit or not-for-profit entity.

1391 (h) The contract must designate the geographic area that
1392 will be served by the managing entity, which area must be of
1393 sufficient size in population, funding, and services to allow
1394 for flexibility and efficiency.

1395 (i) The contract must require that, when there is a change
1396 in the managing entity in a geographic area, a transition plan
1397 be developed and implemented by the department which ensures
1398 continuity of care for patients receiving behavioral health
1399 services.

1400 (j) By June 30, 2019, if all other contract requirements
1401 and performance standards are met and the department determines
1402 that a managing entity under contract as of July 1, 2016, has
1403 received network accreditation pursuant to subsection (6), the
1404 department may continue its contract with the managing entity
1405 for up to, but not exceeding, 5 years, including any and all
1406 renewals and extensions. Thereafter, the department must issue a
1407 competitive solicitation pursuant to paragraph (b).

1408 (5) MANAGING ENTITY DUTIES.—A managing entity shall:

1409 (a) Maintain a governing board or, if a managed behavioral
1410 health organization, an advisory board as provided in paragraph
1411 (4) (c) or paragraph (4) (d), respectively.

295021

3/4/2016 4:43 PM

Amendment No.

1412 (b) Conduct a community behavioral health care needs
1413 assessment every 3 years in the geographic area served by the
1414 managing entity which specifies needs by subregion. The process
1415 for conducting the needs assessment shall include an opportunity
1416 for public participation. The assessment shall include, at a
1417 minimum, the information the department needs for its annual
1418 report to the Governor and Legislature pursuant to s. 394.4573.
1419 The managing entity shall provide the needs assessment to the
1420 department.

1421 (c) Determine the optimal array of services to meet the
1422 needs identified in the community behavioral health care needs
1423 assessment and expand the scope of services as resources become
1424 available.

1425 (d) Work independently and collaboratively with
1426 stakeholders to improve access to and effectiveness, quality,
1427 and outcomes of behavioral health services. This work may
1428 include, but need not be limited to, facilitating the
1429 dissemination and use of evidence-informed practices.

1430 (e) Promote the development and effective implementation
1431 of a coordinated system of care pursuant to s. 394.4573.

1432 (f) Submit network management plans and other documents as
1433 required by the department.

1434 (g) Develop a comprehensive provider network of qualified
1435 providers to deliver behavioral health services. The managing
1436 entity is not required to competitively procure network
1437 providers but shall publicize opportunities to join the provider

295021

3/4/2016 4:43 PM

Amendment No.

1438 network and evaluate providers in the network to determine if
1439 they may remain in the network. The managing entity shall
1440 publish these processes on its website. The managing entity
1441 shall ensure continuity of care for clients if a provider ceases
1442 to provide a service or leaves the network.

1443 (h) As appropriate, develop local resources by pursuing
1444 third-party payments for services, applying for grants,
1445 assisting providers in securing local matching funds and in-kind
1446 services, and employing any other method needed to ensure that
1447 services are available and accessible.

1448 (i) Provide assistance to counties to develop a designated
1449 receiving system pursuant to s. 394.4573 and a transportation
1450 plan pursuant to s. 394.462.

1451 (j) Enter into cooperative agreements with local homeless
1452 councils and organizations for sharing information about
1453 clients, available resources, and other data or information for
1454 addressing the homelessness of persons suffering from a
1455 behavioral health crisis. All information sharing must comply
1456 with federal and state privacy and confidentiality laws,
1457 statutes, and regulations.

1458 (k) Work collaboratively with public receiving facilities
1459 and licensed housing providers to establish a network of
1460 licensed housing resources for mental health consumers that will
1461 prevent and reduce readmissions to public receiving facilities.

295021

3/4/2016 4:43 PM

Amendment No.

1462 (l) Monitor network providers' performance and their
1463 compliance with contract requirements and federal and state
1464 laws, rules, regulations, and grant requirements.

1465 (m) Manage and allocate funds for services to meet federal
1466 and state laws, rules, and regulations.

1467 (n) Promote coordination of behavioral health care with
1468 primary care.

1469 (o) Implement shared data systems necessary for the
1470 delivery of coordinated care and integrated services, the
1471 assessment of managing entity performance and provider
1472 performance, and the reporting of outcomes and costs of
1473 services.

1474 (p) Operate in a transparent manner, providing public
1475 access to information, notice of meetings, and opportunities for
1476 public participation in managing entity decisionmaking.

1477 (q) Establish and maintain effective relationships with
1478 community stakeholders, including individuals served by the
1479 behavioral health system of care and their families, local
1480 governments, and other community organizations that meet the
1481 needs of individuals with mental illness or substance use
1482 disorders.

1483 (r) Collaborate with and encourage increased coordination
1484 between the provider network and other systems, programs, and
1485 entities, such as the child welfare system, law enforcement
1486 agencies, the criminal and juvenile justice systems, the

295021

3/4/2016 4:43 PM

Amendment No.

1487 Medicaid program, offices of the public defender, and offices of
1488 criminal conflict and civil regional counsel.

1489 1. Collaboration with the criminal and juvenile justice
1490 systems shall seek, at a minimum, to divert persons with mental
1491 illness, substance use disorders, or co-occurring conditions
1492 from these systems.

1493 2. Collaboration with the court system shall seek, at a
1494 minimum, to develop specific written procedures and agreements
1495 to maximize the use of involuntary outpatient services, reduce
1496 involuntary inpatient treatment, and increase diversion from the
1497 criminal and juvenile justice systems.

1498 3. Collaboration with the child welfare system shall seek,
1499 at a minimum, to provide effective and timely services to
1500 parents and caregivers involved in the child welfare system.

1501 (6) NETWORK ACCREDITATION AND SYSTEMS COORDINATION
1502 AGREEMENTS.—

1503 (a)1. The department shall identify acceptable
1504 accreditations which address coordination within a network and,
1505 if possible, between the network and major systems and programs
1506 with which the network interacts, such as the child welfare
1507 system, the courts system, and the Medicaid program. In
1508 identifying acceptable accreditations, the department shall
1509 consider whether the accreditation facilitates integrated
1510 strategic planning, resource coordination, technology
1511 integration, performance measurement, and increased value to
1512 consumers through choice of and access to services, improved

295021

3/4/2016 4:43 PM

Amendment No.

1513 coordination of services, and effectiveness and efficiency of
1514 service delivery.

1515 2. All managing entities under contract with the state by
1516 July 1, 2016, shall earn accreditation deemed acceptable by the
1517 department pursuant to subparagraph 1. by June 30, 2019.

1518 Managing entities whose initial contract with the state is
1519 executed after July 1, 2016, shall earn network accreditation
1520 within 3 years after the contract execution date. Pursuant to
1521 paragraph (4) (j), the department may continue the contract of a
1522 managing entity under contract as of July 1, 2016, that earns
1523 the network accreditation within the required timeframe and
1524 maintains it throughout the contract term.

1525 (b) If no accreditations are available or deemed
1526 acceptable pursuant to paragraph (a) which address coordination
1527 between the provider network and major systems and programs with
1528 which the provider network interacts, each managing entity shall
1529 enter into memoranda of understanding which details mechanisms
1530 for communication and coordination. The managing entity shall
1531 enter into such memoranda with any community-based care lead
1532 agencies, circuit courts, county courts, sheriffs' offices,
1533 offices of the public defender, offices of criminal conflict and
1534 civil regional counsel, Medicaid managed medical assistance
1535 plans, and homeless coalitions in its service area. Each
1536 managing entity under contract on July 1, 2016, shall enter into
1537 such memoranda by June 30, 2017, and each managing entity under

295021

3/4/2016 4:43 PM

Amendment No.

1538 contract after July 1, 2016, shall enter into such memoranda
1539 within 1 year after its contract execution date.

1540 (7) PERFORMANCE MEASUREMENT AND ACCOUNTABILITY.-Managing
1541 entities shall collect and submit data to the department
1542 regarding persons served, outcomes of persons served, costs of
1543 services provided through the department's contract, and other
1544 data as required by the department. The department shall
1545 evaluate managing entity performance and the overall progress
1546 made by the managing entity, together with other systems, in
1547 meeting the community's behavioral health needs, based on
1548 consumer-centered outcome measures that reflect national
1549 standards, if possible, that can be accurately measured. The
1550 department shall work with managing entities to establish
1551 performance standards, including, but not limited to:

1552 (a) The extent to which individuals in the community
1553 receive services, including, but not limited to, parents or
1554 caregivers involved in the child welfare system who need
1555 behavioral health services.

1556 (b) The improvement in the overall behavioral health of a
1557 community.

1558 (c) The improvement in functioning or progress in the
1559 recovery of individuals served by the managing entity, as
1560 determined using person-centered measures tailored to the
1561 population.

1562 (d) The success of strategies to:

295021

3/4/2016 4:43 PM

Amendment No.

1563 1. Divert admissions to acute levels of care, jails,
1564 prisons, and forensic facilities as measured by, at a minimum,
1565 the total number and percentage of clients who, during a
1566 specified period, experience multiple admissions to acute levels
1567 of care, jails, prisons, or forensic facilities; and

1568 2. Address the housing needs of individuals being released
1569 from public receiving facilities who are homeless.

1570 (e) Consumer and family satisfaction.

1571 (f) The satisfaction of key community constituencies, such
1572 as law enforcement agencies, community-based care lead agencies,
1573 juvenile justice agencies, the courts, school districts, local
1574 government entities, hospitals, and other organizations, as
1575 appropriate, for the geographical service area of the managing
1576 entity.

1577 (8) ENHANCEMENT PLANS.—By November 1 of each year,
1578 beginning in 2017, each managing entity shall develop and submit
1579 to the department a prioritized plan for phased enhancement of
1580 the behavioral health system of care by subregion of the
1581 managing entity's service area, if appropriate, based on the
1582 assessed behavioral health care needs of the subregion and
1583 service gaps. If the plan recommends additional funding, for
1584 each recommended use of funds the enhancement plan shall
1585 describe, at a minimum, the specific needs that would be met,
1586 the specific services that would be purchased, the estimated
1587 benefits of the services, the projected costs, the projected
1588 number of individuals that would be served, and any other

295021

3/4/2016 4:43 PM

Amendment No.

1589 information indicating the estimated benefit to the community.
1590 The managing entity shall include consumers and their family
1591 members, local governments, law enforcement agencies, service
1592 providers, community partners, and other stakeholders when
1593 developing the plan. Individual sections of the plan shall
1594 address:

1595 (a) The designated receiving systems developed pursuant to
1596 s. 394.4573, and shall give consideration to implementation of
1597 no-wrong-door models; evidence-based, evidence-informed, and
1598 innovative practices for diverting individuals from the acute
1599 behavioral health care system; and the most efficient and cost-
1600 effective manner to address the needs of individuals once they
1601 are in the system.

1602 (b) Treatment and recovery services, and shall emphasize
1603 the provision of care coordination to priority populations and
1604 the use of recovery-oriented, peer-involved approaches.

1605 (c) Coordination between the behavioral health system of
1606 care and other systems, such as the child welfare system, and
1607 shall give consideration to approaches for enhancing such
1608 coordination.

1609 (9) FUNDING FOR MANAGING ENTITIES.—

1610 (a) A contract established between the department and a
1611 managing entity under this section shall be funded by general
1612 revenue, other applicable state funds, or applicable federal
1613 funding sources. A managing entity may carry forward documented
1614 unexpended state funds from one fiscal year to the next, but the

295021

3/4/2016 4:43 PM

Amendment No.

1615 cumulative amount carried forward may not exceed 8 percent of
1616 the annual amount of the contract. Any unexpended state funds in
1617 excess of that percentage shall be returned to the department.
1618 The funds carried forward may not be used in a way that would
1619 increase future recurring obligations or for any program or
1620 service that was not authorized under the existing contract with
1621 the department. Expenditures of funds carried forward shall be
1622 separately reported to the department. Any unexpended funds that
1623 remain at the end of the contract period shall be returned to
1624 the department. Funds carried forward may be retained through
1625 contract renewals and new contract procurements as long as the
1626 same managing entity is retained by the department.

1627 (b) The method of payment for a fixed-price contract with
1628 a managing entity shall provide for a 2-month advance payment at
1629 the beginning of each fiscal year and equal monthly payments
1630 thereafter.

1631 (10) ACUTE CARE SERVICES UTILIZATION DATABASE.—The
1632 department shall develop, implement, and maintain standards
1633 under which a managing entity shall collect utilization data
1634 from all public receiving facilities situated within its
1635 geographical service area and all detoxification and addictions
1636 receiving facilities under contract with the managing entity. As
1637 used in this subsection, the term "public receiving facility"
1638 means an entity that meets the licensure requirements of, and is
1639 designated by, the department to operate as a public receiving

295021

3/4/2016 4:43 PM

Amendment No.

1640 facility under s. 394.875 and that is operating as a licensed
1641 crisis stabilization unit.

1642 (a) The department shall develop standards and protocols
1643 to be used for data collection, storage, transmittal, and
1644 analysis. The standards and protocols shall allow for
1645 compatibility of data and data transmittal between public
1646 receiving facilities, detoxification facilities, addictions
1647 receiving facilities, managing entities, and the department for
1648 the implementation, and to meet the requirements, of this
1649 subsection.

1650 (b) A managing entity shall require providers specified in
1651 paragraph (a) to submit data, in real time or at least daily, to
1652 the managing entity for:

1653 1. All admissions and discharges of clients receiving
1654 public receiving facility services who qualify as indigent, as
1655 defined in s. 394.4787.

1656 2. All admissions and discharges of clients receiving
1657 substance abuse services in an addictions receiving facility or
1658 detoxification facility pursuant to parts IV and V of chapter
1659 397 who qualify as indigent.

1660 3. The current active census of total licensed beds, the
1661 number of beds purchased by the department, the number of
1662 clients qualifying as indigent who occupy those beds, and the
1663 total number of unoccupied licensed beds, regardless of funding.

1664 (c) A managing entity shall require providers specified in
1665 paragraph (a) to submit data, on a monthly basis, to the

295021

3/4/2016 4:43 PM

Amendment No.

1666 managing entity which aggregates the daily data submitted under
1667 paragraph (b). The managing entity shall reconcile the data in
1668 the monthly submission to the data received by the managing
1669 entity under paragraph (b) to check for consistency. If the
1670 monthly aggregate data submitted by a provider under this
1671 paragraph are inconsistent with the daily data submitted under
1672 paragraph (b), the managing entity shall consult with the
1673 provider to make corrections necessary to ensure accurate data.

1674 (d) A managing entity shall require providers specified in
1675 paragraph (a) within its provider network to submit data, on an
1676 annual basis, to the managing entity which aggregates the data
1677 submitted and reconciled under paragraph (c). The managing
1678 entity shall reconcile the data in the annual submission to the
1679 data received and reconciled by the managing entity under
1680 paragraph (c) to check for consistency. If the annual aggregate
1681 data submitted by a provider under this paragraph are
1682 inconsistent with the data received and reconciled under
1683 paragraph (c), the managing entity shall consult with the
1684 provider to make corrections necessary to ensure accurate data.

1685 (e) After ensuring the accuracy of data pursuant to
1686 paragraphs (c) and (d), the managing entity shall submit the
1687 data to the department on a monthly and an annual basis. The
1688 department shall create a statewide database for the data
1689 described under paragraph (b) and submitted under this paragraph
1690 for the purpose of analyzing the payments for and the use of
1691 crisis stabilization services funded by the Baker Act and

295021

3/4/2016 4:43 PM

Amendment No.

1692 detoxification and addictions receiving services provided
1693 pursuant to parts IV and V of chapter 397 on a statewide basis
1694 and on an individual provider basis.

1695 Section 20. Subsections (4) through (9) of section
1696 397.305, Florida Statutes, are renumbered as subsections (7)
1697 though (12), respectively, and new subsections (4), (5), and (6)
1698 are added to that section to read:

1699 397.305 Legislative findings, intent, and purpose.—

1700 (4) It is the intent of the Legislature that licensed,
1701 qualified health professionals be authorized to practice to the
1702 full extent of their education and training in the performance
1703 of professional functions necessary to carry out the intent of
1704 this chapter.

1705 (5) It is the intent of the Legislature that state policy
1706 and funding decisions be driven by data concerning the
1707 populations served and the effectiveness of the services
1708 provided.

1709 (6) It is the intent of the Legislature to establish
1710 expectations that services provided to persons in this state use
1711 the coordination-of-care principles characteristic of recovery-
1712 oriented services and include social support services, such as
1713 housing support, life skills and vocational training, and
1714 employment assistance, necessary for persons with substance use
1715 disorders or co-occurring substance use and mental health
1716 disorders to live successfully in their communities.

295021

3/4/2016 4:43 PM

Amendment No.

1717 Section 21. Subsections (19) through (45) of section
1718 397.311, Florida Statutes, are renumbered as subsections (20)
1719 through (48), respectively, new subsections (19), (21), and (22)
1720 are added to that section, and present subsections (30) and (38)
1721 of that section are amended, to read:

1722 397.311 Definitions.—As used in this chapter, except part
1723 VIII, the term:

1724 (19) "Incompetent to consent to treatment" means a state
1725 in which a person's judgment is so affected by a substance abuse
1726 impairment that he or she lacks the capacity to make a well-
1727 reasoned, willful, and knowing decision concerning his or her
1728 medical health, mental health, or substance abuse treatment.

1729 (21) "Informed consent" means consent voluntarily given in
1730 writing by a competent person after sufficient explanation and
1731 disclosure of the subject matter involved to enable the person
1732 to make a knowing and willful decision without any element of
1733 force, fraud, deceit, duress, or other form of constraint or
1734 coercion.

1735 (22) "Involuntary services" means an array of behavioral
1736 health services that may be ordered by the court for persons
1737 with substance abuse impairment or co-occurring substance abuse
1738 impairment and mental health disorders.

1739 (33)~~(30)~~ "Qualified professional" means a physician or a
1740 physician assistant licensed under chapter 458 or chapter 459; a
1741 professional licensed under chapter 490 or chapter 491; an
1742 advanced registered nurse practitioner ~~having a specialty in~~

295021

3/4/2016 4:43 PM

Amendment No.

1743 ~~psychiatry~~ licensed under part I of chapter 464; or a person who
1744 is certified through a department-recognized certification
1745 process for substance abuse treatment services and who holds, at
1746 a minimum, a bachelor's degree. A person who is certified in
1747 substance abuse treatment services by a state-recognized
1748 certification process in another state at the time of employment
1749 with a licensed substance abuse provider in this state may
1750 perform the functions of a qualified professional as defined in
1751 this chapter but must meet certification requirements contained
1752 in this subsection no later than 1 year after his or her date of
1753 employment.

1754 ~~(41)(38)~~ "Service component" or "component" means a
1755 discrete operational entity within a service provider which is
1756 subject to licensing as defined by rule. Service components
1757 include prevention, intervention, and clinical treatment
1758 described in subsection ~~(25)~~ ~~(22)~~.

1759 Section 22. Subsections (16) through (20) of section
1760 397.321, Florida Statutes, are renumbered as subsections (15)
1761 through (19), respectively, present subsection (15) is amended,
1762 and a new subsection (20) is added to that section, to read:

1763 397.321 Duties of the department.—The department shall:
1764 ~~(15) Appoint a substance abuse impairment coordinator to~~
1765 ~~represent the department in efforts initiated by the statewide~~
1766 ~~substance abuse impairment prevention and treatment coordinator~~
1767 ~~established in s. 397.801 and to assist the statewide~~
1768 ~~coordinator in fulfilling the responsibilities of that position.~~

295021

3/4/2016 4:43 PM

Amendment No.

1769 (20) Develop and prominently display on its website all
1770 forms necessary for the implementation and administration of
1771 parts IV and V of this chapter. These forms shall include, but
1772 are not limited to, a petition for involuntary admission form
1773 and all related pleading forms, and a form to be used by law
1774 enforcement agencies pursuant to s. 397.6772. The department
1775 shall notify law enforcement agencies, the courts, and other
1776 state agencies of the existence and availability of such forms.

1777 Section 23. Section 397.675, Florida Statutes, is amended
1778 to read:

1779 397.675 Criteria for involuntary admissions, including
1780 protective custody, emergency admission, and other involuntary
1781 assessment, involuntary treatment, and alternative involuntary
1782 assessment for minors, for purposes of assessment and
1783 stabilization, and for involuntary treatment.—A person meets the
1784 criteria for involuntary admission if there is good faith reason
1785 to believe that the person is substance abuse impaired or has a
1786 co-occurring mental health disorder and, because of such
1787 impairment or disorder:

1788 (1) Has lost the power of self-control with respect to
1789 substance abuse use; and either

1790 (2) (a) ~~Has inflicted, or threatened or attempted to~~
1791 ~~inflict, or unless admitted is likely to inflict, physical harm~~
1792 ~~on himself or herself or another; or~~

1793 ~~(b)~~ Is in need of substance abuse services and, by reason
1794 of substance abuse impairment, his or her judgment has been so

295021

3/4/2016 4:43 PM

Amendment No.

1795 impaired that he or she ~~the person~~ is incapable of appreciating
1796 his or her need for such services and of making a rational
1797 decision in that regard, although ~~thereto; however,~~ mere refusal
1798 to receive such services does not constitute evidence of lack of
1799 judgment with respect to his or her need for such services; or

1800 (b) Without care or treatment, is likely to suffer from
1801 neglect or refuse to care for himself or herself; that such
1802 neglect or refusal poses a real and present threat of
1803 substantial harm to his or her well-being; and that it is not
1804 apparent that such harm may be avoided through the help of
1805 willing family members or friends or the provision of other
1806 services, or there is substantial likelihood that the person has
1807 inflicted, or threatened to or attempted to inflict, or, unless
1808 admitted, is likely to inflict, physical harm on himself,
1809 herself, or another.

1810 Section 24. Paragraph (g) is added to subsection (1) of
1811 section 397.6751, Florida Statutes, to read:

1812 397.6751 Service provider responsibilities regarding
1813 involuntary admissions.—

1814 (1) It is the responsibility of the service provider to:

1815 (g) Submit to the department a copy of any court order,
1816 law enforcement report, or professional certificate requiring an
1817 individual to undergo involuntary services within 1 working day
1818 after it is received.

1819 Section 25. Subsection (1) of section 397.6772, Florida
1820 Statutes, is amended to read:

295021

3/4/2016 4:43 PM

Amendment No.

1821 397.6772 Protective custody without consent.—

1822 (1) If a person in circumstances which justify protective
1823 custody as described in s. 397.677 fails or refuses to consent
1824 to assistance and a law enforcement officer has determined that
1825 a hospital or a licensed detoxification or addictions receiving
1826 facility is the most appropriate place for the person, the
1827 officer may, after giving due consideration to the expressed
1828 wishes of the person:

1829 (a) Take the person to a hospital or to a licensed
1830 detoxification or addictions receiving facility against the
1831 person's will but without using unreasonable force. The officer
1832 shall use the standard form developed by the department pursuant
1833 to s. 397.321 to execute a written report detailing the
1834 circumstances under which the person was taken into custody. The
1835 written report shall be included in the patient's clinical
1836 record; or

1837 (b) In the case of an adult, detain the person for his or
1838 her own protection in any municipal or county jail or other
1839 appropriate detention facility.

1840

1841 Such detention is not to be considered an arrest for any
1842 purpose, and no entry or other record may be made to indicate
1843 that the person has been detained or charged with any crime. The
1844 officer in charge of the detention facility must notify the
1845 nearest appropriate licensed service provider within the first 8
1846 hours after detention that the person has been detained. It is

295021

3/4/2016 4:43 PM

Amendment No.

1847 the duty of the detention facility to arrange, as necessary, for
1848 transportation of the person to an appropriate licensed service
1849 provider with an available bed. Persons taken into protective
1850 custody must be assessed by the attending physician within the
1851 72-hour period and without unnecessary delay, to determine the
1852 need for further services.

1853 Section 26. Paragraph (a) of subsection (1) of section
1854 397.6773, Florida Statutes, is amended to read:

1855 397.6773 Dispositional alternatives after protective
1856 custody.—

1857 (1) An individual who is in protective custody must be
1858 released by a qualified professional when:

1859 (a) The individual no longer meets the involuntary
1860 admission criteria in s. 397.675 ~~397.675(1)~~;

1861 Section 27. Section 397.679, Florida Statutes, is amended
1862 to read:

1863 397.679 Emergency admission; circumstances justifying.—A
1864 person who meets the criteria for involuntary admission in s.
1865 397.675 may be admitted to a hospital or to a licensed
1866 detoxification facility or addictions receiving facility for
1867 emergency assessment and stabilization, or to a less intensive
1868 component of a licensed service provider for assessment only,
1869 upon receipt by the facility of a the physician's certificate by
1870 a physician, an advanced registered nurse practitioner, a
1871 clinical psychologist, a clinical social worker, a marriage and
1872 family therapist, a mental health counselor, a physician

295021

3/4/2016 4:43 PM

Amendment No.

1873 assistant working under the scope of practice of the supervising
1874 physician, or a master's-level-certified addictions professional
1875 for substance abuse services, if the certificate is specific to
1876 substance abuse impairment, and the completion of an application
1877 for emergency admission.

1878 Section 28. Section 397.6791, Florida Statutes, is amended
1879 to read:

1880 397.6791 Emergency admission; persons who may initiate.—
1881 The following persons may request a certificate for ~~an~~ emergency
1882 assessment or admission:

1883 (1) In the case of an adult, any professional who may
1884 issue a professional certificate pursuant to s. 397.6793, the
1885 ~~certifying physician~~, the person's spouse or legal guardian, any
1886 relative of the person, or any other responsible adult who has
1887 personal knowledge of the person's substance abuse impairment.

1888 (2) In the case of a minor, the minor's parent, legal
1889 guardian, or legal custodian.

1890 Section 29. Section 397.6793, Florida Statutes, is amended
1891 to read:

1892 397.6793 Professional's ~~Physician's~~ certificate for
1893 emergency admission.—

1894 (1) A physician, a clinical psychologist, a physician
1895 assistant working under the scope of practice of the supervising
1896 physician, a psychiatric nurse, an advanced registered nurse
1897 practitioner, a mental health counselor, a marriage and family
1898 therapist, a master's-level-certified addictions professional

295021

3/4/2016 4:43 PM

Amendment No.

1899 for substance abuse services, or a clinical social worker may
1900 execute a professional's certificate for emergency admission.
1901 The professional's ~~physician's~~ certificate must include the name
1902 of the person to be admitted, the relationship between the
1903 person and the professional executing the certificate ~~physician,~~
1904 the relationship between the applicant and the professional
1905 ~~physician,~~ any relationship between the professional ~~physician~~
1906 and the licensed service provider, ~~and~~ a statement that the
1907 person has been examined and assessed within the preceding 5
1908 days after ~~of~~ the application date, and ~~must include~~ factual
1909 allegations with respect to the need for emergency admission,
1910 including:

1911 (a) The reason for the ~~physician's~~ belief that the person
1912 is substance abuse impaired; ~~and~~

1913 (b) The reason for the ~~physician's~~ belief that because of
1914 such impairment the person has lost the power of self-control
1915 with respect to substance abuse; and ~~either~~

1916 (c)1. The reason for the belief ~~physician believes~~ that,
1917 without care or treatment, the person is likely to suffer from
1918 neglect or refuse to care for himself or herself; that such
1919 neglect or refusal poses a real and present threat of
1920 substantial harm to his or her well-being; and that it is not
1921 apparent that such harm may be avoided through the help of
1922 willing family members or friends or the provision of other
1923 services, or there is substantial likelihood that the person has
1924 inflicted or, unless admitted, is likely to inflict, physical

295021

3/4/2016 4:43 PM

Amendment No.

1925 harm on himself, ~~or~~ herself, or another ~~others unless admitted;~~
1926 or

1927 2. The reason for the belief ~~physician believes~~ that the
1928 person's refusal to voluntarily receive care is based on
1929 judgment so impaired by reason of substance abuse that the
1930 person is incapable of appreciating his or her need for care and
1931 of making a rational decision regarding his or her need for
1932 care.

1933 (2) The professional's ~~physician's~~ certificate must
1934 recommend the least restrictive type of service that is
1935 appropriate for the person. The certificate must be signed by
1936 the professional ~~physician~~. If other less restrictive means are
1937 not available, such as voluntary appearance for outpatient
1938 evaluation, a law enforcement officer shall take the person
1939 named in the certificate into custody and deliver him or her to
1940 the appropriate facility for involuntary assessment and
1941 stabilization.

1942 (3) A signed copy of the professional's ~~physician's~~
1943 certificate shall accompany the person, and shall be made a part
1944 of the person's clinical record, together with a signed copy of
1945 the application. The application and the professional's
1946 ~~physician's~~ certificate authorize the involuntary admission of
1947 the person pursuant to, and subject to the provisions of, ss.
1948 397.679-397.6797.

1949 (4) The professional's certificate is valid for 7 days
1950 after issuance.

295021

3/4/2016 4:43 PM

Amendment No.

1951 (5) The professional's physician's certificate must
1952 indicate whether the person requires transportation assistance
1953 for delivery for emergency admission and specify, pursuant to s.
1954 397.6795, the type of transportation assistance necessary.

1955 Section 30. Section 397.6795, Florida Statutes, is amended
1956 to read:

1957 397.6795 Transportation-assisted delivery of persons for
1958 emergency assessment.—An applicant for a person's emergency
1959 admission, ~~or~~ the person's spouse or guardian, or a law
1960 enforcement officer, ~~or a health officer~~ may deliver a person
1961 named in the professional's physician's certificate for
1962 emergency admission to a hospital or a licensed detoxification
1963 facility or addictions receiving facility for emergency
1964 assessment and stabilization.

1965 Section 31. Subsection (1) of section 397.681, Florida
1966 Statutes, is amended to read:

1967 397.681 Involuntary petitions; general provisions; court
1968 jurisdiction and right to counsel.—

1969 (1) JURISDICTION.—The courts have jurisdiction of
1970 involuntary assessment and stabilization petitions and
1971 involuntary treatment petitions for substance abuse impaired
1972 persons, and such petitions must be filed with the clerk of the
1973 court in the county where the person is located. The clerk of
1974 the court may not charge a fee for the filing of a petition
1975 under this section. The chief judge may appoint a general or
1976 special magistrate to preside over all or part of the

295021

3/4/2016 4:43 PM

Amendment No.

1977 proceedings. The alleged impaired person is named as the
1978 respondent.

1979 Section 32. Subsection (1) of section 397.6811, Florida
1980 Statutes, is amended to read:

1981 397.6811 Involuntary assessment and stabilization.—A
1982 person determined by the court to appear to meet the criteria
1983 for involuntary admission under s. 397.675 may be admitted for a
1984 period of 5 days to a hospital or to a licensed detoxification
1985 facility or addictions receiving facility, for involuntary
1986 assessment and stabilization or to a less restrictive component
1987 of a licensed service provider for assessment only upon entry of
1988 a court order or upon receipt by the licensed service provider
1989 of a petition. Involuntary assessment and stabilization may be
1990 initiated by the submission of a petition to the court.

1991 (1) If the person upon whose behalf the petition is being
1992 filed is an adult, a petition for involuntary assessment and
1993 stabilization may be filed by the respondent's spouse or legal
1994 guardian, any relative, a private practitioner, the director of
1995 a licensed service provider or the director's designee, or an
1996 adult ~~any three adults~~ who has direct ~~have~~ personal knowledge of
1997 the respondent's substance abuse impairment.

1998 Section 33. Section 397.6814, Florida Statutes, is amended
1999 to read:

2000 397.6814 Involuntary assessment and stabilization;
2001 contents of petition.—A petition for involuntary assessment and
2002 stabilization must contain the name of the respondent, ~~+~~ the name

295021

3/4/2016 4:43 PM

Amendment No.

2003 of the applicant or applicants, ~~and~~ the relationship between the
2004 respondent and the applicant, ~~and~~ the name of the respondent's
2005 attorney, if known, ~~and a statement of the respondent's ability~~
2006 ~~to afford an attorney;~~ and must state facts to support the need
2007 for involuntary assessment and stabilization, including:

2008 (1) The reason for the petitioner's belief that the
2009 respondent is substance abuse impaired; ~~and~~

2010 (2) The reason for the petitioner's belief that because of
2011 such impairment the respondent has lost the power of self-
2012 control with respect to substance abuse; and ~~either~~

2013 (3) (a) The reason the petitioner believes that the
2014 respondent has inflicted or is likely to inflict physical harm
2015 on himself or herself or others unless admitted; or

2016 (b) The reason the petitioner believes that the
2017 respondent's refusal to voluntarily receive care is based on
2018 judgment so impaired by reason of substance abuse that the
2019 respondent is incapable of appreciating his or her need for care
2020 and of making a rational decision regarding that need for care.
2021 If the respondent has refused to submit to an assessment, such
2022 refusal must be alleged in the petition.

2023
2024 A fee may not be charged for the filing of a petition pursuant
2025 to this section.

2026 Section 34. Subsection (4) is added to section 397.6818,
2027 Florida Statutes, to read:

2028 397.6818 Court determination.—At the hearing initiated in

295021

3/4/2016 4:43 PM

Amendment No.

2029 accordance with s. 397.6811(1), the court shall hear all
2030 relevant testimony. The respondent must be present unless the
2031 court has reason to believe that his or her presence is likely
2032 to be injurious to him or her, in which event the court shall
2033 appoint a guardian advocate to represent the respondent. The
2034 respondent has the right to examination by a court-appointed
2035 qualified professional. After hearing all the evidence, the
2036 court shall determine whether there is a reasonable basis to
2037 believe the respondent meets the involuntary admission criteria
2038 of s. 397.675.

2039 (4) The order is valid only for the period specified in
2040 the order or, if a period is not specified, for 7 days after the
2041 order is signed.

2042 Section 35. Section 397.6819, Florida Statutes, is amended
2043 to read:

2044 397.6819 Involuntary assessment and stabilization;
2045 responsibility of licensed service provider.—A licensed service
2046 provider may admit an individual for involuntary assessment and
2047 stabilization for a period not to exceed 5 days unless a
2048 petition for involuntary services has been initiated and the
2049 individual is being retained pursuant to s. 397.6822(3) or a
2050 request for an extension of time has been filed with the court
2051 pursuant to s. 397.6821. The individual must be assessed within
2052 72 hours ~~without unnecessary delay~~ by a qualified professional.
2053 If an assessment is performed by a qualified professional who is
2054 not a physician, the assessment must be reviewed by a physician

295021

3/4/2016 4:43 PM

Amendment No.

2055 before the end of the assessment period.

2056 Section 36. Section 397.695, Florida Statutes, is amended
2057 to read:

2058 397.695 Involuntary services ~~treatment~~; persons who may
2059 petition.—

2060 (1) If the respondent is an adult, a petition for
2061 involuntary services ~~treatment~~ may be filed by the respondent's
2062 spouse or legal guardian, any relative, a service provider, or
2063 an adult ~~any three adults~~ who has direct ~~have~~ personal knowledge
2064 of the respondent's substance abuse impairment and his or her
2065 prior course of assessment and treatment.

2066 (2) If the respondent is a minor, a petition for
2067 involuntary treatment may be filed by a parent, legal guardian,
2068 or service provider.

2069 Section 37. Section 397.6951, Florida Statutes, is amended
2070 to read:

2071 397.6951 Contents of petition for involuntary services
2072 ~~treatment~~.—A petition for involuntary services ~~treatment~~ must
2073 contain the name of the respondent ~~to be admitted~~; the name of
2074 the petitioner or petitioners; the relationship between the
2075 respondent and the petitioner; the name of the respondent's
2076 attorney, if known, ~~and a statement of the petitioner's~~
2077 ~~knowledge of the respondent's ability to afford an attorney~~; the
2078 findings and recommendations of the assessment performed by the
2079 qualified professional; and the factual allegations presented by
2080 the petitioner establishing the need for involuntary outpatient

295021

3/4/2016 4:43 PM

Amendment No.

2081 services. The factual allegations must demonstrate treatment,
2082 including:

2083 (1) The reason for the petitioner's belief that the
2084 respondent is substance abuse impaired; ~~and~~

2085 (2) The reason for the petitioner's belief that because of
2086 such impairment the respondent has lost the power of self-
2087 control with respect to substance abuse; and ~~either~~

2088 (3) (a) The reason the petitioner believes that the
2089 respondent has inflicted or is likely to inflict physical harm
2090 on himself or herself or others unless the court orders the
2091 involuntary services admitted; or

2092 (b) The reason the petitioner believes that the
2093 respondent's refusal to voluntarily receive care is based on
2094 judgment so impaired by reason of substance abuse that the
2095 respondent is incapable of appreciating his or her need for care
2096 and of making a rational decision regarding that need for care.

2097 Section 38. Section 397.6955, Florida Statutes, is amended
2098 to read:

2099 397.6955 Duties of court upon filing of petition for
2100 involuntary services ~~treatment~~.-

2101 (1) Upon the filing of a petition for ~~the~~ involuntary
2102 services for treatment of a substance abuse impaired person with
2103 the clerk of the court, the court shall immediately determine
2104 whether the respondent is represented by an attorney or whether
2105 the appointment of counsel for the respondent is appropriate. If
2106 the court appoints counsel for the person, the clerk of the

295021

3/4/2016 4:43 PM

Amendment No.

2107 court shall immediately notify the office of criminal conflict
2108 and civil regional counsel, created pursuant to s. 27.511, of
2109 the appointment. The office of criminal conflict and civil
2110 regional counsel shall represent the person until the petition
2111 is dismissed, the court order expires, or the person is
2112 discharged from involuntary services. An attorney that
2113 represents the person named in the petition shall have access to
2114 the person, witnesses, and records relevant to the presentation
2115 of the person's case and shall represent the interests of the
2116 person, regardless of the source of payment to the attorney.

2117 (2) The court shall schedule a hearing to be held on the
2118 petition within ~~5~~ 10 days unless a continuance is granted. The
2119 court may appoint a magistrate to preside at the hearing.

2120 (3) A copy of the petition and notice of the hearing must
2121 be provided to the respondent; the respondent's parent,
2122 guardian, or legal custodian, in the case of a minor; the
2123 respondent's attorney, if known; the petitioner; the
2124 respondent's spouse or guardian, if applicable; and such other
2125 persons as the court may direct. If the respondent is a minor, a
2126 copy of the petition and notice of the hearing must be ~~and have~~
2127 ~~such petition and order~~ personally delivered to the respondent
2128 ~~if he or she is a minor~~. The court shall also issue a summons to
2129 the person whose admission is sought.

2130 Section 39. Section 397.6957, Florida Statutes, is amended
2131 to read:

2132 397.6957 Hearing on petition for involuntary services

295021

3/4/2016 4:43 PM

Amendment No.

2133 ~~treatment.~~—

2134 (1) At a hearing on a petition for involuntary services
2135 ~~treatment~~, the court shall hear and review all relevant
2136 evidence, including the review of results of the assessment
2137 completed by the qualified professional in connection with the
2138 respondent's protective custody, emergency admission,
2139 involuntary assessment, or alternative involuntary admission.
2140 The respondent must be present unless the court finds that his
2141 or her presence is likely to be injurious to himself or herself
2142 or others, in which event the court must appoint a guardian
2143 advocate to act in behalf of the respondent throughout the
2144 proceedings.

2145 (2) The petitioner has the burden of proving by clear and
2146 convincing evidence that:

2147 (a) The respondent is substance abuse impaired and has a
2148 history of lack of compliance with treatment for substance
2149 abuse; and

2150 (b) Because of such impairment the respondent is unlikely
2151 to voluntarily participate in the recommended services or is
2152 unable to determine for himself or herself whether services are
2153 necessary ~~the respondent has lost the power of self-control with~~
2154 ~~respect to substance abuse;~~ and: either

2155 1. Without services, the respondent is likely to suffer
2156 from neglect or refuse to care for himself or herself; that such
2157 neglect or refusal poses a real and present threat of
2158 substantial harm to his or her well-being; and that there is a

295021

3/4/2016 4:43 PM

Amendment No.

2159 substantial likelihood that without services the respondent will
2160 cause serious bodily harm to himself, herself, or another in the
2161 near future, as evidenced by recent behavior ~~The respondent has~~
2162 ~~inflicted or is likely to inflict physical harm on himself or~~
2163 ~~herself or others unless admitted; or~~

2164 2. The respondent's refusal to voluntarily receive care is
2165 based on judgment so impaired by reason of substance abuse that
2166 the respondent is incapable of appreciating his or her need for
2167 care and of making a rational decision regarding that need for
2168 care.

2169 (3) One of the qualified professionals who executed the
2170 involuntary services certificate must be a witness. The court
2171 shall allow testimony from individuals, including family
2172 members, deemed by the court to be relevant under state law,
2173 regarding the respondent's prior history and how that prior
2174 history relates to the person's current condition. The testimony
2175 in the hearing must be under oath, and the proceedings must be
2176 recorded. The patient may refuse to testify at the hearing.

2177 (4) ~~(3)~~ At the conclusion of the hearing the court shall
2178 ~~either~~ dismiss the petition or order the respondent to receive
2179 ~~undergo~~ involuntary services from his or her ~~substance abuse~~
2180 ~~treatment, with the respondent's~~ chosen licensed service
2181 provider if ~~to deliver the involuntary substance abuse treatment~~
2182 ~~where possible and appropriate.~~

2183 Section 40. Section 397.697, Florida Statutes, is amended
2184 to read:

295021

3/4/2016 4:43 PM

Amendment No.

2185 397.697 Court determination; effect of court order for
2186 involuntary services ~~substance abuse treatment~~.

2187 (1) When the court finds that the conditions for
2188 involuntary services ~~substance abuse treatment~~ have been proved
2189 by clear and convincing evidence, it may order the respondent to
2190 receive ~~undergo~~ involuntary services ~~from treatment~~ by a
2191 publicly funded licensed service provider for a period not to
2192 exceed 90 ~~60~~ days. The court may also order a respondent to
2193 undergo treatment through a privately funded licensed service
2194 provider if the respondent has the ability to pay for the
2195 treatment, or if any person on the respondent's behalf
2196 voluntarily demonstrates a willingness and an ability to pay for
2197 the treatment. If the court finds it necessary, it may direct
2198 the sheriff to take the respondent into custody and deliver him
2199 or her to the licensed service provider specified in the court
2200 order, or to the nearest appropriate licensed service provider,
2201 for involuntary services ~~treatment~~. When the conditions
2202 justifying involuntary services ~~treatment~~ no longer exist, the
2203 individual must be released as provided in s. 397.6971. When the
2204 conditions justifying involuntary services ~~treatment~~ are
2205 expected to exist after 90 ~~60~~ days of services ~~treatment~~, a
2206 renewal of the involuntary services ~~treatment~~ order may be
2207 requested pursuant to s. 397.6975 before ~~prior to~~ the end of the
2208 90-day ~~60-day~~ period.

2209 (2) In all cases resulting in an order for involuntary
2210 services ~~substance abuse treatment~~, the court shall retain

295021

3/4/2016 4:43 PM

Amendment No.

2211 jurisdiction over the case and the parties for the entry of such
2212 further orders as the circumstances may require. The court's
2213 requirements for notification of proposed release must be
2214 included in the original ~~treatment~~ order.

2215 (3) An involuntary services ~~treatment~~ order authorizes the
2216 licensed service provider to require the individual to receive
2217 services that undergo such treatment as will benefit him or her,
2218 including services ~~treatment~~ at any licensable service component
2219 of a licensed service provider.

2220 (4) If the court orders involuntary services, a copy of
2221 the order must be sent to the managing entity within 1 working
2222 day after it is received from the court. Documents may be
2223 submitted electronically through existing data systems, if
2224 applicable.

2225 Section 41. Section 397.6971, Florida Statutes, is amended
2226 to read:

2227 397.6971 Early release from involuntary services ~~substance~~
2228 ~~abuse treatment.~~

2229 (1) At any time before ~~prior to~~ the end of the 90-day ~~60-~~
2230 ~~day~~ involuntary services ~~treatment~~ period, or before ~~prior to~~
2231 the end of any extension granted pursuant to s. 397.6975, an
2232 individual receiving ~~admitted for~~ involuntary services ~~treatment~~
2233 may be determined eligible for discharge to the most appropriate
2234 referral or disposition for the individual when any of the
2235 following apply:

2236 (a) The individual no longer meets the criteria for

295021

3/4/2016 4:43 PM

Amendment No.

2237 involuntary admission and has given his or her informed consent
2238 to be transferred to voluntary treatment status.~~†~~

2239 (b) If the individual was admitted on the grounds of
2240 likelihood of infliction of physical harm upon himself or
2241 herself or others, such likelihood no longer exists.~~†~~~~or~~

2242 (c) If the individual was admitted on the grounds of need
2243 for assessment and stabilization or treatment, accompanied by
2244 inability to make a determination respecting such need,~~†~~~~either:~~

2245 1. Such inability no longer exists; or

2246 2. It is evident that further treatment will not bring
2247 about further significant improvements in the individual's
2248 condition.~~†~~

2249 (d) The individual is no longer in need of services.~~†~~~~or~~

2250 (e) The director of the service provider determines that
2251 the individual is beyond the safe management capabilities of the
2252 provider.

2253 (2) Whenever a qualified professional determines that an
2254 individual admitted for involuntary services qualifies ~~treatment~~
2255 ~~is ready~~ for early release under ~~for any of the reasons listed~~
2256 ~~in~~ subsection (1), the service provider shall immediately
2257 discharge the individual,† and must notify all persons specified
2258 by the court in the original treatment order.

2259 Section 42. Section 397.6975, Florida Statutes, is amended
2260 to read:

2261 397.6975 Extension of involuntary services ~~substance abuse~~
2262 ~~treatment~~ period.-

295021

3/4/2016 4:43 PM

Amendment No.

2263 (1) Whenever a service provider believes that an
2264 individual who is nearing the scheduled date of his or her
2265 release from involuntary services treatment continues to meet
2266 the criteria for involuntary services treatment in s. 397.693, a
2267 petition for renewal of the involuntary services treatment order
2268 may be filed with the court at least 10 days before the
2269 expiration of the court-ordered services treatment period. The
2270 court shall immediately schedule a hearing to be held not more
2271 than 15 days after filing of the petition. The court shall
2272 provide the copy of the petition for renewal and the notice of
2273 the hearing to all parties to the proceeding. The hearing is
2274 conducted pursuant to s. 397.6957.

2275 (2) If the court finds that the petition for renewal of
2276 the involuntary services treatment order should be granted, it
2277 may order the respondent to receive ~~undergo~~ involuntary services
2278 ~~treatment~~ for a period not to exceed an additional 90 days. When
2279 the conditions justifying involuntary services treatment no
2280 longer exist, the individual must be released as provided in s.
2281 397.6971. When the conditions justifying involuntary services
2282 ~~treatment~~ continue to exist after an additional 90 days of
2283 service additional treatment, a new petition requesting renewal
2284 of the involuntary services treatment order may be filed
2285 pursuant to this section.

2286 (3) Within 1 court working day after the filing of a
2287 petition for continued involuntary services, the court shall
2288 appoint the office of criminal conflict and civil regional

295021

3/4/2016 4:43 PM

Amendment No.

2289 counsel to represent the respondent, unless the respondent is
2290 otherwise represented by counsel. The clerk of the court shall
2291 immediately notify the office of criminal conflict and civil
2292 regional counsel of such appointment. The office of criminal
2293 conflict and civil regional counsel shall represent the
2294 respondent until the petition is dismissed or the court order
2295 expires or the respondent is discharged from involuntary
2296 services. Any attorney representing the respondent shall have
2297 access to the respondent, witnesses, and records relevant to the
2298 presentation of the respondent's case and shall represent the
2299 interests of the respondent, regardless of the source of payment
2300 to the attorney.

2301 (4) Hearings on petitions for continued involuntary
2302 services shall be before the circuit court. The court may
2303 appoint a magistrate to preside at the hearing. The procedures
2304 for obtaining an order pursuant to this section shall be in
2305 accordance with s. 397.697.

2306 (5) Notice of hearing shall be provided to the respondent
2307 or his or her counsel. The respondent and the respondent's
2308 counsel may agree to a period of continued involuntary services
2309 without a court hearing.

2310 (6) The same procedure shall be repeated before the
2311 expiration of each additional period of involuntary services.

2312 (7) If the respondent has previously been found
2313 incompetent to consent to treatment, the court shall consider
2314 testimony and evidence regarding the respondent's competence.

295021

3/4/2016 4:43 PM

Amendment No.

2315 Section 43. Section 397.6977, Florida Statutes, is amended
2316 to read:

2317 397.6977 Disposition of individual upon completion of
2318 involuntary services ~~substance abuse treatment~~.—At the
2319 conclusion of the 90-day ~~60-day~~ period of court-ordered
2320 involuntary services ~~treatment~~, the respondent ~~individual~~ is
2321 automatically discharged unless a motion for renewal of the
2322 involuntary services ~~treatment~~ order has been filed with the
2323 court pursuant to s. 397.6975.

2324 Section 44. Section 397.6978, Florida Statutes, is created
2325 to read:

2326 397.6978 Guardian advocate; patient incompetent to
2327 consent; substance abuse disorder.—

2328 (1) The administrator of an addictions receiving facility
2329 may petition the court for the appointment of a guardian
2330 advocate based upon the opinion of a qualified professional that
2331 the patient is incompetent to consent to treatment. If the court
2332 finds that a patient is incompetent to consent to treatment and
2333 has not been adjudicated incapacitated and that a guardian with
2334 the authority to consent to substance abuse treatment has not
2335 been appointed, it may appoint a guardian advocate. The patient
2336 has the right to have an attorney represent him or her at the
2337 hearing. If the person is indigent, the court shall appoint the
2338 office of criminal conflict and civil regional counsel to
2339 represent him or her at the hearing. The patient has the right
2340 to testify, cross-examine witnesses, and present witnesses. The

295021

3/4/2016 4:43 PM

Amendment No.

2341 proceeding shall be recorded electronically or
2342 stenographically, and testimony must be provided under oath. One
2343 of the qualified professionals authorized to give an opinion in
2344 support of a petition for involuntary services, as described in
2345 s. 397.693, must testify. A guardian advocate must meet the
2346 qualifications of a guardian contained in part IV of chapter
2347 744. The person who is appointed as a guardian advocate must
2348 agree to the appointment.

2349 (2) The following persons are prohibited from appointment
2350 as a patient's guardian advocate:

2351 (a) A professional providing clinical services to the
2352 individual under this part.

2353 (b) The qualified professional who initiated the
2354 involuntary examination of the individual, if the examination
2355 was initiated by a qualified professional's certificate.

2356 (c) An employee, an administrator, or a board member of
2357 the facility providing the examination of the individual.

2358 (d) An employee, an administrator, or a board member of
2359 the treatment facility providing treatment of the individual.

2360 (e) A person providing any substantial professional
2361 services, excluding public guardians or professional guardians,
2362 to the individual, including clinical services.

2363 (f) A creditor of the individual.

2364 (g) A person subject to an injunction for protection
2365 against domestic violence under s. 741.30, whether the order of
2366 injunction is temporary or final, and for which the individual

295021

3/4/2016 4:43 PM

Amendment No.

2367 was the petitioner.

2368 (h) A person subject to an injunction for protection
2369 against repeat violence, stalking, sexual violence, or dating
2370 violence under s. 784.046, whether the order of injunction is
2371 temporary or final, and for which the individual was the
2372 petitioner.

2373 (3) A facility requesting appointment of a guardian
2374 advocate must, before the appointment, provide the prospective
2375 guardian advocate with information about the duties and
2376 responsibilities of guardian advocates, including information
2377 about the ethics of medical decisionmaking. Before asking a
2378 guardian advocate to give consent to treatment for a patient,
2379 the facility must provide to the guardian advocate sufficient
2380 information so that the guardian advocate can decide whether to
2381 give express and informed consent to the treatment. Such
2382 information must include information that demonstrates that the
2383 treatment is essential to the care of the patient and does not
2384 present an unreasonable risk of serious, hazardous, or
2385 irreversible side effects. If possible, before giving consent to
2386 treatment, the guardian advocate must personally meet and talk
2387 with the patient and the patient's physician. If that is not
2388 possible, the discussion may be conducted by telephone. The
2389 decision of the guardian advocate may be reviewed by the court,
2390 upon petition of the patient's attorney, the patient's family,
2391 or the facility administrator.

2392 (4) In lieu of the training required for guardians

295021

3/4/2016 4:43 PM

Amendment No.

2393 appointed pursuant to chapter 744, a guardian advocate shall
2394 attend at least a 4-hour training course approved by the court
2395 before exercising his or her authority. At a minimum, the
2396 training course must include information about patient rights,
2397 the diagnosis of substance abuse disorders, the ethics of
2398 medical decisionmaking, and the duties of guardian advocates.

2399 (5) The required training course and the information to be
2400 supplied to prospective guardian advocates before their
2401 appointment must be developed by the department, approved by the
2402 chief judge of the circuit court, and taught by a court-approved
2403 organization, which may include, but need not be limited to, a
2404 community college, a guardianship organization, a local bar
2405 association, or The Florida Bar. The training course may be web-
2406 based, provided in video format, or provided in other electronic
2407 means but must be capable of ensuring the identity and
2408 participation of the prospective guardian advocate. The court
2409 may waive some or all of the training requirements for guardian
2410 advocates or impose additional requirements. The court shall
2411 make its decision on a case-by-case basis and, in making its
2412 decision, shall consider the experience and education of the
2413 guardian advocate, the duties assigned to the guardian advocate,
2414 and the needs of the patient.

2415 (6) In selecting a guardian advocate, the court shall give
2416 preference to the patient's health care surrogate, if one has
2417 already been designated by the patient. If the patient has not
2418 previously designated a health care surrogate, the selection

295021

3/4/2016 4:43 PM

Amendment No.

2419 shall be made, except for good cause documented in the court
2420 record, from among the following persons, listed in order of
2421 priority:

2422 (a) The spouse of the patient.

2423 (b) An adult child of the patient.

2424 (c) A parent of the patient.

2425 (d) The adult next of kin of the patient.

2426 (e) An adult friend of the patient.

2427 (f) An adult trained and willing to serve as the guardian
2428 advocate for the patient.

2429 (7) If a guardian with the authority to consent to medical
2430 treatment has not already been appointed, or if the patient has
2431 not already designated a health care surrogate, the court may
2432 authorize the guardian advocate to consent to medical treatment
2433 as well as substance abuse disorder treatment. Unless otherwise
2434 limited by the court, a guardian advocate with authority to
2435 consent to medical treatment has the same authority to make
2436 health care decisions and is subject to the same restrictions as
2437 a proxy appointed under part IV of chapter 765. Unless the
2438 guardian advocate has sought and received express court approval
2439 in a proceeding separate from the proceeding to determine the
2440 competence of the patient to consent to medical treatment, the
2441 guardian advocate may not consent to:

2442 (a) Abortion.

2443 (b) Sterilization.

2444 (c) Electroshock therapy.

295021

3/4/2016 4:43 PM

Amendment No.

2445 (d) Psychosurgery.

2446 (e) Experimental treatments that have not been approved by
2447 a federally approved institutional review board in accordance
2448 with 45 C.F.R. part 46 or 21 C.F.R. part 56.

2449
2450 The court must base its authorization on evidence that the
2451 treatment or procedure is essential to the care of the patient
2452 and that the treatment does not present an unreasonable risk of
2453 serious, hazardous, or irreversible side effects. In complying
2454 with this subsection, the court shall follow the procedures set
2455 forth in subsection (1).

2456 (8) The guardian advocate shall be discharged when the
2457 patient is discharged from an order for involuntary services or
2458 when the patient is transferred from involuntary to voluntary
2459 status. The court or a hearing officer shall consider the
2460 competence of the patient as provided in subsection (1) and may
2461 consider an involuntarily placed patient's competence to consent
2462 to services at any hearing. Upon sufficient evidence, the court
2463 may restore, or the magistrate may recommend that the court
2464 restore, the patient's competence. A copy of the order restoring
2465 competence or the certificate of discharge containing the
2466 restoration of competence shall be provided to the patient and
2467 the guardian advocate.

2468 Section 45. Paragraphs (d) through (m) of subsection (2)
2469 of section 409.967, are redesignated as paragraphs (e) through
2470 (n), respectively, and a new paragraph (d) is added to that

295021

3/4/2016 4:43 PM

Amendment No.

2471 subsection to read:

2472 409.967 Managed care plan accountability.—

2473 (2) The agency shall establish such contract requirements
2474 as are necessary for the operation of the statewide managed care
2475 program. In addition to any other provisions the agency may deem
2476 necessary, the contract must require:

2477 (d) Quality care.—Managed care plans shall provide, or
2478 contract for the provision of, care coordination to facilitate
2479 the appropriate delivery of behavioral health care services in
2480 the least restrictive setting with treatment and recovery
2481 capabilities that address the needs of the patient. Services
2482 shall be provided in a manner that integrates behavioral health
2483 services and primary care. Plans shall be required to achieve
2484 specific behavioral health outcome standards, established by the
2485 agency in consultation with the department.

2486 Section 46. Subsection (5) is added to section 409.973,
2487 Florida Statutes, to read:

2488 409.973 Benefits.—

2489 (5) INTEGRATED BEHAVIORAL HEALTH INITIATIVE.—Each plan
2490 operating in the managed medical assistance program shall work
2491 with the managing entity in its service area to establish
2492 specific organizational supports and protocols that enhance the
2493 integration and coordination of primary care and behavioral
2494 health services for Medicaid recipients. Progress in this
2495 initiative shall be measured using the integration framework and
2496 core measures developed by the Agency for Healthcare Research

295021

3/4/2016 4:43 PM

Amendment No.

2497 and Quality.

2498 Section 47. Section 491.0045, Florida Statutes, is amended
2499 to read:

2500 491.0045 Intern registration; requirements.—

2501 (1) ~~Effective January 1, 1998,~~ An individual who has not
2502 satisfied ~~intends to practice in Florida to satisfy~~ the
2503 postgraduate or post-master's level experience requirements, as
2504 specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register
2505 as an intern in the profession for which he or she is seeking
2506 licensure before ~~prior to~~ commencing the post-master's
2507 experience requirement or an individual who intends to satisfy
2508 part of the required graduate-level practicum, internship, or
2509 field experience, outside the academic arena for any profession,
2510 must register as an intern in the profession for which he or she
2511 is seeking licensure before ~~prior to~~ commencing the practicum,
2512 internship, or field experience.

2513 (2) The department shall register as a clinical social
2514 worker intern, marriage and family therapist intern, or mental
2515 health counselor intern each applicant who the board certifies
2516 has:

2517 (a) Completed the application form and remitted a
2518 nonrefundable application fee not to exceed \$200, as set by
2519 board rule;

2520 (b)1. Completed the education requirements as specified in
2521 s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for which
2522 he or she is applying for licensure, if needed; and

295021

3/4/2016 4:43 PM

Amendment No.

2523 2. Submitted an acceptable supervision plan, as determined
2524 by the board, for meeting the practicum, internship, or field
2525 work required for licensure that was not satisfied in his or her
2526 graduate program.

2527 (c) Identified a qualified supervisor.

2528 (3) An individual registered under this section must
2529 remain under supervision while practicing under registered
2530 intern status ~~until he or she is in receipt of a license or a~~
2531 ~~letter from the department stating that he or she is licensed to~~
2532 ~~practice the profession for which he or she applied.~~

2533 ~~(4) An individual who has applied for intern registration~~
2534 ~~on or before December 31, 2001, and has satisfied the education~~
2535 ~~requirements of s. 491.005 that are in effect through December~~
2536 ~~31, 2000, will have met the educational requirements for~~
2537 ~~licensure for the profession for which he or she has applied.~~

2538 (4)(5) An individual who fails ~~Individuals who have~~
2539 ~~commenced the experience requirement as specified in s.~~
2540 ~~491.005(1)(c), (3)(c), or (4)(c) but failed to register as~~
2541 ~~required by subsection (1) shall register with the department~~
2542 ~~before January 1, 2000. Individuals who fail to comply with this~~
2543 ~~section may~~ subsection shall ~~not be granted a license under this~~
2544 chapter, and any time spent by the individual completing the
2545 experience requirement as specified in s. 491.005(1)(c), (3)(c),
2546 or (4)(c) before ~~prior to~~ registering as an intern does ~~shall~~
2547 not count toward completion of the ~~such~~ requirement.

2548 (5) An intern registration is valid for 5 years.

295021

3/4/2016 4:43 PM

Amendment No.

2549 (6) A registration issued on or before March 31, 2017,
2550 expires March 31, 2022, and may not be renewed or reissued. Any
2551 registration issued after March 31, 2017, expires 60 months
2552 after the date it is issued. A subsequent intern registration
2553 may not be issued unless the candidate has passed the theory and
2554 practice examination described in s. 491.005(1)(d), (3)(d), and
2555 (4)(d).

2556 (7) An individual who has held a provisional license
2557 issued by the board may not apply for an intern registration in
2558 the same profession.

2559 Section 48. Section 394.4674, Florida Statutes, is
2560 repealed.

2561 Section 49. Section 394.4985, Florida Statutes, is
2562 repealed.

2563 Section 50. Section 394.745, Florida Statutes, is
2564 repealed.

2565 Section 51. Section 397.331, Florida Statutes, is
2566 repealed.

2567 Section 52. Section 397.801, Florida Statutes, is
2568 repealed.

2569 Section 53. Section 397.811, Florida Statutes, is
2570 repealed.

2571 Section 54. Section 397.821, Florida Statutes, is
2572 repealed.

2573 Section 55. Section 397.901, Florida Statutes, is
2574 repealed.

295021

3/4/2016 4:43 PM

Amendment No.

2575 Section 56. Section 397.93, Florida Statutes, is repealed.

2576 Section 57. Section 397.94, Florida Statutes, is repealed.

2577 Section 58. Section 397.951, Florida Statutes, is
2578 repealed.

2579 Section 59. Section 397.97, Florida Statutes, is repealed.

2580 Section 60. Section 397.98, Florida Statutes, is repealed.

2581 Section 61. Paragraph (a) of subsection (3) of section
2582 39.407, Florida Statutes, is amended to read:

2583 39.407 Medical, psychiatric, and psychological examination
2584 and treatment of child; physical, mental, or substance abuse
2585 examination of person with or requesting child custody.—

2586 (3) (a) 1. Except as otherwise provided in subparagraph
2587 (b) 1. or paragraph (e), before the department provides
2588 psychotropic medications to a child in its custody, the
2589 prescribing physician shall attempt to obtain express and
2590 informed consent, as defined in s. 394.455(15) ~~s. 394.455(9)~~ and
2591 as described in s. 394.459(3) (a), from the child's parent or
2592 legal guardian. The department must take steps necessary to
2593 facilitate the inclusion of the parent in the child's
2594 consultation with the physician. However, if the parental rights
2595 of the parent have been terminated, the parent's location or
2596 identity is unknown or cannot reasonably be ascertained, or the
2597 parent declines to give express and informed consent, the
2598 department may, after consultation with the prescribing
2599 physician, seek court authorization to provide the psychotropic
2600 medications to the child. Unless parental rights have been

295021

3/4/2016 4:43 PM

Amendment No.

2601 terminated and if it is possible to do so, the department shall
2602 continue to involve the parent in the decisionmaking process
2603 regarding the provision of psychotropic medications. If, at any
2604 time, a parent whose parental rights have not been terminated
2605 provides express and informed consent to the provision of a
2606 psychotropic medication, the requirements of this section that
2607 the department seek court authorization do not apply to that
2608 medication until such time as the parent no longer consents.

2609 2. Any time the department seeks a medical evaluation to
2610 determine the need to initiate or continue a psychotropic
2611 medication for a child, the department must provide to the
2612 evaluating physician all pertinent medical information known to
2613 the department concerning that child.

2614 Section 62. Paragraph (e) of subsection (5) of section
2615 212.055, Florida Statutes, is amended to read:

2616 212.055 Discretionary sales surtaxes; legislative intent;
2617 authorization and use of proceeds.—It is the legislative intent
2618 that any authorization for imposition of a discretionary sales
2619 surtax shall be published in the Florida Statutes as a
2620 subsection of this section, irrespective of the duration of the
2621 levy. Each enactment shall specify the types of counties
2622 authorized to levy; the rate or rates which may be imposed; the
2623 maximum length of time the surtax may be imposed, if any; the
2624 procedure which must be followed to secure voter approval, if
2625 required; the purpose for which the proceeds may be expended;
2626 and such other requirements as the Legislature may provide.

295021

3/4/2016 4:43 PM

Amendment No.

2627 Taxable transactions and administrative procedures shall be as
2628 provided in s. 212.054.

2629 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined
2630 in s. 125.011(1) may levy the surtax authorized in this
2631 subsection pursuant to an ordinance either approved by
2632 extraordinary vote of the county commission or conditioned to
2633 take effect only upon approval by a majority vote of the
2634 electors of the county voting in a referendum. In a county as
2635 defined in s. 125.011(1), for the purposes of this subsection,
2636 "county public general hospital" means a general hospital as
2637 defined in s. 395.002 which is owned, operated, maintained, or
2638 governed by the county or its agency, authority, or public
2639 health trust.

2640 (e) A governing board, agency, or authority shall be
2641 chartered by the county commission upon this act becoming law.
2642 The governing board, agency, or authority shall adopt and
2643 implement a health care plan for indigent health care services.
2644 The governing board, agency, or authority shall consist of no
2645 more than seven and no fewer than five members appointed by the
2646 county commission. The members of the governing board, agency,
2647 or authority shall be at least 18 years of age and residents of
2648 the county. No member may be employed by or affiliated with a
2649 health care provider or the public health trust, agency, or
2650 authority responsible for the county public general hospital.
2651 The following community organizations shall each appoint a
2652 representative to a nominating committee: the South Florida

295021

3/4/2016 4:43 PM

Amendment No.

2653 Hospital and Healthcare Association, the Miami-Dade County
2654 Public Health Trust, the Dade County Medical Association, the
2655 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
2656 County. This committee shall nominate between 10 and 14 county
2657 citizens for the governing board, agency, or authority. The
2658 slate shall be presented to the county commission and the county
2659 commission shall confirm the top five to seven nominees,
2660 depending on the size of the governing board. Until such time as
2661 the governing board, agency, or authority is created, the funds
2662 provided for in subparagraph (d)2. shall be placed in a
2663 restricted account set aside from other county funds and not
2664 disbursed by the county for any other purpose.

2665 1. The plan shall divide the county into a minimum of four
2666 and maximum of six service areas, with no more than one
2667 participant hospital per service area. The county public general
2668 hospital shall be designated as the provider for one of the
2669 service areas. Services shall be provided through participants'
2670 primary acute care facilities.

2671 2. The plan and subsequent amendments to it shall fund a
2672 defined range of health care services for both indigent persons
2673 and the medically poor, including primary care, preventive care,
2674 hospital emergency room care, and hospital care necessary to
2675 stabilize the patient. For the purposes of this section,
2676 "stabilization" means stabilization as defined in s. 397.311(44)
2677 ~~s. 397.311(41)~~. Where consistent with these objectives, the plan
2678 may include services rendered by physicians, clinics, community

295021

3/4/2016 4:43 PM

Amendment No.

2679 hospitals, and alternative delivery sites, as well as at least
2680 one regional referral hospital per service area. The plan shall
2681 provide that agreements negotiated between the governing board,
2682 agency, or authority and providers shall recognize hospitals
2683 that render a disproportionate share of indigent care, provide
2684 other incentives to promote the delivery of charity care to draw
2685 down federal funds where appropriate, and require cost
2686 containment, including, but not limited to, case management.
2687 From the funds specified in subparagraphs (d)1. and 2. for
2688 indigent health care services, service providers shall receive
2689 reimbursement at a Medicaid rate to be determined by the
2690 governing board, agency, or authority created pursuant to this
2691 paragraph for the initial emergency room visit, and a per-member
2692 per-month fee or capitation for those members enrolled in their
2693 service area, as compensation for the services rendered
2694 following the initial emergency visit. Except for provisions of
2695 emergency services, upon determination of eligibility,
2696 enrollment shall be deemed to have occurred at the time services
2697 were rendered. The provisions for specific reimbursement of
2698 emergency services shall be repealed on July 1, 2001, unless
2699 otherwise reenacted by the Legislature. The capitation amount or
2700 rate shall be determined before ~~prior to~~ program implementation
2701 by an independent actuarial consultant. In no event shall such
2702 reimbursement rates exceed the Medicaid rate. The plan must also
2703 provide that any hospitals owned and operated by government
2704 entities on or after the effective date of this act must, as a

295021

3/4/2016 4:43 PM

Amendment No.

2705 condition of receiving funds under this subsection, afford
2706 public access equal to that provided under s. 286.011 as to any
2707 meeting of the governing board, agency, or authority the subject
2708 of which is budgeting resources for the retention of charity
2709 care, as that term is defined in the rules of the Agency for
2710 Health Care Administration. The plan shall also include
2711 innovative health care programs that provide cost-effective
2712 alternatives to traditional methods of service and delivery
2713 funding.

2714 3. The plan's benefits shall be made available to all
2715 county residents currently eligible to receive health care
2716 services as indigents or medically poor as defined in paragraph
2717 (4) (d).

2718 4. Eligible residents who participate in the health care
2719 plan shall receive coverage for a period of 12 months or the
2720 period extending from the time of enrollment to the end of the
2721 current fiscal year, per enrollment period, whichever is less.

2722 5. At the end of each fiscal year, the governing board,
2723 agency, or authority shall prepare an audit that reviews the
2724 budget of the plan, delivery of services, and quality of
2725 services, and makes recommendations to increase the plan's
2726 efficiency. The audit shall take into account participant
2727 hospital satisfaction with the plan and assess the amount of
2728 poststabilization patient transfers requested, and accepted or
2729 denied, by the county public general hospital.

2730 Section 63. Paragraph (c) of subsection (2) of section

295021

3/4/2016 4:43 PM

Amendment No.

2731 394.4599, Florida Statutes, is amended to read:

2732 394.4599 Notice.—

2733 (2) INVOLUNTARY ADMISSION.—

2734 (c)1. A receiving facility shall give notice of the
2735 whereabouts of a minor who is being involuntarily held for
2736 examination pursuant to s. 394.463 to the minor's parent,
2737 guardian, caregiver, or guardian advocate, in person or by
2738 telephone or other form of electronic communication, immediately
2739 after the minor's arrival at the facility. The facility may
2740 delay notification for no more than 24 hours after the minor's
2741 arrival if the facility has submitted a report to the central
2742 abuse hotline, pursuant to s. 39.201, based upon knowledge or
2743 suspicion of abuse, abandonment, or neglect and if the facility
2744 deems a delay in notification to be in the minor's best
2745 interest.

2746 2. The receiving facility shall attempt to notify the
2747 minor's parent, guardian, caregiver, or guardian advocate until
2748 the receiving facility receives confirmation from the parent,
2749 guardian, caregiver, or guardian advocate, verbally, by
2750 telephone or other form of electronic communication, or by
2751 recorded message, that notification has been received. Attempts
2752 to notify the parent, guardian, caregiver, or guardian advocate
2753 must be repeated at least once every hour during the first 12
2754 hours after the minor's arrival and once every 24 hours
2755 thereafter and must continue until such confirmation is
2756 received, unless the minor is released at the end of the 72-hour

295021

3/4/2016 4:43 PM

Amendment No.

2757 examination period, or until a petition for involuntary services
2758 ~~placement~~ is filed with the court pursuant to s. 394.463(2)(g)
2759 ~~s. 394.463(2)(i)~~. The receiving facility may seek assistance
2760 from a law enforcement agency to notify the minor's parent,
2761 guardian, caregiver, or guardian advocate if the facility has
2762 not received within the first 24 hours after the minor's arrival
2763 a confirmation by the parent, guardian, caregiver, or guardian
2764 advocate that notification has been received. The receiving
2765 facility must document notification attempts in the minor's
2766 clinical record.

2767 Section 64. Subsection (3) of section 394.495, Florida
2768 Statutes, is amended to read:

2769 394.495 Child and adolescent mental health system of care;
2770 programs and services.—

2771 (3) Assessments must be performed by:

2772 (a) A professional as defined in s. 394.455(5), (7), (32),
2773 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~;

2774 (b) A professional licensed under chapter 491; or

2775 (c) A person who is under the direct supervision of a
2776 qualified professional as defined in s. 394.455(5), (7), (32),
2777 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a
2778 professional licensed under chapter 491.

2779 Section 65. Subsection (5) of section 394.496, Florida
2780 Statutes, is amended to read:

2781 394.496 Service planning.—

2782 (5) A professional as defined in s. 394.455(5), (7), (32),

295021

3/4/2016 4:43 PM

Amendment No.

2783 ~~(35), or (36) s. 394.455(2), (4), (21), (23), or (24)~~ or a
2784 professional licensed under chapter 491 must be included among
2785 those persons developing the services plan.

2786 Section 66. Subsection (6) of section 394.9085, Florida
2787 Statutes, is amended to read:

2788 394.9085 Behavioral provider liability.—

2789 (6) For purposes of this section, the terms
2790 "detoxification services," "addictions receiving facility," and
2791 "receiving facility" have the same meanings as those provided in
2792 ss. 397.311(25) (a) 4., 397.311(25) (a) 1., and 394.455(38) ss.
2793 ~~397.311(22) (a) 4., 397.311(22) (a) 1., and 394.455(26),~~
2794 respectively.

2795 Section 67. Subsections (16) through (20) of section
2796 397.321, Florida Statutes, are renumbered as subsections (15)
2797 through (19), respectively, and present subsection (15) of that
2798 section is amended to read:

2799 397.321 Duties of the department.—The department shall:

2800 ~~(15) Appoint a substance abuse impairment coordinator to~~
2801 ~~represent the department in efforts initiated by the statewide~~
2802 ~~substance abuse impairment prevention and treatment coordinator~~
2803 ~~established in s. 397.801 and to assist the statewide~~
2804 ~~coordinator in fulfilling the responsibilities of that position.~~

2805 Section 68. Subsection (8) of section 397.405, Florida
2806 Statutes, is amended to read:

2807 397.405 Exemptions from licensure.—The following are
2808 exempt from the licensing provisions of this chapter:

295021

3/4/2016 4:43 PM

Amendment No.

2809 (8) A legally cognizable church or nonprofit religious
2810 organization or denomination providing substance abuse services,
2811 including prevention services, which are solely religious,
2812 spiritual, or ecclesiastical in nature. A church or nonprofit
2813 religious organization or denomination providing any of the
2814 licensed service components itemized under s. 397.311(25) ~~s.~~
2815 ~~397.311(22)~~ is not exempt from substance abuse licensure but
2816 retains its exemption with respect to all services which are
2817 solely religious, spiritual, or ecclesiastical in nature.

2818

2819 The exemptions from licensure in this section do not apply to
2820 any service provider that receives an appropriation, grant, or
2821 contract from the state to operate as a service provider as
2822 defined in this chapter or to any substance abuse program
2823 regulated pursuant to s. 397.406. Furthermore, this chapter may
2824 not be construed to limit the practice of a physician or
2825 physician assistant licensed under chapter 458 or chapter 459, a
2826 psychologist licensed under chapter 490, a psychotherapist
2827 licensed under chapter 491, or an advanced registered nurse
2828 practitioner licensed under part I of chapter 464, who provides
2829 substance abuse treatment, so long as the physician, physician
2830 assistant, psychologist, psychotherapist, or advanced registered
2831 nurse practitioner does not represent to the public that he or
2832 she is a licensed service provider and does not provide services
2833 to individuals pursuant to part V of this chapter. Failure to
2834 comply with any requirement necessary to maintain an exempt

295021

3/4/2016 4:43 PM

Amendment No.

2835 status under this section is a misdemeanor of the first degree,
2836 punishable as provided in s. 775.082 or s. 775.083.

2837 Section 69. Subsections (1) and (5) of section 397.407,
2838 Florida Statutes, are amended to read:

2839 397.407 Licensure process; fees.—

2840 (1) The department shall establish the licensure process
2841 to include fees and categories of licenses and must prescribe a
2842 fee range that is based, at least in part, on the number and
2843 complexity of programs listed in s. 397.311(25) ~~s. 397.311(22)~~
2844 which are operated by a licensee. The fees from the licensure of
2845 service components are sufficient to cover at least 50 percent
2846 of the costs of regulating the service components. The
2847 department shall specify a fee range for public and privately
2848 funded licensed service providers. Fees for privately funded
2849 licensed service providers must exceed the fees for publicly
2850 funded licensed service providers.

2851 (5) The department may issue probationary, regular, and
2852 interim licenses. The department shall issue one license for
2853 each service component that is operated by a service provider
2854 and defined pursuant to s. 397.311(25) ~~s. 397.311(22)~~. The
2855 license is valid only for the specific service components listed
2856 for each specific location identified on the license. The
2857 licensed service provider shall apply for a new license at least
2858 60 days before the addition of any service components or 30 days
2859 before the relocation of any of its service sites. Provision of
2860 service components or delivery of services at a location not

295021

3/4/2016 4:43 PM

Amendment No.

2861 identified on the license may be considered an unlicensed
2862 operation that authorizes the department to seek an injunction
2863 against operation as provided in s. 397.401, in addition to
2864 other sanctions authorized by s. 397.415. Probationary and
2865 regular licenses may be issued only after all required
2866 information has been submitted. A license may not be
2867 transferred. As used in this subsection, the term "transfer"
2868 includes, but is not limited to, the transfer of a majority of
2869 the ownership interest in the licensed entity or transfer of
2870 responsibilities under the license to another entity by
2871 contractual arrangement.

2872 Section 70. Section 397.416, Florida Statutes, is amended
2873 to read:

2874 397.416 Substance abuse treatment services; qualified
2875 professional.—Notwithstanding any other provision of law, a
2876 person who was certified through a certification process
2877 recognized by the former Department of Health and Rehabilitative
2878 Services before January 1, 1995, may perform the duties of a
2879 qualified professional with respect to substance abuse treatment
2880 services as defined in this chapter, and need not meet the
2881 certification requirements contained in s. 397.311(33) ~~s.~~
2882 ~~397.311(30)~~.

2883 Section 71. Subsection (2) of section 397.4871, Florida
2884 Statutes, is amended to read:

2885 397.4871 Recovery residence administrator certification.—

2886 (2) The department shall approve at least one

295021

3/4/2016 4:43 PM

Amendment No.

2887 credentialing entity by December 1, 2015, for the purpose of
2888 developing and administering a voluntary credentialing program
2889 for administrators. The department shall approve any
2890 credentialing entity that the department endorses pursuant to s.
2891 397.321(15) ~~s. 397.321(16)~~ if the credentialing entity also
2892 meets the requirements of this section. The approved
2893 credentialing entity shall:

2894 (a) Establish recovery residence administrator core
2895 competencies, certification requirements, testing instruments,
2896 and recertification requirements.

2897 (b) Establish a process to administer the certification
2898 application, award, and maintenance processes.

2899 (c) Develop and administer:

2900 1. A code of ethics and disciplinary process.

2901 2. Biennial continuing education requirements and annual
2902 certification renewal requirements.

2903 3. An education provider program to approve training
2904 entities that are qualified to provide precertification training
2905 to applicants and continuing education opportunities to
2906 certified persons.

2907 Section 72. Paragraph (e) of subsection (3) of section
2908 409.966, Florida Statutes, is amended to read:

2909 409.966 Eligible plans; selection.—

2910 (3) QUALITY SELECTION CRITERIA.—

2911 (e) To ensure managed care plan participation in Regions 1
2912 and 2, the agency shall award an additional contract to each

295021

3/4/2016 4:43 PM

Amendment No.

2913 plan with a contract award in Region 1 or Region 2. Such
2914 contract shall be in any other region in which the plan
2915 submitted a responsive bid and negotiates a rate acceptable to
2916 the agency. If a plan that is awarded an additional contract
2917 pursuant to this paragraph is subject to penalties pursuant to
2918 s. 409.967(2)(i) ~~s. 409.967(2)(h)~~ for activities in Region 1 or
2919 Region 2, the additional contract is automatically terminated
2920 180 days after the imposition of the penalties. The plan must
2921 reimburse the agency for the cost of enrollment changes and
2922 other transition activities.

2923 Section 73. Paragraph (b) of subsection (1) of section
2924 409.972, Florida Statutes, is amended to read:

2925 409.972 Mandatory and voluntary enrollment.—

2926 (1) The following Medicaid-eligible persons are exempt
2927 from mandatory managed care enrollment required by s. 409.965,
2928 and may voluntarily choose to participate in the managed medical
2929 assistance program:

2930 (b) Medicaid recipients residing in residential commitment
2931 facilities operated through the Department of Juvenile Justice
2932 or a mental health treatment facility ~~facilities~~ as defined in
2933 s. 394.455(46) ~~by s. 394.455(32)~~.

2934 Section 74. Paragraphs (d) and (g) of subsection (1) of
2935 section 440.102, Florida Statutes, are amended to read:

2936 440.102 Drug-free workplace program requirements.—The
2937 following provisions apply to a drug-free workplace program
2938 implemented pursuant to law or to rules adopted by the Agency

295021

3/4/2016 4:43 PM

Amendment No.

2939 for Health Care Administration:

2940 (1) DEFINITIONS.—Except where the context otherwise
2941 requires, as used in this act:

2942 (d) "Drug rehabilitation program" means a service
2943 provider, established pursuant to s. 397.311(42) ~~s. 397.311(39)~~,
2944 that provides confidential, timely, and expert identification,
2945 assessment, and resolution of employee drug abuse.

2946 (g) "Employee assistance program" means an established
2947 program capable of providing expert assessment of employee
2948 personal concerns; confidential and timely identification
2949 services with regard to employee drug abuse; referrals of
2950 employees for appropriate diagnosis, treatment, and assistance;
2951 and followup services for employees who participate in the
2952 program or require monitoring after returning to work. If, in
2953 addition to the above activities, an employee assistance program
2954 provides diagnostic and treatment services, these services shall
2955 in all cases be provided by service providers pursuant to s.
2956 397.311(42) ~~s. 397.311(39)~~.

2957 Section 75. Subsection (7) of section 744.704, Florida
2958 Statutes, is amended to read:

2959 744.704 Powers and duties.—

2960 (7) A public guardian may ~~shall~~ not commit a ward to a
2961 ~~mental health~~ treatment facility, as defined in s. 394.455(46)
2962 ~~s. 394.455(32)~~, without an involuntary placement proceeding as
2963 provided by law.

2964 Section 76. The Secretary of Children and Families shall

295021

3/4/2016 4:43 PM

Amendment No.

2965 appoint a workgroup to consider the feasibility of individuals
2966 using advance directives to express the treatment wishes for
2967 substance use disorders. The workgroup shall be composed of
2968 individuals with expertise in the treatment of substance use
2969 disorders. The workgroup must review the use of advance
2970 directives in mental health, the use of advance directives for
2971 substance use disorders in other states, and the use of similar
2972 legal instruments to express the treatment wishes of individuals
2973 suffering from substance use disorders. The workgroup shall
2974 provide a report to the Governor, the President of the Senate,
2975 and the Speaker of the House of Representatives by January 1,
2976 2017. The report must include recommendations on the feasibility
2977 of using advance directives for individuals with substance use
2978 disorders and recommendations for any revisions to state laws or
2979 agency rules. The members of the workgroup are not entitled to
2980 reimbursement from the Department of Children and Families for
2981 travel for workgroup meetings unless they are employees of the
2982 department. This section expires on May 6, 2017.

2983 Section 77. Paragraph (b) of subsection (2) of section
2984 61.13, Florida Statutes, is amended to read:

2985 61.13 Support of children; parenting and time-sharing;
2986 powers of court.—

2987 (2)

2988 (b) A parenting plan approved by the court must, at a
2989 minimum:—

295021

3/4/2016 4:43 PM

Amendment No.

2990 1. Describe in adequate detail how the parents will share
2991 and be responsible for the daily tasks associated with the
2992 upbringing of the child;

2993 2. Include the time-sharing schedule arrangements that
2994 specify the time that the minor child will spend with each
2995 parent;

2996 3. Designate a designation of who will be responsible for:
2997 a. Any and all forms of health care. If the court orders
2998 shared parental responsibility over health care decisions, the
2999 parenting plan must provide that either parent may consent to
3000 mental health treatment for the child.

3001 b. School-related matters, including the address to be
3002 used for school-boundary determination and registration. ~~7~~ and

3003 c. Other activities; and

3004 4. Describe in adequate detail the methods and
3005 technologies that the parents will use to communicate with the
3006 child.

3007 Section 78. Subsection (6) of section 39.001, Florida
3008 Statutes, is amended to read:

3009 39.001 Purposes and intent; personnel standards and
3010 screening.—

3011 (6) MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES.—

3012 (a) The Legislature recognizes that early referral and
3013 comprehensive treatment can help combat mental illnesses and
3014 substance abuse disorders in families and that treatment is
3015 cost-effective.

295021

3/4/2016 4:43 PM

Amendment No.

3016 (b) The Legislature establishes the following goals for
3017 the state related to mental illness and substance abuse
3018 treatment services in the dependency process:

3019 1. To ensure the safety of children.

3020 2. To prevent and remediate the consequences of mental
3021 illnesses and substance abuse disorders on families involved in
3022 protective supervision or foster care and reduce the occurrences
3023 of mental illnesses and substance abuse disorders, including
3024 alcohol abuse or related disorders, for families who are at risk
3025 of being involved in protective supervision or foster care.

3026 3. To expedite permanency for children and reunify
3027 healthy, intact families, when appropriate.

3028 4. To support families in recovery.

3029 (c) The Legislature finds that children in the care of the
3030 state's dependency system need appropriate health care services,
3031 that the impact of mental illnesses and substance abuse
3032 disorders on health indicates the need for health care services
3033 to include treatment for mental health and substance abuse
3034 disorders for ~~services to~~ children and parents, where
3035 appropriate, and that it is in the state's best interest that
3036 such children be provided the services they need to enable them
3037 to become and remain independent of state care. In order to
3038 provide these services, the state's dependency system must have
3039 the ability to identify and provide appropriate intervention and
3040 treatment for children with personal or family-related mental
3041 illness and substance abuse problems.

295021

3/4/2016 4:43 PM

Amendment No.

3042 (d) It is the intent of the Legislature to encourage the
3043 use of the mental health court program model established under
3044 s. 394.47892 and the drug court program model established under
3045 ~~by~~ s. 397.334 and authorize courts to assess children and
3046 persons who have custody or are requesting custody of children
3047 where good cause is shown to identify and address mental
3048 illnesses and substance abuse disorders ~~problems~~ as the court
3049 deems appropriate at every stage of the dependency process.
3050 Participation in treatment, including a mental health court
3051 program or a treatment-based drug court program, may be required
3052 by the court following adjudication. Participation in assessment
3053 and treatment before ~~prior to~~ adjudication is ~~shall be~~
3054 voluntary, except as provided in s. 39.407(16).

3055 (e) It is therefore the purpose of the Legislature to
3056 provide authority for the state to contract with mental health
3057 service providers and community substance abuse treatment
3058 providers for the development and operation of specialized
3059 support and overlay services for the dependency system, which
3060 will be fully implemented and used as resources permit.

3061 (f) Participation in a mental health court program or a
3062 ~~the~~ treatment-based drug court program does not divest any
3063 public or private agency of its responsibility for a child or
3064 adult, but is intended to enable these agencies to better meet
3065 their needs through shared responsibility and resources.

3066 Section 79. Subsection (10) of section 39.507, Florida
3067 Statutes, is amended to read:

295021

3/4/2016 4:43 PM

Amendment No.

3068 39.507 Adjudicatory hearings; orders of adjudication.—
3069 (10) After an adjudication of dependency, or a finding of
3070 dependency in which ~~where~~ adjudication is withheld, the court
3071 may order a person who has custody or is requesting custody of
3072 the child to submit to a mental health or substance abuse
3073 disorder assessment or evaluation. The order may be made only
3074 upon good cause shown and pursuant to notice and procedural
3075 requirements provided under the Florida Rules of Juvenile
3076 Procedure. The assessment or evaluation must be administered by
3077 an appropriate ~~a~~ qualified professional, as defined in s. 39.01
3078 or s. 397.311. The court may also require such person to
3079 participate in and comply with treatment and services identified
3080 as necessary, including, when appropriate and available,
3081 participation in and compliance with a mental health court
3082 program established under s. 394.47892 or a treatment-based drug
3083 court program established under s. 397.334. In addition to
3084 supervision by the department, the court, including the mental
3085 health court program or treatment-based drug court program, may
3086 oversee the progress and compliance with treatment by a person
3087 who has custody or is requesting custody of the child. The court
3088 may impose appropriate available sanctions for noncompliance
3089 upon a person who has custody or is requesting custody of the
3090 child or make a finding of noncompliance for consideration in
3091 determining whether an alternative placement of the child is in
3092 the child's best interests. Any order entered under this
3093 subsection may be made only upon good cause shown. This

295021

3/4/2016 4:43 PM

Amendment No.

3094 subsection does not authorize placement of a child with a person
3095 seeking custody, other than the parent or legal custodian, who
3096 requires mental health or substance abuse disorder treatment.

3097 Section 80. Paragraph (b) of subsection (1) of section
3098 39.521, Florida Statutes, is amended to read:

3099 39.521 Disposition hearings; powers of disposition.—

3100 (1) A disposition hearing shall be conducted by the court,
3101 if the court finds that the facts alleged in the petition for
3102 dependency were proven in the adjudicatory hearing, or if the
3103 parents or legal custodians have consented to the finding of
3104 dependency or admitted the allegations in the petition, have
3105 failed to appear for the arraignment hearing after proper
3106 notice, or have not been located despite a diligent search
3107 having been conducted.

3108 (b) When any child is adjudicated by a court to be
3109 dependent, the court having jurisdiction of the child has the
3110 power by order to:

3111 1. Require the parent and, when appropriate, the legal
3112 custodian and the child to participate in treatment and services
3113 identified as necessary. The court may require the person who
3114 has custody or who is requesting custody of the child to submit
3115 to a mental health or substance abuse disorder assessment or
3116 evaluation. The order may be made only upon good cause shown and
3117 pursuant to notice and procedural requirements provided under
3118 the Florida Rules of Juvenile Procedure. The mental health
3119 assessment or evaluation must be administered by a qualified

295021

3/4/2016 4:43 PM

Amendment No.

3120 professional, as defined in s. 39.01, and the substance abuse
3121 assessment or evaluation must be administered by a qualified
3122 professional as defined in s. 397.311. The court may also
3123 require such person to participate in and comply with treatment
3124 and services identified as necessary, including, when
3125 appropriate and available, participation in and compliance with
3126 a mental health court program established under s. 394.47892 or
3127 a treatment-based drug court program established under s.
3128 397.334. In addition to supervision by the department, the
3129 court, including the mental health court program or the
3130 treatment-based drug court program, may oversee the progress and
3131 compliance with treatment by a person who has custody or is
3132 requesting custody of the child. The court may impose
3133 appropriate available sanctions for noncompliance upon a person
3134 who has custody or is requesting custody of the child or make a
3135 finding of noncompliance for consideration in determining
3136 whether an alternative placement of the child is in the child's
3137 best interests. Any order entered under this subparagraph may be
3138 made only upon good cause shown. This subparagraph does not
3139 authorize placement of a child with a person seeking custody of
3140 the child, other than the child's parent or legal custodian, who
3141 requires mental health or substance abuse disorder treatment.

3142 2. Require, if the court deems necessary, the parties to
3143 participate in dependency mediation.

3144 3. Require placement of the child either under the
3145 protective supervision of an authorized agent of the department

295021

3/4/2016 4:43 PM

Amendment No.

3146 in the home of one or both of the child's parents or in the home
3147 of a relative of the child or another adult approved by the
3148 court, or in the custody of the department. Protective
3149 supervision continues until the court terminates it or until the
3150 child reaches the age of 18, whichever date is first. Protective
3151 supervision shall be terminated by the court whenever the court
3152 determines that permanency has been achieved for the child,
3153 whether with a parent, another relative, or a legal custodian,
3154 and that protective supervision is no longer needed. The
3155 termination of supervision may be with or without retaining
3156 jurisdiction, at the court's discretion, and shall in either
3157 case be considered a permanency option for the child. The order
3158 terminating supervision by the department must ~~shall~~ set forth
3159 the powers of the custodian of the child and ~~shall~~ include the
3160 powers ordinarily granted to a guardian of the person of a minor
3161 unless otherwise specified. Upon the court's termination of
3162 supervision by the department, ~~no~~ further judicial reviews are
3163 not required if, ~~so long as~~ permanency has been established for
3164 the child.

3165 Section 81. Section 394.4655, Florida Statutes, is amended
3166 to read:

3167 394.4655 Involuntary outpatient services placement.—

3168 (1) DEFINITIONS.—As used in this section, the term:

3169 (a) "Court" means a circuit court or a criminal county
3170 court.

3171 (b) "Criminal county court" means a county court

295021

3/4/2016 4:43 PM

Amendment No.

3172 exercising its original jurisdiction in a misdemeanor case under
3173 s. 34.01.

3174 ~~(2)(1)~~ CRITERIA FOR INVOLUNTARY OUTPATIENT SERVICES
3175 PLACEMENT.—A person may be ordered to involuntary outpatient
3176 services placement upon a finding of the court, by clear and
3177 convincing evidence, that the person meets all of the following
3178 criteria ~~by clear and convincing evidence:~~

3179 (a) The person is 18 years of age or older.~~†~~

3180 (b) The person has a mental illness.~~†~~

3181 (c) The person is unlikely to survive safely in the
3182 community without supervision, based on a clinical
3183 determination.~~†~~

3184 (d) The person has a history of lack of compliance with
3185 treatment for mental illness.~~†~~

3186 (e) The person has:

3187 1. At least twice within the immediately preceding 36
3188 months been involuntarily admitted to a receiving or treatment
3189 facility as defined in s. 394.455, or has received mental health
3190 services in a forensic or correctional facility. The 36-month
3191 period does not include any period during which the person was
3192 admitted or incarcerated; or

3193 2. Engaged in one or more acts of serious violent behavior
3194 toward self or others, or attempts at serious bodily harm to
3195 himself or herself or others, within the preceding 36 months.~~†~~

3196 (f) The person is, as a result of his or her mental
3197 illness, unlikely to voluntarily participate in the recommended

295021

3/4/2016 4:43 PM

Amendment No.

3198 treatment plan and ~~either he or she~~ has refused voluntary
3199 services placement for treatment after sufficient and
3200 conscientious explanation and disclosure of why the services are
3201 necessary ~~purpose of placement for treatment~~ or he or she is
3202 unable to determine for himself or herself whether services are
3203 ~~placement is necessary.~~

3204 (g) In view of the person's treatment history and current
3205 behavior, the person is in need of involuntary outpatient
3206 services placement in order to prevent a relapse or
3207 deterioration that would be likely to result in serious bodily
3208 harm to himself or herself or others, or a substantial harm to
3209 his or her well-being as set forth in s. 394.463(1).~~†~~

3210 (h) It is likely that the person will benefit from
3211 involuntary outpatient services. ~~placement; and~~

3212 (i) All available, less restrictive alternatives that
3213 would offer an opportunity for improvement of his or her
3214 condition have been judged to be inappropriate or unavailable.

3215 ~~(3)(2)~~ INVOLUNTARY OUTPATIENT SERVICES PLACEMENT.—

3216 (a)1. A patient who is being recommended for involuntary
3217 outpatient services placement by the administrator of the
3218 ~~receiving~~ facility where the patient has been examined may be
3219 retained by the facility after adherence to the notice
3220 procedures provided in s. 394.4599. The recommendation must be
3221 supported by the opinion of a—psychiatrist and the second
3222 opinion of a clinical psychologist or another psychiatrist, both
3223 of whom have personally examined the patient within the

295021

3/4/2016 4:43 PM

Amendment No.

3224 preceding 72 hours, that the criteria for involuntary outpatient
3225 services placement are met. However, ~~in a county having a~~
3226 ~~population of fewer than 50,000,~~ if the administrator certifies
3227 that a psychiatrist or clinical psychologist is not available to
3228 provide the second opinion, the second opinion may be provided
3229 by a licensed physician who has postgraduate training and
3230 experience in diagnosis and treatment of mental illness ~~and~~
3231 ~~nervous disorders~~ or by a psychiatric nurse. Any second opinion
3232 authorized in this subparagraph may be conducted through a face-
3233 to-face examination, in person or by electronic means. Such
3234 recommendation must be entered on an involuntary outpatient
3235 services placement certificate that authorizes the ~~receiving~~
3236 facility to retain the patient pending completion of a hearing.
3237 The certificate must ~~shall~~ be made a part of the patient's
3238 clinical record.

3239 2. If the patient has been stabilized and no longer meets
3240 the criteria for involuntary examination pursuant to s.
3241 394.463(1), the patient must be released from the ~~receiving~~
3242 facility while awaiting the hearing for involuntary outpatient
3243 services placement. Before filing a petition for involuntary
3244 outpatient services treatment, the administrator of the a
3245 ~~receiving~~ facility or a designated department representative
3246 must identify the service provider that will have primary
3247 responsibility for service provision under an order for
3248 involuntary outpatient services placement, unless the person is
3249 otherwise participating in outpatient psychiatric treatment and

295021

3/4/2016 4:43 PM

Amendment No.

3250 is not in need of public financing for that treatment, in which
3251 case the individual, if eligible, may be ordered to involuntary
3252 treatment pursuant to the existing psychiatric treatment
3253 relationship.

3254 3. The service provider shall prepare a written proposed
3255 treatment plan in consultation with the patient or the patient's
3256 guardian advocate, if appointed, for the court's consideration
3257 for inclusion in the involuntary outpatient services placement
3258 order that addresses the nature and extent of the mental illness
3259 and any co-occurring substance use disorder that necessitate
3260 involuntary outpatient services. The treatment plan must specify
3261 the likely level of care, including the use of medication, and
3262 anticipated discharge criteria for terminating involuntary
3263 outpatient services. ~~The service provider shall also provide a~~
3264 ~~copy of the proposed treatment plan to the patient and the~~
3265 ~~administrator of the receiving facility. The treatment plan must~~
3266 ~~specify the nature and extent of the patient's mental illness,~~
3267 ~~address the reduction of symptoms that necessitate involuntary~~
3268 ~~outpatient placement, and include measurable goals and~~
3269 ~~objectives for the services and treatment that are provided to~~
3270 ~~treat the person's mental illness and assist the person in~~
3271 ~~living and functioning in the community or to prevent a relapse~~
3272 ~~or deterioration.~~ Service providers may select and supervise
3273 other individuals to implement specific aspects of the treatment
3274 plan. The services in the ~~treatment~~ plan must be deemed
3275 clinically appropriate by a physician, clinical psychologist,

295021

3/4/2016 4:43 PM

Amendment No.

3276 psychiatric nurse, mental health counselor, marriage and family
3277 therapist, or clinical social worker who consults with, or is
3278 employed or contracted by, the service provider. The service
3279 provider must certify to the court in the proposed ~~treatment~~
3280 plan whether sufficient services for improvement and
3281 stabilization are currently available and whether the service
3282 provider agrees to provide those services. If the service
3283 provider certifies that the services in the proposed treatment
3284 plan are not available, the petitioner may not file the
3285 petition. The service provider must notify the managing entity
3286 if the requested services are not available. The managing entity
3287 must document such efforts to obtain the requested services.

3288 (b) If a patient in involuntary inpatient placement meets
3289 the criteria for involuntary outpatient services placement, the
3290 administrator of the ~~treatment~~ facility may, before the
3291 expiration of the period during which the ~~treatment~~ facility is
3292 authorized to retain the patient, recommend involuntary
3293 outpatient services placement. The recommendation must be
3294 supported by the opinion of a psychiatrist and the second
3295 opinion of a clinical psychologist or another psychiatrist, both
3296 of whom have personally examined the patient within the
3297 preceding 72 hours, that the criteria for involuntary outpatient
3298 services placement are met. However, ~~in a county having a~~
3299 ~~population of fewer than 50,000,~~ if the administrator certifies
3300 that a psychiatrist or clinical psychologist is not available to
3301 provide the second opinion, the second opinion may be provided

295021

3/4/2016 4:43 PM

Amendment No.

3302 by a licensed physician who has postgraduate training and
3303 experience in diagnosis and treatment of mental illness ~~and~~
3304 ~~nervous disorders~~ or by a psychiatric nurse. Any second opinion
3305 authorized in this subparagraph may be conducted through a face-
3306 to-face examination, in person or by electronic means. Such
3307 recommendation must be entered on an involuntary outpatient
3308 services placement certificate, and the certificate must be made
3309 a part of the patient's clinical record.

3310 (c)1. The administrator of the treatment facility shall
3311 provide a copy of the involuntary outpatient services placement
3312 certificate and a copy of the state mental health discharge form
3313 to the managing entity ~~a department representative~~ in the county
3314 where the patient will be residing. For persons who are leaving
3315 a state mental health treatment facility, the petition for
3316 involuntary outpatient services placement must be filed in the
3317 county where the patient will be residing.

3318 2. The service provider that will have primary
3319 responsibility for service provision shall be identified by the
3320 designated department representative before ~~prior to~~ the order
3321 for involuntary outpatient services placement and must, before
3322 ~~prior to~~ filing a petition for involuntary outpatient services
3323 ~~placement~~, certify to the court whether the services recommended
3324 in the patient's discharge plan are available ~~in the local~~
3325 ~~community~~ and whether the service provider agrees to provide
3326 those services. The service provider must develop with the
3327 patient, or the patient's guardian advocate, if appointed, a

295021

3/4/2016 4:43 PM

Amendment No.

3328 treatment or service plan that addresses the needs identified in
3329 the discharge plan. The plan must be deemed to be clinically
3330 appropriate by a physician, clinical psychologist, psychiatric
3331 nurse, mental health counselor, marriage and family therapist,
3332 or clinical social worker, as defined in this chapter, who
3333 consults with, or is employed or contracted by, the service
3334 provider.

3335 3. If the service provider certifies that the services in
3336 the proposed treatment or service plan are not available, the
3337 petitioner may not file the petition. The service provider must
3338 notify the managing entity if the requested services are not
3339 available. The managing entity must document such efforts to
3340 obtain the requested services.

3341 (4) (3) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES
3342 PLACEMENT.—

3343 (a) A petition for involuntary outpatient services
3344 ~~placement~~ may be filed by:

- 3345 1. The administrator of a receiving facility; or
- 3346 2. The administrator of a treatment facility.

3347 (b) Each required criterion for involuntary outpatient
3348 services placement must be alleged and substantiated in the
3349 petition for involuntary outpatient services placement. A copy
3350 of the certificate recommending involuntary outpatient services
3351 ~~placement~~ completed by a qualified professional specified in
3352 subsection (3) (2) must be attached to the petition. A copy of
3353 the proposed treatment plan must be attached to the petition.

295021

3/4/2016 4:43 PM

Amendment No.

3354 Before the petition is filed, the service provider shall certify
3355 that the services in the proposed ~~treatment~~ plan are available.
3356 If the necessary services are not available ~~in the patient's~~
3357 ~~local community to respond to the person's individual needs, the~~
3358 ~~petition may not be filed.~~ The service provider must notify the
3359 managing entity if the requested services are not available. The
3360 managing entity must document such efforts to obtain the
3361 requested services.

3362 (c) The petition for involuntary outpatient services
3363 ~~placement~~ must be filed in the county where the patient is
3364 located, unless the patient is being placed from a state
3365 treatment facility, in which case the petition must be filed in
3366 the county where the patient will reside. When the petition has
3367 been filed, the clerk of the court shall provide copies of the
3368 petition and the proposed treatment plan to the department, the
3369 managing entity, the patient, the patient's guardian or
3370 representative, the state attorney, and the public defender or
3371 the patient's private counsel. A fee may not be charged for
3372 filing a petition under this subsection.

3373 (5)-(4) APPOINTMENT OF COUNSEL.—Within 1 court working day
3374 after the filing of a petition for involuntary outpatient
3375 services placement, the court shall appoint the public defender
3376 to represent the person who is the subject of the petition,
3377 unless the person is otherwise represented by counsel. The clerk
3378 of the court shall immediately notify the public defender of the
3379 appointment. The public defender shall represent the person

295021

3/4/2016 4:43 PM

Amendment No.

3380 until the petition is dismissed, the court order expires, or the
3381 patient is discharged from involuntary outpatient services
3382 ~~placement~~. An attorney who represents the patient must be
3383 provided ~~shall have~~ access to the patient, witnesses, and
3384 records relevant to the presentation of the patient's case and
3385 shall represent the interests of the patient, regardless of the
3386 source of payment to the attorney.

3387 (6) ~~(5)~~ CONTINUANCE OF HEARING.—The patient is entitled,
3388 with the concurrence of the patient's counsel, to at least one
3389 continuance of the hearing. The continuance shall be for a
3390 period of up to 4 weeks.

3391 (7) ~~(6)~~ HEARING ON INVOLUNTARY OUTPATIENT SERVICES
3392 PLACEMENT.—

3393 (a)1. The court shall hold the hearing on involuntary
3394 outpatient services ~~placement~~ within 5 working days after the
3395 filing of the petition, unless a continuance is granted. The
3396 hearing must ~~shall~~ be held in the county where the petition is
3397 filed, must ~~shall~~ be as convenient to the patient as is
3398 consistent with orderly procedure, and must ~~shall~~ be conducted
3399 in physical settings not likely to be injurious to the patient's
3400 condition. If the court finds that the patient's attendance at
3401 the hearing is not consistent with the best interests of the
3402 patient and if the patient's counsel does not object, the court
3403 may waive the presence of the patient from all or any portion of
3404 the hearing. The state attorney for the circuit in which the
3405 patient is located shall represent the state, rather than the

295021

3/4/2016 4:43 PM

Amendment No.

3406 petitioner, as the real party in interest in the proceeding.

3407 2. The court may appoint a magistrate ~~master~~ to preside at
3408 the hearing. One of the professionals who executed the
3409 involuntary outpatient services ~~placement~~ certificate shall be a
3410 witness. The patient and the patient's guardian or
3411 representative shall be informed by the court of the right to an
3412 independent expert examination. If the patient cannot afford
3413 such an examination, the court shall ensure that one is
3414 provided, as otherwise provided by law ~~provide for one~~. The
3415 independent expert's report is ~~shall be~~ confidential and not
3416 discoverable, unless the expert is to be called as a witness for
3417 the patient at the hearing. The court shall allow testimony from
3418 individuals, including family members, deemed by the court to be
3419 relevant under state law, regarding the person's prior history
3420 and how that prior history relates to the person's current
3421 condition. The testimony in the hearing must be given under
3422 oath, and the proceedings must be recorded. The patient may
3423 refuse to testify at the hearing.

3424 (b)1. If the court concludes that the patient meets the
3425 criteria for involuntary outpatient services ~~placement~~ pursuant
3426 to subsection (2) ~~(1)~~, the court shall issue an order for
3427 involuntary outpatient services ~~placement~~. The court order shall
3428 be for a period of up to 90 days ~~6 months~~. The order must
3429 specify the nature and extent of the patient's mental illness.
3430 The order of the court and the treatment plan must ~~shall~~ be made
3431 part of the patient's clinical record. The service provider

295021

3/4/2016 4:43 PM

Amendment No.

3432 shall discharge a patient from involuntary outpatient services
3433 ~~placement~~ when the order expires or any time the patient no
3434 longer meets the criteria for involuntary placement. Upon
3435 discharge, the service provider shall send a certificate of
3436 discharge to the court.

3437 2. The court may not order the department or the service
3438 provider to provide services if the program or service is not
3439 available in the patient's local community, if there is no space
3440 available in the program or service for the patient, or if
3441 funding is not available for the program or service. The service
3442 provider must notify the managing entity if the requested
3443 services are not available. The managing entity must document
3444 such efforts to obtain the requested services. A copy of the
3445 order must be sent to the managing entity ~~Agency for Health Care~~
3446 ~~Administration~~ by the service provider within 1 working day
3447 after it is received from the court. The order may be submitted
3448 electronically through existing data systems. After the
3449 ~~placement~~ order for involuntary services is issued, the service
3450 provider and the patient may modify ~~provisions of~~ the treatment
3451 plan. For any material modification of the treatment plan to
3452 which the patient or, if one is appointed, the patient's
3453 guardian advocate agrees, ~~if appointed, does agree,~~ the service
3454 provider shall send notice of the modification to the court. Any
3455 material modifications of the treatment plan which are contested
3456 by the patient or the patient's guardian advocate, if applicable
3457 ~~appointed,~~ must be approved or disapproved by the court

295021

3/4/2016 4:43 PM

Amendment No.

3458 consistent with subsection (3) ~~(2)~~.

3459 3. If, in the clinical judgment of a physician, the
3460 patient has failed or has refused to comply with the treatment
3461 ordered by the court, and, in the clinical judgment of the
3462 physician, efforts were made to solicit compliance and the
3463 patient may meet the criteria for involuntary examination, a
3464 person may be brought to a receiving facility pursuant to s.
3465 394.463. If, after examination, the patient does not meet the
3466 criteria for involuntary inpatient placement pursuant to s.
3467 394.467, the patient must be discharged from the ~~receiving~~
3468 facility. The involuntary outpatient services ~~placement~~ order
3469 shall remain in effect unless the service provider determines
3470 that the patient no longer meets the criteria for involuntary
3471 outpatient services ~~placement~~ or until the order expires. The
3472 service provider must determine whether modifications should be
3473 made to the existing treatment plan and must attempt to continue
3474 to engage the patient in treatment. For any material
3475 modification of the treatment plan to which the patient or the
3476 patient's guardian advocate, if applicable ~~appointed~~, agrees
3477 ~~does agree~~, the service provider shall send notice of the
3478 modification to the court. Any material modifications of the
3479 treatment plan which are contested by the patient or the
3480 patient's guardian advocate, if applicable ~~appointed~~, must be
3481 approved or disapproved by the court consistent with subsection
3482 (3) ~~(2)~~.

3483 (c) If, at any time before the conclusion of the initial

295021

3/4/2016 4:43 PM

Amendment No.

3484 hearing on involuntary outpatient services placement, it appears
3485 to the court that the person does not meet the criteria for
3486 involuntary outpatient services placement under this section
3487 but, instead, meets the criteria for involuntary inpatient
3488 placement, the court may order the person admitted for
3489 involuntary inpatient examination under s. 394.463. If the
3490 person instead meets the criteria for involuntary assessment,
3491 protective custody, or involuntary admission pursuant to s.
3492 397.675, the court may order the person to be admitted for
3493 involuntary assessment for a period of 5 days pursuant to s.
3494 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by
3495 chapter 397.

3496 (d) At the hearing on involuntary outpatient services
3497 ~~placement~~, the court shall consider testimony and evidence
3498 regarding the patient's competence to consent to services
3499 ~~treatment~~. If the court finds that the patient is incompetent to
3500 consent to treatment, it shall appoint a guardian advocate as
3501 provided in s. 394.4598. The guardian advocate shall be
3502 appointed or discharged in accordance with s. 394.4598.

3503 (e) The administrator of the receiving facility or the
3504 designated department representative shall provide a copy of the
3505 court order and adequate documentation of a patient's mental
3506 illness to the service provider for involuntary outpatient
3507 services placement. Such documentation must include any advance
3508 directives made by the patient, a psychiatric evaluation of the
3509 patient, and any evaluations of the patient performed by a

295021

3/4/2016 4:43 PM

Amendment No.

3510 ~~clinical~~ psychologist or a clinical social worker.

3511 (8)~~(7)~~ PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT
3512 SERVICES PLACEMENT.—

3513 (a)1. If the person continues to meet the criteria for
3514 involuntary outpatient services placement, the service provider
3515 shall, at least 10 days before the expiration of the period
3516 during which the treatment is ordered for the person, file in
3517 the ~~circuit~~ court that issued the order for involuntary
3518 outpatient services a petition for continued involuntary
3519 outpatient services placement. The court shall immediately
3520 schedule a hearing on the petition to be held within 15 days
3521 after the petition is filed.

3522 2. The existing involuntary outpatient services placement
3523 order remains in effect until disposition on the petition for
3524 continued involuntary outpatient services placement.

3525 3. A certificate shall be attached to the petition which
3526 includes a statement from the person's physician or clinical
3527 psychologist justifying the request, a brief description of the
3528 patient's treatment during the time he or she was receiving
3529 involuntary services ~~involuntarily placed~~, and an individualized
3530 plan of continued treatment.

3531 4. The service provider shall develop the individualized
3532 plan of continued treatment in consultation with the patient or
3533 the patient's guardian advocate, if applicable ~~appointed~~. When
3534 the petition has been filed, the clerk of the court shall
3535 provide copies of the certificate and the individualized plan of

295021

3/4/2016 4:43 PM

Amendment No.

3536 continued services ~~treatment~~ to the department, the patient, the
3537 patient's guardian advocate, the state attorney, and the
3538 patient's private counsel or the public defender.

3539 (b) Within 1 court working day after the filing of a
3540 petition for continued involuntary outpatient services
3541 ~~placement~~, the court shall appoint the public defender to
3542 represent the person who is the subject of the petition, unless
3543 the person is otherwise represented by counsel. The clerk of the
3544 court shall immediately notify the public defender of such
3545 appointment. The public defender shall represent the person
3546 until the petition is dismissed or the court order expires or
3547 the patient is discharged from involuntary outpatient services
3548 ~~placement~~. Any attorney representing the patient shall have
3549 access to the patient, witnesses, and records relevant to the
3550 presentation of the patient's case and shall represent the
3551 interests of the patient, regardless of the source of payment to
3552 the attorney.

3553 (c) Hearings on petitions for continued involuntary
3554 outpatient services must ~~placement shall~~ be before the circuit
3555 court that issued the order for involuntary outpatient services.
3556 The court may appoint a magistrate ~~master~~ to preside at the
3557 hearing. The procedures for obtaining an order pursuant to this
3558 paragraph must meet the requirements of ~~shall be in accordance~~
3559 ~~with~~ subsection (7) ~~(6)~~, except that the time period included in
3560 paragraph (2) (e) ~~(1) (e)~~ is not applicable in determining the
3561 appropriateness of additional periods of involuntary outpatient

295021

3/4/2016 4:43 PM

Amendment No.

3562 placement.

3563 (d) Notice of the hearing must ~~shall~~ be provided as set
3564 forth in s. 394.4599. The patient and the patient's attorney may
3565 agree to a period of continued outpatient services ~~placement~~
3566 without a court hearing.

3567 (e) The same procedure must ~~shall~~ be repeated before the
3568 expiration of each additional period the patient is placed in
3569 treatment.

3570 (f) If the patient has previously been found incompetent
3571 to consent to treatment, the court shall consider testimony and
3572 evidence regarding the patient's competence. Section 394.4598
3573 governs the discharge of the guardian advocate if the patient's
3574 competency to consent to treatment has been restored.

3575 Section 82. Paragraphs (c) and (d) of subsection (2) of
3576 section 394.4599, Florida Statutes, are amended to read:

3577 394.4599 Notice.—

3578 (2) INVOLUNTARY ADMISSION.—

3579 (c)1. A receiving facility shall give notice of the
3580 whereabouts of a minor who is being involuntarily held for
3581 examination pursuant to s. 394.463 to the minor's parent,
3582 guardian, caregiver, or guardian advocate, in person or by
3583 telephone or other form of electronic communication, immediately
3584 after the minor's arrival at the facility. The facility may
3585 delay notification for no more than 24 hours after the minor's
3586 arrival if the facility has submitted a report to the central
3587 abuse hotline, pursuant to s. 39.201, based upon knowledge or

295021

3/4/2016 4:43 PM

Amendment No.

3588 suspicion of abuse, abandonment, or neglect and if the facility
3589 deems a delay in notification to be in the minor's best
3590 interest.

3591 2. The receiving facility shall attempt to notify the
3592 minor's parent, guardian, caregiver, or guardian advocate until
3593 the receiving facility receives confirmation from the parent,
3594 guardian, caregiver, or guardian advocate, verbally, by
3595 telephone or other form of electronic communication, or by
3596 recorded message, that notification has been received. Attempts
3597 to notify the parent, guardian, caregiver, or guardian advocate
3598 must be repeated at least once every hour during the first 12
3599 hours after the minor's arrival and once every 24 hours
3600 thereafter and must continue until such confirmation is
3601 received, unless the minor is released at the end of the 72-hour
3602 examination period, or until a petition for involuntary services
3603 ~~placement~~ is filed with the court pursuant to s. 394.463(2)(g)
3604 ~~s. 394.463(2)(i)~~. The receiving facility may seek assistance
3605 from a law enforcement agency to notify the minor's parent,
3606 guardian, caregiver, or guardian advocate if the facility has
3607 not received within the first 24 hours after the minor's arrival
3608 a confirmation by the parent, guardian, caregiver, or guardian
3609 advocate that notification has been received. The receiving
3610 facility must document notification attempts in the minor's
3611 clinical record.

3612 (d) The written notice of the filing of the petition for
3613 involuntary services for ~~placement of~~ an individual being held

295021

3/4/2016 4:43 PM

Amendment No.

3614 must contain the following:

3615 1. Notice that the petition for:

3616 a. Involuntary inpatient treatment pursuant to s. 394.467
3617 has been filed with the circuit court in the county in which the
3618 individual is hospitalized and the address of such court; or

3619 b. Involuntary outpatient services pursuant to s. 394.4655
3620 has been filed with the criminal county court, as defined in s.
3621 394.4655(1), or the circuit court, as applicable, in the county
3622 in which the individual is hospitalized and the address of such
3623 court.

3624 2. Notice that the office of the public defender has been
3625 appointed to represent the individual in the proceeding, if the
3626 individual is not otherwise represented by counsel.

3627 3. The date, time, and place of the hearing and the name
3628 of each examining expert and every other person expected to
3629 testify in support of continued detention.

3630 4. Notice that the individual, the individual's guardian,
3631 guardian advocate, health care surrogate or proxy, or
3632 representative, or the administrator may apply for a change of
3633 venue for the convenience of the parties or witnesses or because
3634 of the condition of the individual.

3635 5. Notice that the individual is entitled to an
3636 independent expert examination and, if the individual cannot
3637 afford such an examination, that the court will provide for one.

3638 Section 83. Section 394.455, Florida Statutes, is amended
3639 to read:

295021

3/4/2016 4:43 PM

Amendment No.

3640 394.455 Definitions.—As used in this part, ~~unless the~~
3641 ~~context clearly requires otherwise,~~ the term:

3642 (1) "Access center" means a facility that has medical,
3643 mental health, and substance abuse professionals to provide
3644 emergency screening and evaluation for mental health or
3645 substance abuse disorders and may provide transportation to an
3646 appropriate facility if an individual is in need of more
3647 intensive services.

3648 (2) "Addictions receiving facility" is a secure, acute
3649 care facility that, at a minimum, provides emergency screening,
3650 evaluation, detoxification, and stabilization services; is
3651 operated 24 hours per day, 7 days per week; and is designated by
3652 the department to serve individuals found to have substance
3653 abuse impairment who qualify for services under this part.

3654 (3)~~(1)~~ "Administrator" means the chief administrative
3655 officer of a receiving or treatment facility or his or her
3656 designee.

3657 (4) "Adult" means an individual who is 18 years of age or
3658 older or who has had the disability of nonage removed under
3659 chapter 743.

3660 (5)~~(2)~~ "Clinical psychologist" means a psychologist as
3661 defined in s. 490.003(7) with 3 years of postdoctoral experience
3662 in the practice of clinical psychology, inclusive of the
3663 experience required for licensure, or a psychologist employed by
3664 a facility operated by the United States Department of Veterans
3665 Affairs that qualifies as a receiving or treatment facility

295021

3/4/2016 4:43 PM

Amendment No.

3666 under this part.

3667 ~~(6)-(3)~~ "Clinical record" means all parts of the record
3668 required to be maintained and includes all medical records,
3669 progress notes, charts, and admission and discharge data, and
3670 all other information recorded by a facility staff which
3671 pertains to the patient's hospitalization or treatment.

3672 ~~(7)-(4)~~ "Clinical social worker" means a person licensed as
3673 a clinical social worker under s. 491.005 or s. 491.006 ~~chapter~~
3674 ~~491~~.

3675 ~~(8)-(5)~~ "Community facility" means a any community service
3676 provider that contracts ~~contracting~~ with the department to
3677 furnish substance abuse or mental health services under part IV
3678 of this chapter.

3679 ~~(9)-(6)~~ "Community mental health center or clinic" means a
3680 publicly funded, not-for-profit center that ~~which~~ contracts with
3681 the department for the provision of inpatient, outpatient, day
3682 treatment, or emergency services.

3683 ~~(10)-(7)~~ "Court," unless otherwise specified, means the
3684 circuit court.

3685 ~~(11)-(8)~~ "Department" means the Department of Children and
3686 Families.

3687 (12) "Designated receiving facility" means a facility
3688 approved by the department which may be a public or private
3689 hospital, crisis stabilization unit, or addictions receiving
3690 facility; which provides, at a minimum, emergency screening,
3691 evaluation, and short-term stabilization for mental health or

295021

3/4/2016 4:43 PM

Amendment No.

3692 substance abuse disorders; and which may have an agreement with
3693 a corresponding facility for transportation and services.

3694 (13) "Detoxification facility" means a facility licensed
3695 to provide detoxification services under chapter 397.

3696 (14) "Electronic means" means a form of telecommunication
3697 which requires all parties to maintain visual as well as audio
3698 communication when being used to conduct an examination by a
3699 qualified professional.

3700 (15)-(9) "Express and informed consent" means consent
3701 voluntarily given in writing, by a competent person, after
3702 sufficient explanation and disclosure of the subject matter
3703 involved to enable the person to make a knowing and willful
3704 decision without any element of force, fraud, deceit, duress, or
3705 other form of constraint or coercion.

3706 (16)-(10) "Facility" means any hospital, community
3707 facility, public or private facility, or receiving or treatment
3708 facility providing for the evaluation, diagnosis, care,
3709 treatment, training, or hospitalization of persons who appear to
3710 have a mental illness or who have been diagnosed as having a
3711 mental illness or substance abuse impairment. The term
3712 "Facility" does not include a any program or an entity licensed
3713 under pursuant to chapter 400 or chapter 429.

3714 (17)-(11) "Guardian" means the natural guardian of a minor,
3715 or a person appointed by a court to act on behalf of a ward's
3716 person if the ward is a minor or has been adjudicated
3717 incapacitated.

295021

3/4/2016 4:43 PM

Amendment No.

3718 ~~(18)-(12)~~ "Guardian advocate" means a person appointed by a
3719 court to make decisions regarding mental health treatment on
3720 behalf of a patient who has been found incompetent to consent to
3721 treatment pursuant to this part. ~~The guardian advocate may be~~
3722 ~~granted specific additional powers by written order of the~~
3723 ~~court, as provided in this part.~~

3724 ~~(19)-(13)~~ "Hospital" means a hospital facility ~~as defined~~
3725 ~~in s. 395.002 and~~ licensed under chapter 395 and part II of
3726 chapter 408.

3727 ~~(20)-(14)~~ "Incapacitated" means that a person has been
3728 adjudicated incapacitated pursuant to part V of chapter 744 and
3729 a guardian of the person has been appointed.

3730 ~~(21)-(15)~~ "Incompetent to consent to treatment" means a
3731 state in which ~~that~~ a person's judgment is so affected by a his
3732 ~~or her~~ mental illness or a substance abuse impairment that he or
3733 ~~she the person~~ lacks the capacity to make a well-reasoned,
3734 willful, and knowing decision concerning his or her medical, ~~or~~
3735 mental health, or substance abuse treatment.

3736 ~~(22)~~ "Involuntary examination" means an examination
3737 performed under s. 394.463, s. 397.6772, s. 397.679, s.
3738 397.6798, or s. 397.6811 to determine whether a person qualifies
3739 for involuntary services.

3740 ~~(23)~~ "Involuntary services" means court-ordered outpatient
3741 services or inpatient placement for mental health treatment
3742 pursuant to s. 394.4655 or s. 394.467.

3743 ~~(24)-(16)~~ "Law enforcement officer" has the same meaning as

295021

3/4/2016 4:43 PM

Amendment No.

3744 provided ~~means a law enforcement officer as defined in s.~~
3745 943.10.

3746 (25) "Marriage and family therapist" means a person
3747 licensed to practice marriage and family therapy under s.
3748 491.005 or s. 491.006.

3749 (26) "Mental health counselor" means a person licensed to
3750 practice mental health counseling under s. 491.005 or s.
3751 491.006.

3752 (27)~~(17)~~ "Mental health overlay program" means a mobile
3753 service that ~~which~~ provides an independent examination for
3754 voluntary admission ~~admissions~~ and a range of supplemental
3755 onsite services to persons with a mental illness in a
3756 residential setting such as a nursing home, an assisted living
3757 facility, or an adult family-care home, or a nonresidential
3758 setting such as an adult day care center. Independent
3759 examinations provided ~~pursuant to this part~~ through a mental
3760 health overlay program must only be provided under contract with
3761 the department ~~for this service~~ or be attached to a public
3762 receiving facility that is also a community mental health
3763 center.

3764 (28)~~(18)~~ "Mental illness" means an impairment of the
3765 mental or emotional processes that exercise conscious control of
3766 one's actions or of the ability to perceive or understand
3767 reality, which impairment substantially interferes with the
3768 person's ability to meet the ordinary demands of living. For the
3769 purposes of this part, the term does not include a developmental

295021

3/4/2016 4:43 PM

Amendment No.

3770 disability as defined in chapter 393, intoxication, or
3771 conditions manifested only by antisocial behavior or substance
3772 abuse ~~impairment~~.

3773 (29) "Minor" means an individual who is 17 years of age or
3774 younger and who has not had the disability of nonage removed
3775 pursuant to s. 743.01 or s. 743.015.

3776 (30)~~(19)~~ "Mobile crisis response service" means a
3777 nonresidential crisis service ~~attached to a public receiving~~
3778 ~~facility and~~ available 24 hours per a day, 7 days per a week,
3779 ~~through~~ which provides immediate intensive assessments and
3780 interventions, including screening for admission into a mental
3781 health receiving facility, an addictions receiving facility, or
3782 a detoxification facility, ~~take place~~ for the purpose of
3783 identifying appropriate treatment services.

3784 (31)~~(20)~~ "Patient" means any person, with or without a co-
3785 occurring substance abuse disorder, who is held or accepted for
3786 mental health treatment.

3787 (32)~~(21)~~ "Physician" means a medical practitioner licensed
3788 under chapter 458 or chapter 459 who has experience in the
3789 diagnosis and treatment of mental illness ~~and nervous disorders~~
3790 or a physician employed by a facility operated by the United
3791 States Department of Veterans Affairs or the United States
3792 Department of Defense ~~which qualifies as a receiving or~~
3793 ~~treatment facility under this part.~~

3794 (33) "Physician assistant" means a person licensed under
3795 chapter 458 or chapter 459 who has experience in the diagnosis

295021

3/4/2016 4:43 PM

Amendment No.

3796 and treatment of mental disorders.

3797 (34)-(22) "Private facility" means a ~~any~~ hospital or
3798 facility operated by a for-profit or not-for-profit corporation
3799 or association which ~~that~~ provides mental health or substance
3800 abuse services and is not a public facility.

3801 (35)-(23) "Psychiatric nurse" means an advanced registered
3802 nurse practitioner certified under s. 464.012 who has a master's
3803 or doctoral degree in psychiatric nursing, holds a national
3804 advanced practice certification as a psychiatric mental health
3805 advanced practice nurse, and has 2 years of post-master's
3806 clinical experience under the supervision of a physician.

3807 (36)-(24) "Psychiatrist" means a medical practitioner
3808 licensed under chapter 458 or chapter 459 ~~who has primarily~~
3809 ~~diagnosed and treated mental and nervous disorders for~~ at least
3810 ~~a period of not less than~~ 3 years, inclusive of psychiatric
3811 residency.

3812 (37)-(25) "Public facility" means a ~~any~~ facility that has
3813 contracted with the department to provide mental health services
3814 to all persons, regardless of ~~their~~ ability to pay, and is
3815 receiving state funds for such purpose.

3816 (38)-(26) "Receiving facility" means a ~~any~~ public or
3817 private facility or hospital designated by the department to
3818 receive and hold or refer, as appropriate, involuntary patients
3819 under emergency conditions ~~or~~ for mental health or substance
3820 abuse ~~psychiatric~~ evaluation and to provide ~~short-term~~ treatment
3821 or transportation to the appropriate service provider. The term

295021

3/4/2016 4:43 PM

Amendment No.

3822 does not include a county jail.

3823 ~~(39)-(27)~~ "Representative" means a person selected to
3824 receive notice of proceedings during the time a patient is held
3825 in or admitted to a receiving or treatment facility.

3826 ~~(40)-(28)(a)~~ "Restraint" means: ~~a physical device, method,~~
3827 ~~or drug used to control behavior.~~

3828 (a) A physical restraint, including ~~is~~ any manual method
3829 or physical or mechanical device, material, or equipment
3830 attached or adjacent to an ~~the~~ individual's body so that he or
3831 she cannot easily remove the restraint and which restricts
3832 freedom of movement or normal access to one's body. "Physical
3833 restraint" includes the physical holding of a person during a
3834 procedure to forcibly administer psychotropic medication.
3835 "Physical restraint" does not include physical devices such as
3836 orthopedically prescribed appliances, surgical dressings and
3837 bandages, supportive body bands, or other physical holding when
3838 necessary for routine physical examinations and tests or for
3839 purposes of orthopedic, surgical, or other similar medical
3840 treatment when used to provide support for the achievement of
3841 functional body position or proper balance or when used to
3842 protect a person from falling out of bed.

3843 (b) A drug or ~~used as a restraint is a~~ medication used to
3844 control a ~~the~~ person's behavior or to restrict his or her
3845 freedom of movement which ~~and~~ is not part of the standard
3846 treatment regimen of a person with a diagnosed mental illness
3847 ~~who is a client of the department. Physically holding a person~~

295021

3/4/2016 4:43 PM

Amendment No.

3848 ~~during a procedure to forcibly administer psychotropic~~
3849 ~~medication is a physical restraint.~~

3850 ~~(c) Restraint does not include physical devices, such as~~
3851 ~~orthopedically prescribed appliances, surgical dressings and~~
3852 ~~bandages, supportive body bands, or other physical holding when~~
3853 ~~necessary for routine physical examinations and tests; or for~~
3854 ~~purposes of orthopedic, surgical, or other similar medical~~
3855 ~~treatment; when used to provide support for the achievement of~~
3856 ~~functional body position or proper balance; or when used to~~
3857 ~~protect a person from falling out of bed.~~

3858 ~~(41)(29)~~ "Seclusion" means the physical segregation ~~of a~~
3859 ~~person in any fashion~~ or involuntary isolation of a person in a
3860 room or area from which the person is prevented from leaving.
3861 The prevention may be by physical barrier or by a staff member
3862 who is acting in a manner, or who is physically situated, so as
3863 to prevent the person from leaving the room or area. For
3864 purposes of this part ~~chapter~~, the term does not mean isolation
3865 due to a person's medical condition or symptoms.

3866 ~~(42)(30)~~ "Secretary" means the Secretary of Children and
3867 Families.

3868 (43) "Service provider" means a receiving facility, a
3869 facility licensed under chapter 397, a treatment facility, an
3870 entity under contract with the department to provide mental
3871 health or substance abuse services, a community mental health
3872 center or clinic, a psychologist, a clinical social worker, a
3873 marriage and family therapist, a mental health counselor, a

295021

3/4/2016 4:43 PM

Amendment No.

3874 physician, a psychiatrist, an advanced registered nurse
3875 practitioner, a psychiatric nurse, or a qualified professional
3876 as defined in s. 39.01.

3877 (44) "Substance abuse impairment" means a condition
3878 involving the use of alcoholic beverages or any psychoactive or
3879 mood-altering substance in such a manner that a person has lost
3880 the power of self-control and has inflicted or is likely to
3881 inflict physical harm on himself, herself, or another.

3882 (45)-(31) "Transfer evaluation" means the process by which,
3883 as approved by the appropriate district office of the
3884 department, whereby a person who is being considered for
3885 placement in a state treatment facility is first evaluated for
3886 appropriateness of admission to such the facility by a
3887 community-based public receiving facility or by a community
3888 mental health center or clinic if the public receiving facility
3889 is not a community mental health center or clinic.

3890 (46)-(32) "Treatment facility" means a any state-owned,
3891 state-operated, or state-supported hospital, center, or clinic
3892 designated by the department for extended treatment and
3893 hospitalization, beyond that provided for by a receiving
3894 facility, of persons who have a mental illness, including
3895 facilities of the United States Government, and any private
3896 facility designated by the department when rendering such
3897 services to a person pursuant to the provisions of this part.
3898 Patients treated in facilities of the United States Government
3899 shall be solely those whose care is the responsibility of the

295021

3/4/2016 4:43 PM

Amendment No.

3900 United States Department of Veterans Affairs.

3901 (47) "Triage center" means a facility that has medical,
3902 mental health, and substance abuse professionals present or on
3903 call to provide emergency screening and evaluation for mental
3904 health or substance abuse disorders for individuals transported
3905 to the center by a law enforcement officer.

3906 ~~(33) "Service provider" means any public or private~~
3907 ~~receiving facility, an entity under contract with the Department~~
3908 ~~of Children and Families to provide mental health services, a~~
3909 ~~clinical psychologist, a clinical social worker, a marriage and~~
3910 ~~family therapist, a mental health counselor, a physician, a~~
3911 ~~psychiatric nurse as defined in subsection (23), or a community~~
3912 ~~mental health center or clinic as defined in this part.~~

3913 ~~(34) "Involuntary examination" means an examination~~
3914 ~~performed under s. 394.463 to determine if an individual~~
3915 ~~qualifies for involuntary inpatient treatment under s.~~
3916 ~~394.467(1) or involuntary outpatient treatment under s.~~
3917 ~~394.4655(1).~~

3918 ~~(35) "Involuntary placement" means either involuntary~~
3919 ~~outpatient treatment pursuant to s. 394.4655 or involuntary~~
3920 ~~inpatient treatment pursuant to s. 394.467.~~

3921 ~~(36) "Marriage and family therapist" means a person~~
3922 ~~licensed as a marriage and family therapist under chapter 491.~~

3923 ~~(37) "Mental health counselor" means a person licensed as~~
3924 ~~a mental health counselor under chapter 491.~~

3925 ~~(38) "Electronic means" means a form of telecommunication~~

295021

3/4/2016 4:43 PM

Amendment No.

3926 ~~that requires all parties to maintain visual as well as audio~~
3927 ~~communication.~~

3928 Section 84. Subsection (2) of section 394.463, Florida
3929 Statutes, is amended to read:

3930 394.463 Involuntary examination.—

3931 (2) INVOLUNTARY EXAMINATION.—

3932 (a) An involuntary examination may be initiated by any one
3933 of the following means:

3934 1. A circuit or county court may enter an ex parte order
3935 stating that a person appears to meet the criteria for
3936 involuntary examination and specifying, ~~giving~~ the findings on
3937 which that conclusion is based. The ex parte order for
3938 involuntary examination must be based on written or oral sworn
3939 testimony that includes specific facts that support the
3940 findings, ~~written or oral~~. If other less restrictive means are
3941 not available, such as voluntary appearance for outpatient
3942 evaluation, a law enforcement officer, or other designated agent
3943 of the court, shall take the person into custody and deliver him
3944 or her to an appropriate ~~the nearest receiving~~ facility within
3945 the designated receiving system pursuant to s. 394.462 for
3946 involuntary examination. The order of the court shall be made a
3947 part of the patient's clinical record. A ~~No~~ fee may not ~~shall~~ be
3948 charged for the filing of an order under this subsection. A ~~Any~~
3949 ~~receiving~~ facility accepting the patient based on this order
3950 must send a copy of the order to the department ~~Agency for~~
3951 ~~Health Care Administration~~ on the next working day. The order

295021

3/4/2016 4:43 PM

Amendment No.

3952 may be submitted electronically through existing data systems,
3953 if available. The order shall be valid only until the person is
3954 delivered to the facility or executed or, if not executed, for
3955 the period specified in the order itself, whichever comes first.
3956 If no time limit is specified in the order, the order shall be
3957 valid for 7 days after the date that the order was signed.

3958 2. A law enforcement officer shall take a person who
3959 appears to meet the criteria for involuntary examination into
3960 custody and deliver the person or have him or her delivered to
3961 the appropriate nearest receiving facility within the designated
3962 receiving system pursuant to s. 394.462 for examination. The
3963 officer shall execute a written report detailing the
3964 circumstances under which the person was taken into custody,
3965 which must ~~and the report shall~~ be made a part of the patient's
3966 clinical record. Any ~~receiving~~ facility accepting the patient
3967 based on this report must send a copy of the report to the
3968 department ~~Agency for Health Care Administration~~ on the next
3969 working day.

3970 3. A physician, clinical psychologist, psychiatric nurse,
3971 mental health counselor, marriage and family therapist, or
3972 clinical social worker may execute a certificate stating that he
3973 or she has examined a person within the preceding 48 hours and
3974 finds that the person appears to meet the criteria for
3975 involuntary examination and stating the observations upon which
3976 that conclusion is based. If other less restrictive means, such
3977 as voluntary appearance for outpatient evaluation, are not

295021

3/4/2016 4:43 PM

Amendment No.

3978 available, ~~such as voluntary appearance for outpatient~~
3979 ~~evaluation~~, a law enforcement officer shall take into custody
3980 the person named in the certificate ~~into custody~~ and deliver him
3981 or her to the appropriate, or nearest, receiving facility within
3982 the designated receiving system pursuant to s. 394.462 for
3983 involuntary examination. The law enforcement officer shall
3984 execute a written report detailing the circumstances under which
3985 the person was taken into custody. The report and certificate
3986 shall be made a part of the patient's clinical record. Any
3987 ~~receiving~~ facility accepting the patient based on this
3988 certificate must send a copy of the certificate to the
3989 department ~~Agency for Health Care Administration~~ on the next
3990 working day. The document may be submitted electronically
3991 through existing data systems, if applicable.

3992 (b) A person may ~~shall~~ not be removed from any program or
3993 residential placement licensed under chapter 400 or chapter 429
3994 and transported to a receiving facility for involuntary
3995 examination unless an ex parte order, a professional
3996 certificate, or a law enforcement officer's report is first
3997 prepared. If the condition of the person is such that
3998 preparation of a law enforcement officer's report is not
3999 practicable before removal, the report shall be completed as
4000 soon as possible after removal, but in any case before the
4001 person is transported to a receiving facility. A ~~receiving~~
4002 facility admitting a person for involuntary examination who is
4003 not accompanied by the required ex parte order, professional

295021

3/4/2016 4:43 PM

Amendment No.

4004 certificate, or law enforcement officer's report shall notify
4005 the department ~~Agency for Health Care Administration~~ of such
4006 admission by certified mail or by e-mail, if available, by no
4007 ~~later than~~ the next working day. The provisions of this
4008 paragraph do not apply when transportation is provided by the
4009 patient's family or guardian.

4010 (c) A law enforcement officer acting in accordance with an
4011 ex parte order issued pursuant to this subsection may serve and
4012 execute such order on any day of the week, at any time of the
4013 day or night.

4014 (d) A law enforcement officer acting in accordance with an
4015 ex parte order issued pursuant to this subsection may use such
4016 reasonable physical force as is necessary to gain entry to the
4017 premises, and any dwellings, buildings, or other structures
4018 located on the premises, and to take custody of the person who
4019 is the subject of the ex parte order.

4020 (e) The department ~~Agency for Health Care Administration~~
4021 shall receive and maintain the copies of ex parte orders,
4022 involuntary outpatient services ~~placement~~ orders issued pursuant
4023 to s. 394.4655, involuntary inpatient placement orders issued
4024 pursuant to s. 394.467, professional certificates, and law
4025 enforcement officers' reports. These documents shall be
4026 considered part of the clinical record, governed by the
4027 provisions of s. 394.4615. These documents shall be used to ~~The~~
4028 ~~agency shall~~ prepare annual reports analyzing the data obtained
4029 from these documents, without information identifying patients,

295021

3/4/2016 4:43 PM

Amendment No.

4030 and shall provide copies of reports to the department, the
4031 President of the Senate, the Speaker of the House of
4032 Representatives, and the minority leaders of the Senate and the
4033 House of Representatives.

4034 (f) A patient shall be examined by a physician or a
4035 clinical psychologist, or by a psychiatric nurse performing
4036 within the framework of an established protocol with a
4037 psychiatrist at a ~~receiving~~ facility without unnecessary delay
4038 to determine if the criteria for involuntary services are met.
4039 Emergency treatment may be provided and may, upon the order of a
4040 physician if the physician determines, ~~be given emergency~~
4041 ~~treatment if it is determined~~ that such treatment is necessary
4042 for the safety of the patient or others. The patient may not be
4043 released by the receiving facility or its contractor without the
4044 documented approval of a psychiatrist or a clinical psychologist
4045 or, if the receiving facility is owned or operated by a hospital
4046 or health system, the release may also be approved by a
4047 psychiatric nurse performing within the framework of an
4048 established protocol with a psychiatrist, or an attending
4049 emergency department physician with experience in the diagnosis
4050 and treatment of mental illness ~~and nervous disorders~~ and after
4051 completion of an involuntary examination pursuant to this
4052 subsection. A psychiatric nurse may not approve the release of a
4053 patient if the involuntary examination was initiated by a
4054 psychiatrist unless the release is approved by the initiating
4055 psychiatrist. ~~However, a patient may not be held in a receiving~~

295021

3/4/2016 4:43 PM

Amendment No.

4056 ~~facility for involuntary examination longer than 72 hours.~~

4057 (g) Within the 72-hour examination period or, if the 72
4058 hours ends on a weekend or holiday, no later than the next
4059 working day thereafter, one of the following actions must be
4060 taken, based on the individual needs of the patient:

4061 1. The patient shall be released, unless he or she is
4062 charged with a crime, in which case the patient shall be
4063 returned to the custody of a law enforcement officer;

4064 2. The patient shall be released, subject to the
4065 provisions of subparagraph 1., for voluntary outpatient
4066 treatment;

4067 3. The patient, unless he or she is charged with a crime,
4068 shall be asked to give express and informed consent to placement
4069 as a voluntary patient and, if such consent is given, the
4070 patient shall be admitted as a voluntary patient; or

4071 4. A petition for involuntary placement shall be filed in
4072 the circuit court if inpatient treatment is deemed necessary or
4073 with the criminal county court, as defined in s. 394.4655(1), as
4074 applicable. When inpatient treatment is deemed necessary, the
4075 least restrictive treatment consistent with the optimum
4076 improvement of the patient's condition shall be made available.
4077 When a petition is to be filed for involuntary outpatient
4078 placement, it shall be filed by one of the petitioners specified
4079 in s. 394.4655(4)(a). A petition for involuntary inpatient
4080 placement shall be filed by the facility administrator.

4081 (h) ~~(g)~~ A person for whom an involuntary examination has

295021

3/4/2016 4:43 PM

Amendment No.

4082 | been initiated who is being evaluated or treated at a hospital
4083 | for an emergency medical condition specified in s. 395.002 must
4084 | be examined by a ~~receiving~~ facility within 72 hours. The 72-hour
4085 | period begins when the patient arrives at the hospital and
4086 | ceases when the attending physician documents that the patient
4087 | has an emergency medical condition. If the patient is examined
4088 | at a hospital providing emergency medical services by a
4089 | professional qualified to perform an involuntary examination and
4090 | is found as a result of that examination not to meet the
4091 | criteria for involuntary outpatient services ~~placement~~ pursuant
4092 | to s. 394.4655(2) ~~394.4655(1)~~ or involuntary inpatient placement
4093 | pursuant to s. 394.467(1), the patient may be offered voluntary
4094 | services or placement, if appropriate, or released directly from
4095 | the hospital providing emergency medical services. The finding
4096 | by the professional that the patient has been examined and does
4097 | not meet the criteria for involuntary inpatient services
4098 | ~~placement~~ or involuntary outpatient placement must be entered
4099 | into the patient's clinical record. ~~Nothing in~~ This paragraph is
4100 | not intended to prevent a hospital providing emergency medical
4101 | services from appropriately transferring a patient to another
4102 | hospital before ~~prior to~~ stabilization if, ~~provided~~ the
4103 | requirements of s. 395.1041(3)(c) have been met.

4104 | (i)-(g) A person for whom an involuntary examination has
4105 | been initiated who is being evaluated or treated at a hospital
4106 | for an emergency medical condition specified in s. 395.002 must
4107 | be examined by a ~~receiving~~ facility within 72 hours. The 72-hour

295021

3/4/2016 4:43 PM

Amendment No.

4108 period begins when the patient arrives at the hospital and
4109 ceases when the attending physician documents that the patient
4110 has an emergency medical condition. If the patient is examined
4111 at a hospital providing emergency medical services by a
4112 professional qualified to perform an involuntary examination and
4113 is found as a result of that examination not to meet the
4114 criteria for involuntary outpatient services ~~placement~~ pursuant
4115 to s. 394.4655(2) ~~394.4655(1)~~ or involuntary inpatient placement
4116 pursuant to s. 394.467(1), the patient may be offered voluntary
4117 services or placement, if appropriate, or released directly from
4118 the hospital providing emergency medical services. The finding
4119 by the professional that the patient has been examined and does
4120 not meet the criteria for involuntary inpatient placement or
4121 involuntary outpatient services ~~placement~~ must be entered into
4122 the patient's clinical record. ~~Nothing in~~ This paragraph is not
4123 intended to prevent a hospital providing emergency medical
4124 services from appropriately transferring a patient to another
4125 hospital before ~~prior to~~ stabilization if, ~~provided~~ the
4126 requirements of s. 395.1041(3)(c) have been met.

4127 (j) ~~(h)~~ One of the following must occur within 12 hours
4128 after the patient's attending physician documents that the
4129 patient's medical condition has stabilized or that an emergency
4130 medical condition does not exist:

4131 1. The patient must be examined by a ~~designated receiving~~
4132 facility and released; or

4133 2. The patient must be transferred to a designated

295021

3/4/2016 4:43 PM

Amendment No.

4134 ~~receiving~~ facility in which appropriate medical treatment is
4135 available. However, the ~~receiving~~ facility must be notified of
4136 the transfer within 2 hours after the patient's condition has
4137 been stabilized or after determination that an emergency medical
4138 condition does not exist.

4139 ~~(i) Within the 72-hour examination period or, if the 72~~
4140 ~~hours ends on a weekend or holiday, no later than the next~~
4141 ~~working day thereafter, one of the following actions must be~~
4142 ~~taken, based on the individual needs of the patient:~~

4143 ~~1. The patient shall be released, unless he or she is~~
4144 ~~charged with a crime, in which case the patient shall be~~
4145 ~~returned to the custody of a law enforcement officer;~~

4146 ~~2. The patient shall be released, subject to the~~
4147 ~~provisions of subparagraph 1., for voluntary outpatient~~
4148 ~~treatment;~~

4149 ~~3. The patient, unless he or she is charged with a crime,~~
4150 ~~shall be asked to give express and informed consent to placement~~
4151 ~~as a voluntary patient, and, if such consent is given, the~~
4152 ~~patient shall be admitted as a voluntary patient; or~~

4153 ~~4. A petition for involuntary placement shall be filed in~~
4154 ~~the circuit court when outpatient or inpatient treatment is~~
4155 ~~deemed necessary. When inpatient treatment is deemed necessary,~~
4156 ~~the least restrictive treatment consistent with the optimum~~
4157 ~~improvement of the patient's condition shall be made available.~~
4158 ~~When a petition is to be filed for involuntary outpatient~~
4159 ~~placement, it shall be filed by one of the petitioners specified~~

295021

3/4/2016 4:43 PM

Amendment No.

4160 ~~in s. 394.4655(3)(a). A petition for involuntary inpatient~~
4161 ~~placement shall be filed by the facility administrator.~~

4162 Section 85. Subsection (3) of section 394.4615, Florida
4163 Statutes, is amended to read:

4164 394.4615 Clinical records; confidentiality.—

4165 (3) Information from the clinical record may be released
4166 in the following circumstances:

4167 (a) When a patient has declared an intention to harm other
4168 persons. When such declaration has been made, the administrator
4169 may authorize the release of sufficient information to provide
4170 adequate warning to the person threatened with harm by the
4171 patient.

4172 (b) When the administrator of the facility or secretary of
4173 the department deems release to a qualified researcher as
4174 defined in administrative rule, an aftercare treatment provider,
4175 or an employee or agent of the department is necessary for
4176 treatment of the patient, maintenance of adequate records,
4177 compilation of treatment data, aftercare planning, or evaluation
4178 of programs.

4179
4180 For the purpose of determining whether a person meets the
4181 criteria for involuntary outpatient placement or for preparing
4182 the proposed treatment plan pursuant to s. 394.4655, the
4183 clinical record may be released to the state attorney, the
4184 public defender or the patient's private legal counsel, the
4185 court, and to the appropriate mental health professionals,

295021

3/4/2016 4:43 PM

Amendment No.

4186 including the service provider identified in s. 394.4655(7)(b)2.
4187 ~~394.4655(6)(b)2.~~, in accordance with state and federal law.

4188 Section 86. Section 394.47891, Florida Statutes, is
4189 amended to read:

4190 394.47891 Military veterans and servicemembers court
4191 programs.—The chief judge of each judicial circuit may establish
4192 a Military Veterans and Servicemembers Court Program under which
4193 veterans, as defined in s. 1.01, including veterans who were
4194 discharged or released under a general discharge, and
4195 servicemembers, as defined in s. 250.01, who are charged or
4196 convicted of a criminal offense and who suffer from a military-
4197 related mental illness, traumatic brain injury, substance abuse
4198 disorder, or psychological problem can be sentenced in
4199 accordance with chapter 921 in a manner that appropriately
4200 addresses the severity of the mental illness, traumatic brain
4201 injury, substance abuse disorder, or psychological problem
4202 through services tailored to the individual needs of the
4203 participant. Entry into any Military Veterans and Servicemembers
4204 Court Program must be based upon the sentencing court's
4205 assessment of the defendant's criminal history, military
4206 service, substance abuse treatment needs, mental health
4207 treatment needs, amenability to the services of the program, the
4208 recommendation of the state attorney and the victim, if any, and
4209 the defendant's agreement to enter the program.

4210 Section 87. Section 394.47892, Florida Statutes, is
4211 created to read:

295021

3/4/2016 4:43 PM

Amendment No.

4212 394.47892 Mental health court programs.—

4213 (1) Each county may fund a mental health court program
4214 under which a defendant in the justice system assessed with a
4215 mental illness shall be processed in such a manner as to
4216 appropriately address the severity of the identified mental
4217 illness through treatment services tailored to the individual
4218 needs of the participant. The Legislature intends to encourage
4219 the department, the Department of Corrections, the Department of
4220 Juvenile Justice, the Department of Health, the Department of
4221 Law Enforcement, the Department of Education, and other such
4222 agencies, local governments, law enforcement agencies,
4223 interested public or private entities, and individuals to
4224 support the creation and establishment of problem-solving court
4225 programs. Participation in a mental health court program does
4226 not relieve a public or private agency of its responsibility for
4227 a child or an adult, but enables such agency to better meet the
4228 child's or adult's needs through shared responsibility and
4229 resources.

4230 (2) Mental health court programs may include pretrial
4231 intervention programs as provided in ss. 948.08, 948.16, and
4232 985.345, postadjudicatory mental health court programs as
4233 provided in ss. 948.01 and 948.06, and review of the status of
4234 compliance or noncompliance of sentenced defendants through a
4235 mental health court program.

4236 (3) Entry into a pretrial mental health court program is
4237 voluntary.

295021

3/4/2016 4:43 PM

Amendment No.

4238 (4) (a) Entry into a postadjudicatory mental health court
4239 program as a condition of probation or community control
4240 pursuant to s. 948.01 or s. 948.06 must be based upon the
4241 sentencing court's assessment of the defendant's criminal
4242 history, mental health screening outcome, amenability to the
4243 services of the program, and total sentence points; the
4244 recommendation of the state attorney and the victim, if any; and
4245 the defendant's agreement to enter the program.

4246 (b) A defendant who is sentenced to a postadjudicatory
4247 mental health court program and who, while a mental health court
4248 program participant, is the subject of a violation of probation
4249 or community control under s. 948.06 shall have the violation of
4250 probation or community control heard by the judge presiding over
4251 the postadjudicatory mental health court program. After a
4252 hearing on or admission of the violation, the judge shall
4253 dispose of any such violation as he or she deems appropriate if
4254 the resulting sentence or conditions are lawful.

4255 (5) (a) Contingent upon an annual appropriation by the
4256 Legislature, the state courts system shall establish, at a
4257 minimum, one coordinator position in each mental health court
4258 program to coordinate the responsibilities of the participating
4259 agencies and service providers. Each coordinator shall provide
4260 direct support to the mental health court program by providing
4261 coordination between the multidisciplinary team and the
4262 judiciary, providing case management, monitoring compliance of
4263 the participants in the mental health court program with court

295021

3/4/2016 4:43 PM

Amendment No.

4264 requirements, and managing the collection of data for program
4265 evaluation and accountability.

4266 (b) Each mental health court program shall collect
4267 sufficient client-level data and programmatic information for
4268 purposes of program evaluation. Client-level data includes
4269 primary offenses that resulted in the mental health court
4270 program referral or sentence, treatment compliance, completion
4271 status and reasons for failure to complete, offenses committed
4272 during treatment and the sanctions imposed, frequency of court
4273 appearances, and units of service. Programmatic information
4274 includes referral and screening procedures, eligibility
4275 criteria, type and duration of treatment offered, and
4276 residential treatment resources. The programmatic information
4277 and aggregate data on the number of mental health court program
4278 admissions and terminations by type of termination shall be
4279 reported annually by each mental health court program to the
4280 Office of the State Courts Administrator.

4281 (6) If a county chooses to fund a mental health court
4282 program, the county must secure funding from sources other than
4283 the state for those costs not otherwise assumed by the state
4284 pursuant to s. 29.004. However, this subsection does not
4285 preclude counties from using funds for treatment and other
4286 services provided through state executive branch agencies.
4287 Counties may provide, by interlocal agreement, for the
4288 collective funding of these programs.

4289 (7) The chief judge of each judicial circuit may appoint

295021

3/4/2016 4:43 PM

Amendment No.

4290 an advisory committee for the mental health court program. The
4291 committee shall be composed of the chief judge, or his or her
4292 designee, who shall serve as chair; the judge or judges of the
4293 mental health court program, if not otherwise designated by the
4294 chief judge as his or her designee; the state attorney, or his
4295 or her designee; the public defender, or his or her designee;
4296 the mental health court program coordinator or coordinators;
4297 community representatives; treatment representatives; and any
4298 other persons who the chair deems appropriate.

4299 Section 88. Paragraph (a) of subsection (2) of section
4300 790.065, Florida Statutes, is amended to read:

4301 790.065 Sale and delivery of firearms.—

4302 (2) Upon receipt of a request for a criminal history
4303 record check, the Department of Law Enforcement shall, during
4304 the licensee's call or by return call, forthwith:

4305 (a) Review any records available to determine if the
4306 potential buyer or transferee:

4307 1. Has been convicted of a felony and is prohibited from
4308 receipt or possession of a firearm pursuant to s. 790.23;

4309 2. Has been convicted of a misdemeanor crime of domestic
4310 violence, and therefore is prohibited from purchasing a firearm;

4311 3. Has had adjudication of guilt withheld or imposition of
4312 sentence suspended on any felony or misdemeanor crime of
4313 domestic violence unless 3 years have elapsed since probation or
4314 any other conditions set by the court have been fulfilled or
4315 expunction has occurred; or

295021

3/4/2016 4:43 PM

Amendment No.

4316 4. Has been adjudicated mentally defective or has been
4317 committed to a mental institution by a court or as provided in
4318 sub-sub-subparagraph b.(II), and as a result is prohibited by
4319 state or federal law from purchasing a firearm.

4320 a. As used in this subparagraph, "adjudicated mentally
4321 defective" means a determination by a court that a person, as a
4322 result of marked subnormal intelligence, or mental illness,
4323 incompetency, condition, or disease, is a danger to himself or
4324 herself or to others or lacks the mental capacity to contract or
4325 manage his or her own affairs. The phrase includes a judicial
4326 finding of incapacity under s. 744.331(6)(a), an acquittal by
4327 reason of insanity of a person charged with a criminal offense,
4328 and a judicial finding that a criminal defendant is not
4329 competent to stand trial.

4330 b. As used in this subparagraph, "committed to a mental
4331 institution" means:

4332 (I) Involuntary commitment, commitment for mental
4333 defectiveness or mental illness, and commitment for substance
4334 abuse. The phrase includes involuntary inpatient placement as
4335 defined in s. 394.467, involuntary outpatient placement as
4336 defined in s. 394.4655, involuntary assessment and stabilization
4337 under s. 397.6818, and involuntary substance abuse treatment
4338 under s. 397.6957, but does not include a person in a mental
4339 institution for observation or discharged from a mental
4340 institution based upon the initial review by the physician or a
4341 voluntary admission to a mental institution; or

295021

3/4/2016 4:43 PM

Amendment No.

4342 (II) Notwithstanding sub-sub-subparagraph (I), voluntary
4343 admission to a mental institution for outpatient or inpatient
4344 treatment of a person who had an involuntary examination under
4345 s. 394.463, where each of the following conditions have been
4346 met:

4347 (A) An examining physician found that the person is an
4348 imminent danger to himself or herself or others.

4349 (B) The examining physician certified that if the person
4350 did not agree to voluntary treatment, a petition for involuntary
4351 outpatient or inpatient services treatment would have been filed
4352 under s. 394.463(2)(g) ~~s. 394.463(2)(i)4.~~, or the examining
4353 physician certified that a petition was filed and the person
4354 subsequently agreed to voluntary treatment before ~~prior to~~ a
4355 court hearing on the petition.

4356 (C) Before agreeing to voluntary treatment, the person
4357 received written notice of that finding and certification, and
4358 written notice that as a result of such finding, he or she may
4359 be prohibited from purchasing a firearm, and may not be eligible
4360 to apply for or retain a concealed weapon or firearms license
4361 under s. 790.06 and the person acknowledged such notice in
4362 writing, in substantially the following form:

4363 "I understand that the doctor who examined me believes I am a
4364 danger to myself or to others. I understand that if I do not
4365 agree to voluntary treatment, a petition will be filed in court
4366 to require me to receive involuntary treatment. I understand
4367 that if that petition is filed, I have the right to contest it.

295021

3/4/2016 4:43 PM

Amendment No.

4368 In the event a petition has been filed, I understand that I can
4369 subsequently agree to voluntary treatment prior to a court
4370 hearing. I understand that by agreeing to voluntary treatment in
4371 either of these situations, I may be prohibited from buying
4372 firearms and from applying for or retaining a concealed weapons
4373 or firearms license until I apply for and receive relief from
4374 that restriction under Florida law."

4375 (D) A judge or a magistrate has, pursuant to sub-sub-
4376 subparagraph c.(II), reviewed the record of the finding,
4377 certification, notice, and written acknowledgment classifying
4378 the person as an imminent danger to himself or herself or
4379 others, and ordered that such record be submitted to the
4380 department.

4381 c. In order to check for these conditions, the department
4382 shall compile and maintain an automated database of persons who
4383 are prohibited from purchasing a firearm based on court records
4384 of adjudications of mental defectiveness or commitments to
4385 mental institutions.

4386 (I) Except as provided in sub-sub-subparagraph (II),
4387 clerks of court shall submit these records to the department
4388 within 1 month after the rendition of the adjudication or
4389 commitment. Reports shall be submitted in an automated format.
4390 The reports must, at a minimum, include the name, along with any
4391 known alias or former name, the sex, and the date of birth of
4392 the subject.

4393 (II) For persons committed to a mental institution

295021

3/4/2016 4:43 PM

Amendment No.

4394 pursuant to sub-sub-subparagraph b.(II), within 24 hours after
4395 the person's agreement to voluntary admission, a record of the
4396 finding, certification, notice, and written acknowledgment must
4397 be filed by the administrator of the receiving or treatment
4398 facility, as defined in s. 394.455, with the clerk of the court
4399 for the county in which the involuntary examination under s.
4400 394.463 occurred. No fee shall be charged for the filing under
4401 this sub-sub-subparagraph. The clerk must present the records to
4402 a judge or magistrate within 24 hours after receipt of the
4403 records. A judge or magistrate is required and has the lawful
4404 authority to review the records ex parte and, if the judge or
4405 magistrate determines that the record supports the classifying
4406 of the person as an imminent danger to himself or herself or
4407 others, to order that the record be submitted to the department.
4408 If a judge or magistrate orders the submittal of the record to
4409 the department, the record must be submitted to the department
4410 within 24 hours.

4411 d. A person who has been adjudicated mentally defective or
4412 committed to a mental institution, as those terms are defined in
4413 this paragraph, may petition the ~~circuit~~ court that made the
4414 adjudication or commitment, or the court that ordered that the
4415 record be submitted to the department pursuant to sub-sub-
4416 subparagraph c.(II), for relief from the firearm disabilities
4417 imposed by such adjudication or commitment. A copy of the
4418 petition shall be served on the state attorney for the county in
4419 which the person was adjudicated or committed. The state

295021

3/4/2016 4:43 PM

Amendment No.

4420 attorney may object to and present evidence relevant to the
4421 relief sought by the petition. The hearing on the petition may
4422 be open or closed as the petitioner may choose. The petitioner
4423 may present evidence and subpoena witnesses to appear at the
4424 hearing on the petition. The petitioner may confront and cross-
4425 examine witnesses called by the state attorney. A record of the
4426 hearing shall be made by a certified court reporter or by court-
4427 approved electronic means. The court shall make written findings
4428 of fact and conclusions of law on the issues before it and issue
4429 a final order. The court shall grant the relief requested in the
4430 petition if the court finds, based on the evidence presented
4431 with respect to the petitioner's reputation, the petitioner's
4432 mental health record and, if applicable, criminal history
4433 record, the circumstances surrounding the firearm disability,
4434 and any other evidence in the record, that the petitioner will
4435 not be likely to act in a manner that is dangerous to public
4436 safety and that granting the relief would not be contrary to the
4437 public interest. If the final order denies relief, the
4438 petitioner may not petition again for relief from firearm
4439 disabilities until 1 year after the date of the final order. The
4440 petitioner may seek judicial review of a final order denying
4441 relief in the district court of appeal having jurisdiction over
4442 the court that issued the order. The review shall be conducted
4443 de novo. Relief from a firearm disability granted under this
4444 sub-subparagraph has no effect on the loss of civil rights,
4445 including firearm rights, for any reason other than the

295021

3/4/2016 4:43 PM

Amendment No.

4446 particular adjudication of mental defectiveness or commitment to
4447 a mental institution from which relief is granted.

4448 e. Upon receipt of proper notice of relief from firearm
4449 disabilities granted under sub-subparagraph d., the department
4450 shall delete any mental health record of the person granted
4451 relief from the automated database of persons who are prohibited
4452 from purchasing a firearm based on court records of
4453 adjudications of mental defectiveness or commitments to mental
4454 institutions.

4455 f. The department is authorized to disclose data collected
4456 pursuant to this subparagraph to agencies of the Federal
4457 Government and other states for use exclusively in determining
4458 the lawfulness of a firearm sale or transfer. The department is
4459 also authorized to disclose this data to the Department of
4460 Agriculture and Consumer Services for purposes of determining
4461 eligibility for issuance of a concealed weapons or concealed
4462 firearms license and for determining whether a basis exists for
4463 revoking or suspending a previously issued license pursuant to
4464 s. 790.06(10). When a potential buyer or transferee appeals a
4465 nonapproval based on these records, the clerks of court and
4466 mental institutions shall, upon request by the department,
4467 provide information to help determine whether the potential
4468 buyer or transferee is the same person as the subject of the
4469 record. Photographs and any other data that could confirm or
4470 negate identity must be made available to the department for
4471 such purposes, notwithstanding any other provision of state law

295021

3/4/2016 4:43 PM

Amendment No.

4472 to the contrary. Any such information that is made confidential
4473 or exempt from disclosure by law shall retain such confidential
4474 or exempt status when transferred to the department.

4475 Section 89. Paragraph (a) of subsection (5) of section
4476 910.035, Florida Statutes, is amended to read:

4477 910.035 Transfer from county for plea, sentence, or
4478 participation in a problem-solving court.-

4479 (5) TRANSFER FOR PARTICIPATION IN A PROBLEM-SOLVING
4480 COURT.-

4481 (a) For purposes of this subsection, the term "problem-
4482 solving court" means a drug court pursuant to s. 948.01, s.
4483 948.06, s. 948.08, s. 948.16, or s. 948.20; a military veterans'
4484 and servicemembers' court pursuant to s. 394.47891, s. 948.08,
4485 s. 948.16, or s. 948.21; ~~or~~ a mental health court program
4486 pursuant to s. 394.47892, s. 948.01, s. 948.06, s. 948.08, or s.
4487 948.16; or a delinquency pretrial intervention court program
4488 pursuant to s. 985.345.

4489 Section 90. Section 916.185, Florida Statutes, is created
4490 to read:

4491 916.185 Forensic Hospital Diversion Pilot Program.-

4492 (1) LEGISLATIVE FINDINGS AND INTENT.-The Legislature finds
4493 that many jail inmates who have serious mental illnesses and who
4494 are committed to state forensic mental health treatment
4495 facilities for restoration of competency to proceed could be
4496 served more effectively and at less cost in community-based
4497 alternative programs. The Legislature further finds that many

295021

3/4/2016 4:43 PM

Amendment No.

4498 people who have serious mental illnesses and who have been
4499 discharged from state forensic mental health treatment
4500 facilities could avoid returning to the criminal justice and
4501 forensic mental health systems if they received specialized
4502 treatment in the community. Therefore, it is the intent of the
4503 Legislature to create the Forensic Hospital Diversion Pilot
4504 Program to serve offenders who have mental illnesses or co-
4505 occurring mental illnesses and substance use disorders and who
4506 are involved in or at risk of entering state forensic mental
4507 health treatment facilities, prisons, jails, or state civil
4508 mental health treatment facilities.

4509 (2) DEFINITIONS.—As used in this section, the term:

4510 (a) "Best practices" means treatment services that
4511 incorporate the most effective and acceptable interventions
4512 available in the care and treatment of offenders who are
4513 diagnosed as having mental illnesses or co-occurring mental
4514 illnesses and substance use disorders.

4515 (b) "Community forensic system" means the community mental
4516 health and substance use forensic treatment system, including
4517 the comprehensive set of services and supports provided to
4518 offenders involved in or at risk of becoming involved in the
4519 criminal justice system.

4520 (c) "Evidence-based practices" means interventions and
4521 strategies that, based on the best available empirical research,
4522 demonstrate effective and efficient outcomes in the care and
4523 treatment of offenders who are diagnosed as having mental

295021

3/4/2016 4:43 PM

Amendment No.

4524 illnesses or co-occurring mental illnesses and substance use
4525 disorders.

4526 (3) CREATION.—There is authorized a Forensic Hospital
4527 Diversion Pilot Program to provide competency-restoration and
4528 community-reintegration services in either a locked residential
4529 treatment facility when appropriate or a community-based
4530 facility based on considerations of public safety, the needs of
4531 the individual, and available resources.

4532 (a) The department may implement a Forensic Hospital
4533 Diversion Pilot Program modeled after the Miami-Dade Forensic
4534 Alternative Center, taking into account local needs and
4535 resources in Duval County, in conjunction with the Fourth
4536 Judicial Circuit in Duval County; in Broward County, in
4537 conjunction with the Seventeenth Judicial Circuit in Broward
4538 County; and in Miami-Dade County, in conjunction with the
4539 Eleventh Judicial Circuit in Miami-Dade County.

4540 (b) If the department elects to create and implement the
4541 program, the department shall include a comprehensive continuum
4542 of care and services that use evidence-based practices and best
4543 practices to treat offenders who have mental health and co-
4544 occurring substance use disorders.

4545 (c) The department and the corresponding judicial circuits
4546 may implement this section if existing resources are available
4547 to do so on a recurring basis. The department may request budget
4548 amendments pursuant to chapter 216 to realign funds between
4549 mental health services and community substance abuse and mental

295021

3/4/2016 4:43 PM

Amendment No.

4550 health services in order to implement this pilot program.

4551 (4) ELIGIBILITY.—Participation in the Forensic Hospital
4552 Diversion Pilot Program is limited to offenders who:

4553 (a) Are 18 years of age or older.

4554 (b) Are charged with a felony of the second degree or a
4555 felony of the third degree.

4556 (c) Do not have a significant history of violent criminal
4557 offenses.

4558 (d) Are adjudicated incompetent to proceed to trial or not
4559 guilty by reason of insanity pursuant to this part.

4560 (e) Meet public safety and treatment criteria established
4561 by the department for placement in a community setting.

4562 (f) Otherwise would be admitted to a state mental health
4563 treatment facility.

4564 (5) TRAINING.—The Legislature encourages the Florida
4565 Supreme Court, in consultation and cooperation with the Florida
4566 Supreme Court Task Force on Substance Abuse and Mental Health
4567 Issues in the Courts, to develop educational training for judges
4568 in the pilot program areas which focuses on the community
4569 forensic system.

4570 (6) RULEMAKING.—The department may adopt rules to
4571 administer this section.

4572 Section 91. Subsections (6) through (13) of section
4573 948.001, Florida Statutes, are renumbered as subsections (7)
4574 through (14), respectively, and a new subsection (6) is added to
4575 that section to read:

295021

3/4/2016 4:43 PM

Amendment No.

948.001 Definitions.—As used in this chapter, the term:

(6) "Mental health probation" means a form of specialized supervision that emphasizes mental health treatment and working with treatment providers to focus on underlying mental health disorders and compliance with a prescribed psychotropic medication regimen in accordance with individualized treatment plans. Mental health probation shall be supervised by officers with restricted caseloads who are sensitive to the unique needs of individuals with mental health disorders, and who will work in tandem with community mental health case managers assigned to the defendant. Caseloads of such officers should be restricted to a maximum of 50 cases per officer in order to ensure an adequate level of staffing and supervision.

Section 92. Subsection (8) is added to section 948.01, Florida Statutes, to read:

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

(8) (a) Notwithstanding s. 921.0024 and effective for offenses committed on or after July 1, 2016, the sentencing court may place the defendant into a postadjudicatory mental health court program if the offense is a nonviolent felony, the defendant is amenable to mental health treatment, including taking prescribed medications, and the defendant is otherwise qualified under s. 394.47892(4). The satisfactory completion of the program must be a condition of the defendant's probation or community control. As used in this subsection, the term

295021

3/4/2016 4:43 PM

Amendment No.

4602 "nonviolent felony" means a third degree felony violation under
4603 chapter 810 or any other felony offense that is not a forcible
4604 felony as defined in s. 776.08. Defendants charged with
4605 resisting an officer with violence under s. 843.01, battery on a
4606 law enforcement officer under s. 784.07, or aggravated assault
4607 may participate in the mental health court program if the court
4608 so orders after the victim is given his or her right to provide
4609 testimony or written statement to the court as provided in s.
4610 921.143.

4611 (b) The defendant must be fully advised of the purpose of
4612 the mental health court program and the defendant must agree to
4613 enter the program. The original sentencing court shall
4614 relinquish jurisdiction of the defendant's case to the
4615 postadjudicatory mental health court program until the defendant
4616 is no longer active in the program, the case is returned to the
4617 sentencing court due to the defendant's termination from the
4618 program for failure to comply with the terms thereof, or the
4619 defendant's sentence is completed.

4620 (c) The Department of Corrections may establish designated
4621 and trained mental health probation officers to support
4622 individuals under supervision of the mental health court
4623 program.

4624 Section 93. Paragraph (j) is added to subsection (2) of
4625 section 948.06, Florida Statutes, to read:

4626 948.06 Violation of probation or community control;
4627 revocation; modification; continuance; failure to pay

295021

3/4/2016 4:43 PM

Amendment No.

4628 restitution or cost of supervision.—

4629 (2)

4630 (j)1. Notwithstanding s. 921.0024 and effective for
4631 offenses committed on or after July 1, 2016, the court may order
4632 the offender to successfully complete a postadjudicatory mental
4633 health court program under s. 394.47892 or a military veterans
4634 and servicemembers court program under s. 394.47891 if:

4635 a. The court finds or the offender admits that the
4636 offender has violated his or her community control or probation;

4637 b. The underlying offense is a nonviolent felony. As used
4638 in this subsection, the term "nonviolent felony" means a third
4639 degree felony violation under chapter 810 or any other felony
4640 offense that is not a forcible felony as defined in s. 776.08.
4641 Offenders charged with resisting an officer with violence under
4642 s. 843.01, battery on a law enforcement officer under s. 784.07,
4643 or aggravated assault may participate in the mental health court
4644 program if the court so orders after the victim is given his or
4645 her right to provide testimony or written statement to the court
4646 as provided in s. 921.143;

4647 c. The court determines that the offender is amenable to
4648 the services of a postadjudicatory mental health court program,
4649 including taking prescribed medications, or a military veterans
4650 and servicemembers court program;

4651 d. The court explains the purpose of the program to the
4652 offender and the offender agrees to participate; and

4653 e. The offender is otherwise qualified to participate in a

295021

3/4/2016 4:43 PM

Amendment No.

4654 postadjudicatory mental health court program under s.
4655 394.47892(4) or a military veterans and servicemembers court
4656 program under s. 394.47891.

4657 2. After the court orders the modification of community
4658 control or probation, the original sentencing court shall
4659 relinquish jurisdiction of the offender's case to the
4660 postadjudicatory mental health court program until the offender
4661 is no longer active in the program, the case is returned to the
4662 sentencing court due to the offender's termination from the
4663 program for failure to comply with the terms thereof, or the
4664 offender's sentence is completed.

4665 Section 94. Subsection (8) of section 948.08, Florida
4666 Statutes, is renumbered as subsection (9), paragraph (a) of
4667 subsection (7) is amended, and a new subsection (8) is added to
4668 that section, to read:

4669 948.08 Pretrial intervention program.—

4670 (7) (a) Notwithstanding any provision of this section, a
4671 person who is charged with a felony, other than a felony listed
4672 in s. 948.06(8)(c), and identified as a veteran, as defined in
4673 s. 1.01, including a veteran who is discharged or released under
4674 a general discharge, or servicemember, as defined in s. 250.01,
4675 who suffers from a military service-related mental illness,
4676 traumatic brain injury, substance abuse disorder, or
4677 psychological problem, is eligible for voluntary admission into
4678 a pretrial veterans' treatment intervention program approved by
4679 the chief judge of the circuit, upon motion of either party or

295021

3/4/2016 4:43 PM

Amendment No.

4680 the court's own motion, except:

4681 1. If a defendant was previously offered admission to a
4682 pretrial veterans' treatment intervention program at any time
4683 before trial and the defendant rejected that offer on the
4684 record, the court may deny the defendant's admission to such a
4685 program.

4686 2. If a defendant previously entered a court-ordered
4687 veterans' treatment program, the court may deny the defendant's
4688 admission into the pretrial veterans' treatment program.

4689 (8) (a) Notwithstanding any provision of this section, a
4690 defendant is eligible for voluntary admission into a pretrial
4691 mental health court program established pursuant to s. 394.47892
4692 and approved by the chief judge of the circuit for a period to
4693 be determined by the court, based on the clinical needs of the
4694 defendant, upon motion of either party or the court's own motion
4695 if:

4696 1. The defendant is identified as having a mental illness;
4697 2. The defendant has not been convicted of a felony; and
4698 3. The defendant is charged with:

4699 a. A nonviolent felony that includes a third degree felony
4700 violation of chapter 810 or any other felony offense that is not
4701 a forcible felony as defined in s. 776.08;

4702 b. Resisting an officer with violence under s. 843.01, if
4703 the law enforcement officer and state attorney consent to the
4704 defendant's participation;

4705 c. Battery on a law enforcement officer under s. 784.07,

295021

3/4/2016 4:43 PM

Amendment No.

4706 if the law enforcement officer and state attorney consent to the
4707 defendant's participation; or

4708 d. Aggravated assault, if the victim and state attorney
4709 consent to the defendant's participation.

4710 (b) At the end of the pretrial intervention period, the
4711 court shall consider the recommendation of the program
4712 administrator and the recommendation of the state attorney as to
4713 disposition of the pending charges. The court shall determine,
4714 by written finding, whether the defendant has successfully
4715 completed the pretrial intervention program. If the court finds
4716 that the defendant has not successfully completed the pretrial
4717 intervention program, the court may order the person to continue
4718 in education and treatment, which may include a mental health
4719 program offered by a licensed service provider, as defined in s.
4720 394.455, or order that the charges revert to normal channels for
4721 prosecution. The court shall dismiss the charges upon a finding
4722 that the defendant has successfully completed the pretrial
4723 intervention program.

4724 Section 95. Subsections (3) and (4) of section 948.16,
4725 Florida Statutes, are renumbered as subsections (4) and (5),
4726 respectively, paragraph (a) of subsection (2) and present
4727 subsection (4) of that section are amended, and a new subsection
4728 (3) is added to that section, to read:

4729 948.16 Misdemeanor pretrial substance abuse education and
4730 treatment intervention program; misdemeanor pretrial veterans'
4731 treatment intervention program; misdemeanor pretrial mental

295021

3/4/2016 4:43 PM

Amendment No.

4732 health court program.—

4733 (2) (a) A veteran, as defined in s. 1.01, including a
4734 veteran who is discharged or released under a general discharge,
4735 or servicemember, as defined in s. 250.01, who suffers from a
4736 military service-related mental illness, traumatic brain injury,
4737 substance abuse disorder, or psychological problem, and who is
4738 charged with a misdemeanor is eligible for voluntary admission
4739 into a misdemeanor pretrial veterans' treatment intervention
4740 program approved by the chief judge of the circuit, for a period
4741 based on the program's requirements and the treatment plan for
4742 the offender, upon motion of either party or the court's own
4743 motion. However, the court may deny the defendant admission into
4744 a misdemeanor pretrial veterans' treatment intervention program
4745 if the defendant has previously entered a court-ordered
4746 veterans' treatment program.

4747 (3) A defendant who is charged with a misdemeanor and
4748 identified as having a mental illness is eligible for voluntary
4749 admission into a misdemeanor pretrial mental health court
4750 program established pursuant to s. 394.47892, approved by the
4751 chief judge of the circuit, for a period to be determined by the
4752 court, based on the clinical needs of the defendant, upon motion
4753 of either party or the court's own motion.

4754 ~~(5)-(4)~~ Any public or private entity providing a pretrial
4755 substance abuse education and treatment program or mental health
4756 court program under this section shall contract with the county
4757 or appropriate governmental entity. The terms of the contract

295021

3/4/2016 4:43 PM

Amendment No.

4758 shall include, but not be limited to, the requirements
4759 established for private entities under s. 948.15(3). This
4760 requirement does not apply to services provided by the
4761 Department of Veterans' Affairs or the United States Department
4762 of Veterans Affairs.

4763 Section 96. Section 948.21, Florida Statutes, is amended
4764 to read:

4765 948.21 Condition of probation or community control;
4766 military servicemembers and veterans.-

4767 (1) Effective for a probationer or community controllee
4768 whose crime is ~~was~~ committed on or after July 1, 2012, and who
4769 is a veteran, as defined in s. 1.01, or servicemember, as
4770 defined in s. 250.01, who suffers from a military service-
4771 related mental illness, traumatic brain injury, substance abuse
4772 disorder, or psychological problem, the court may, in addition
4773 to any other conditions imposed, impose a condition requiring
4774 the probationer or community controllee to participate in a
4775 treatment program capable of treating the probationer's
4776 ~~probationer~~ or community controllee's mental illness, traumatic
4777 brain injury, substance abuse disorder, or psychological
4778 problem.

4779 (2) Effective for a probationer or community controllee
4780 whose crime is committed on or after July 1, 2016, and who is a
4781 veteran, as defined in s. 1.01, including a veteran who is
4782 discharged or released under a general discharge, or
4783 servicemember, as defined in s. 250.01, who suffers from a

295021

3/4/2016 4:43 PM

Amendment No.

4784 military service-related mental illness, traumatic brain injury,
4785 substance abuse disorder, or psychological problem, the court
4786 may, in addition to any other conditions imposed, impose a
4787 condition requiring the probationer or community controllee to
4788 participate in a treatment program capable of treating the
4789 probationer or community controllee's mental illness, traumatic
4790 brain injury, substance abuse disorder, or psychological
4791 problem.

4792 (3) The court shall give preference to treatment programs
4793 for which the probationer or community controllee is eligible
4794 through the United States Department of Veterans Affairs or the
4795 Florida Department of Veterans' Affairs. The Department of
4796 Corrections is not required to spend state funds to implement
4797 this section.

4798 Section 97. Section 985.345, Florida Statutes, is amended
4799 to read:

4800 985.345 Delinquency pretrial intervention programs
4801 program.—

4802 (1)(a) Notwithstanding any other ~~provision of law to the~~
4803 ~~contrary~~, a child who is charged with a felony of the second or
4804 third degree for purchase or possession of a controlled
4805 substance under chapter 893; tampering with evidence;
4806 solicitation for purchase of a controlled substance; or
4807 obtaining a prescription by fraud, and who has not previously
4808 been adjudicated for a felony, is eligible for voluntary
4809 admission into a delinquency pretrial substance abuse education

295021

3/4/2016 4:43 PM

Amendment No.

4810 and treatment intervention program, including a treatment-based
4811 drug court program established pursuant to s. 397.334, approved
4812 by the chief judge or alternative sanctions coordinator of the
4813 circuit to the extent that funded programs are available, for a
4814 period based on the program requirements and the treatment
4815 services that are suitable for the offender, upon motion of
4816 either party or the court's own motion. However, if the state
4817 attorney believes that the facts and circumstances of the case
4818 suggest the child's involvement in the dealing and selling of
4819 controlled substances, the court shall hold a preadmission
4820 hearing. If the state attorney establishes by a preponderance of
4821 the evidence at such hearing that the child was involved in the
4822 dealing and selling of controlled substances, the court shall
4823 deny the child's admission into a delinquency pretrial
4824 intervention program.

4825 (b)(2) While enrolled in a delinquency pretrial
4826 intervention program authorized by this subsection ~~section~~, a
4827 child is subject to a coordinated strategy developed by a drug
4828 court team under s. 397.334(4). The coordinated strategy may
4829 include a protocol of sanctions that may be imposed upon the
4830 child for noncompliance with program rules. The protocol of
4831 sanctions may include, but is not limited to, placement in a
4832 substance abuse treatment program offered by a licensed service
4833 provider as defined in s. 397.311 or serving a period of secure
4834 detention under this chapter. The coordinated strategy must be
4835 provided in writing to the child before the child agrees to

295021

3/4/2016 4:43 PM

Amendment No.

4836 enter the pretrial treatment-based drug court program or other
4837 pretrial intervention program. A ~~Any~~ child whose charges are
4838 dismissed after successful completion of the treatment-based
4839 drug court program, if otherwise eligible, may have his or her
4840 arrest record and plea of nolo contendere to the dismissed
4841 charges expunged under s. 943.0585.

4842 ~~(c)(3)~~ At the end of the delinquency pretrial intervention
4843 period, the court shall consider the recommendation of the state
4844 attorney and the program administrator as to disposition of the
4845 pending charges. The court shall determine, by written finding,
4846 whether the child has successfully completed the delinquency
4847 pretrial intervention program. Notwithstanding the coordinated
4848 strategy developed by a drug court team pursuant to s.
4849 397.334(4), if the court finds that the child has not
4850 successfully completed the delinquency pretrial intervention
4851 program, the court may order the child to continue in an
4852 education, treatment, or drug testing ~~urine monitoring~~ program
4853 if resources and funding are available or order that the charges
4854 revert to normal channels for prosecution. The court may dismiss
4855 the charges upon a finding that the child has successfully
4856 completed the delinquency pretrial intervention program.

4857 (2) (a) Notwithstanding any other law, a child who has been
4858 identified as having a mental illness and who has not been
4859 previously adjudicated for a felony is eligible for voluntary
4860 admission into a delinquency pretrial mental health court
4861 intervention program, established pursuant to s. 394.47892,

295021

3/4/2016 4:43 PM

Amendment No.

4862 approved by the chief judge of the circuit, for a period to be
4863 determined by the court, based on the clinical needs of the
4864 child, upon motion of either party or the court's own motion if
4865 the child is charged with:

4866 1. A misdemeanor;

4867 2. A nonviolent felony, as defined in s. 948.01(8);

4868 3. Resisting an officer with violence under s. 843.01, if
4869 the law enforcement officer and state attorney consent to the
4870 child's participation;

4871 4. Battery on a law enforcement officer under 784.07, if
4872 the law enforcement officer and state attorney consent to the
4873 child's participation; or

4874 5. Aggravated assault, if the victim and state attorney
4875 consent to the child's participation.

4876 (b) At the end of the delinquency pretrial mental health
4877 court intervention period, the court shall consider the
4878 recommendation of the state attorney and the program
4879 administrator as to disposition of the pending charges. The
4880 court shall determine, by written finding, whether the child has
4881 successfully completed the program. If the court finds that the
4882 child has not successfully completed the program, the court may
4883 order the child to continue in an education, treatment, or
4884 monitoring program if resources and funding are available or
4885 order that the charges revert to normal channels for
4886 prosecution. The court may dismiss the charges upon a finding
4887 that the child has successfully completed the program.

295021

3/4/2016 4:43 PM

Amendment No.

4888 (c) A child whose charges are dismissed after successful
4889 completion of the delinquency pretrial mental health court
4890 intervention program, if otherwise eligible, may have his or her
4891 criminal history record for such charges expunged under s.
4892 943.0585.

4893 (3)(4) Any entity, whether public or private, providing
4894 pretrial substance abuse education, treatment intervention, drug
4895 testing, or a mental health court ~~and a urine monitoring~~ program
4896 under this section must contract with the county or appropriate
4897 governmental entity, and the terms of the contract must include,
4898 but need not be limited to, the requirements established for
4899 private entities under s. 948.15(3). It is the intent of the
4900 Legislature that public or private entities providing substance
4901 abuse education and treatment intervention programs involve the
4902 active participation of parents, schools, churches, businesses,
4903 law enforcement agencies, and the department or its contract
4904 providers.

4905 Section 98. For the purpose of incorporating the
4906 amendments made by this act to sections 948.01 and 948.06,
4907 Florida Statutes, in references thereto, paragraph (a) of
4908 subsection (3) and subsection (5) of section 397.334, Florida
4909 Statutes, are reenacted to read:

4910 397.334 Treatment-based drug court programs.—

4911 (3) (a) Entry into any postadjudicatory treatment-based
4912 drug court program as a condition of probation or community
4913 control pursuant to s. 948.01, s. 948.06, or s. 948.20 must be

295021

3/4/2016 4:43 PM

Amendment No.

4914 based upon the sentencing court's assessment of the defendant's
4915 criminal history, substance abuse screening outcome, amenability
4916 to the services of the program, total sentence points, the
4917 recommendation of the state attorney and the victim, if any, and
4918 the defendant's agreement to enter the program.

4919 (5) Treatment-based drug court programs may include
4920 pretrial intervention programs as provided in ss. 948.08,
4921 948.16, and 985.345, treatment-based drug court programs
4922 authorized in chapter 39, postadjudicatory programs as provided
4923 in ss. 948.01, 948.06, and 948.20, and review of the status of
4924 compliance or noncompliance of sentenced offenders through a
4925 treatment-based drug court program. While enrolled in a
4926 treatment-based drug court program, the participant is subject
4927 to a coordinated strategy developed by a drug court team under
4928 subsection (4). The coordinated strategy may include a protocol
4929 of sanctions that may be imposed upon the participant for
4930 noncompliance with program rules. The protocol of sanctions may
4931 include, but is not limited to, placement in a substance abuse
4932 treatment program offered by a licensed service provider as
4933 defined in s. 397.311 or in a jail-based treatment program or
4934 serving a period of secure detention under chapter 985 if a
4935 child or a period of incarceration within the time limits
4936 established for contempt of court if an adult. The coordinated
4937 strategy must be provided in writing to the participant before
4938 the participant agrees to enter into a treatment-based drug
4939 court program.

295021

3/4/2016 4:43 PM

Amendment No.

4940 Section 99. For the purpose of incorporating the amendment
4941 made by this act to section 948.06, Florida Statutes, in a
4942 reference thereto, paragraph (b) of subsection (2) of section
4943 948.012, Florida Statutes, is reenacted to read:

4944 948.012 Split sentence of probation or community control
4945 and imprisonment.—

4946 (2) The court may also impose a split sentence whereby the
4947 defendant is sentenced to a term of probation which may be
4948 followed by a period of incarceration or, with respect to a
4949 felony, into community control, as follows:

4950 (b) If the offender does not meet the terms and conditions
4951 of probation or community control, the court may revoke, modify,
4952 or continue the probation or community control as provided in s.
4953 948.06. If the probation or community control is revoked, the
4954 court may impose any sentence that it could have imposed at the
4955 time the offender was placed on probation or community control.
4956 The court may not provide credit for time served for any portion
4957 of a probation or community control term toward a subsequent
4958 term of probation or community control. However, the court may
4959 not impose a subsequent term of probation or community control
4960 which, when combined with any amount of time served on preceding
4961 terms of probation or community control for offenses pending
4962 before the court for sentencing, would exceed the maximum
4963 penalty allowable as provided in s. 775.082. Such term of
4964 incarceration shall be served under applicable law or county
4965 ordinance governing service of sentences in state or county

295021

3/4/2016 4:43 PM

Amendment No.

4966 jurisdiction. This paragraph does not prohibit any other
4967 sanction provided by law.

4968 Section 100. The provisions of this act shall supersede
4969 and control over any conflicting provisions adopted in House
4970 Bill 439 or Senate Bill 604, 2016 Regular Session, to the extent
4971 of such conflict, if either bill becomes a law.

4972 Section 101. This act shall take effect July 1, 2016.

4973
4974 -----

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

4975
4976 Remove everything before the enacting clause and insert:

4977 A bill to be entitled
4978 An act relating to mental health and substance abuse;
4979 amending s. 29.004, F.S.; including services provided
4980 to treatment-based mental health programs within case
4981 management funded from state revenues as an element of
4982 the state courts system; amending s. 39.01, F.S.;
4983 defining a term; amending s. 39.407, F.S.; requiring
4984 assessment findings to be provided to the plan that is
4985 financially responsible for a child's care in
4986 residential treatment under certain circumstances;
4987 amending s. 394.453, F.S.; revising legislative
4988 intent; amending s. 394.4573, F.S.; requiring the
4989 Department of Children and Families to submit a
4990 certain assessment to the Governor and Legislature by
4991 a specified date; redefining terms; providing

295021

3/4/2016 4:43 PM

Amendment No.

4992 essential elements of a coordinated system of care;
4993 providing requirements for the department's annual
4994 assessment; authorizing the department to award
4995 certain grants; deleting duties and measures of the
4996 department regarding continuity of care management
4997 systems; amending s. 394.461, F.S.; creating a
4998 designated receiving system that functions as a no-
4999 wrong-door model, based on certain receiving system
5000 models; authorizing, rather than requiring, the
5001 department to adopt rules to implement the designated
5002 receiving system; repealing s. 394.675, F.S., relating
5003 to the substance abuse and mental health service
5004 system; amending ss. 394.75 and 394.76, F.S.;
5005 conforming provisions and cross-references to changes
5006 made by the act; amending s. 394.4597, F.S.; revising
5007 the prioritization of health care surrogates to be
5008 selected for involuntary patients; specifying certain
5009 persons who are prohibited from being selected as an
5010 individual's representative; amending s. 394.4598,
5011 F.S.; specifying certain persons who are prohibited
5012 from being appointed as a person's guardian advocate;
5013 amending s. 394.462, F.S.; requiring that counties
5014 develop and implement transportation plans; providing
5015 requirements for the plans; revising requirements for
5016 transportation to receiving facilities and treatment
5017 facilities; revising exceptions to such requirements;

295021

3/4/2016 4:43 PM

Amendment No.

5018 amending s. 394.467, F.S.; revising criteria for
5019 involuntary inpatient placement; requiring a facility
5020 filing a petition for involuntary inpatient placement
5021 to send a copy to the department and managing entity;
5022 revising criteria for a hearing on involuntary
5023 inpatient placement; revising criteria for a procedure
5024 for continued involuntary inpatient services;
5025 specifying requirements for a certain waiver of the
5026 patient's attendance at a hearing; requiring the court
5027 to consider certain testimony and evidence regarding a
5028 patient's incompetence; amending s. 394.46715, F.S.;
5029 revising rulemaking authority of the department;
5030 amending s. 394.4685, F.S.; requiring a public
5031 receiving facility initiating a patient transfer to a
5032 licensed hospital for certain mental health services
5033 to provide notice and transfer patient records to the
5034 hospital; amending s. 394.656, F.S.; revising the
5035 membership of the Criminal Justice, Mental Health, and
5036 Substance Abuse Statewide Grant Review Committee;
5037 providing duties for the committee; authorizing a not-
5038 for-profit community provider or managing entity to
5039 apply for certain grants; revising eligibility for
5040 such grants; defining a term; creating s. 394.761,
5041 F.S.; authorizing the agency and the department to
5042 develop a plan for revenue maximization; requiring the
5043 plan to be submitted to the Legislature by a certain

295021

3/4/2016 4:43 PM

Amendment No.

5044 date; amending s. 394.879, F.S.; providing an
5045 exception for certain treatment and receiving
5046 facilities from Florida Building Code and Florida Fire
5047 Prevention Code standards; requiring the department to
5048 modify licensure rules and procedures to create an
5049 option for a single, consolidated license for certain
5050 providers by a specified date; amending s. 394.9082,
5051 F.S.; providing a purpose for behavioral health
5052 managing entities; revising definitions; providing
5053 duties of the department; requiring the department to
5054 revise its contracts with managing entities; providing
5055 duties for managing entities; providing requirements
5056 for network accreditation and systems coordination
5057 agreements; providing a funding mechanism for managing
5058 entities; renaming the Crisis Stabilization Services
5059 Utilization Database as the Acute Care Services
5060 Utilization Database and requiring certain substance
5061 abuse providers to provide utilization data; deleting
5062 provisions relating to legislative findings and
5063 intent, service delivery strategies, essential
5064 elements, reporting requirements, and rulemaking
5065 authority; amending s. 397.305; providing legislative
5066 intent; amending s. 397.311, F.S.; defining and
5067 redefining terms; conforming a cross-reference;
5068 amending s. 397.321, F.S.; deleting a requirement for
5069 the department to appoint a substance abuse impairment

295021

3/4/2016 4:43 PM

Amendment No.

5070 coordinator; requiring the department to develop
5071 certain forms, display such forms on its website, and
5072 notify certain entities of the existence and
5073 availability of such forms; amending s. 397.675, F.S.;
5074 revising the criteria for involuntary admissions due
5075 to substance abuse or co-occurring mental health
5076 disorders; amending s. 397.6751, F.S.; requiring the
5077 service provider to submit certain documents to the
5078 department within a specified time when a person is
5079 involuntarily admitted; amending s. 397.6772, F.S.;
5080 requiring law enforcement officers to use standard
5081 forms developed by the department to execute a written
5082 report detailing the circumstances under which a
5083 person was taken into custody under the Hal S.
5084 Marchman Alcohol and Other Drug Services Act; amending
5085 s. 397.6773, F.S.; revising a cross-reference;
5086 amending s. 397.679, F.S.; authorizing specified
5087 licensed professionals to complete a certificate for
5088 the involuntary admission of an individual; amending
5089 s. 397.6791, F.S.; providing a list of professionals
5090 authorized to initiate a certificate for an emergency
5091 assessment or admission of a person with a substance
5092 abuse disorder; amending s. 397.6793, F.S.; revising
5093 the criteria for initiation of a certificate for an
5094 emergency admission for a person who is substance
5095 abuse impaired; amending s. 397.6795, F.S.; revising

295021

3/4/2016 4:43 PM

Amendment No.

5096 the list of persons authorized to deliver a person for
5097 an emergency assessment; amending s. 397.681, F.S.;
5098 prohibiting the court from charging a fee for
5099 involuntary petitions; amending s. 397.6811, F.S.;
5100 revising the list of persons authorized to file a
5101 petition for an involuntary assessment and
5102 stabilization; amending s. 397.6814, F.S.; prohibiting
5103 a fee from being charged for the filing of a petition
5104 for involuntary assessment and stabilization; amending
5105 s. 397.6818, F.S.; limiting the validity of an order
5106 for involuntary admission to 7 days after it is signed
5107 unless otherwise specified in the order; amending s.
5108 397.6819, F.S.; revising the responsibilities of
5109 service providers who admit an individual for an
5110 involuntary assessment and stabilization; requiring a
5111 managing entity to be notified of certain
5112 recommendations; amending s. 397.695, F.S.;
5113 authorizing certain persons to file a petition for
5114 involuntary outpatient services of an individual;
5115 providing procedures and requirements for such
5116 petitions; amending s. 397.6951, F.S.; requiring that
5117 certain additional information be included in a
5118 petition for involuntary outpatient services; amending
5119 s. 397.6955, F.S.; requiring a court to fulfill
5120 certain additional duties upon the filing of a
5121 petition for involuntary outpatient services; amending

295021

3/4/2016 4:43 PM

Amendment No.

5122 s. 397.6957, F.S.; providing additional requirements
5123 for a hearing on a petition for involuntary outpatient
5124 services; amending s. 397.697, F.S.; authorizing a
5125 court to make a determination of involuntary
5126 outpatient services; authorizing a court to order a
5127 respondent to undergo treatment through a publicly or
5128 privately funded licensed service provider under
5129 certain circumstances; prohibiting a court from
5130 ordering involuntary outpatient services under certain
5131 circumstances; requiring the service provider to
5132 document certain inquiries; requiring the managing
5133 entity to document certain efforts; requiring a copy
5134 of the court's order to be sent to the department and
5135 managing entity; providing procedures for
5136 modifications to such orders; amending s. 397.6971,
5137 F.S.; establishing the requirements for an early
5138 release from involuntary outpatient services; amending
5139 s. 397.6975, F.S.; requiring the court to appoint
5140 certain counsel; providing requirements for hearings
5141 on petitions for continued involuntary outpatient
5142 services; requiring notice of such hearings; amending
5143 s. 397.6977, F.S.; conforming provisions to changes
5144 made by the act; creating s. 397.6978, F.S.; providing
5145 for the appointment of guardian advocates if an
5146 individual is found incompetent to consent to
5147 treatment; prohibiting specified persons from being

295021

3/4/2016 4:43 PM

Amendment No.

5148 appointed as an individual's guardian advocate;
5149 providing requirements for a facility requesting the
5150 appointment of a guardian advocate; requiring a
5151 training course for guardian advocates; providing
5152 requirements for the training course; providing
5153 requirements for the prioritization of individuals to
5154 be selected as guardian advocates; authorizing certain
5155 guardian advocates to consent to medical treatment;
5156 providing exceptions; providing procedures for the
5157 discharge of a guardian advocate; amending s. 409.967,
5158 F.S.; requiring managed care plans to provide for
5159 quality care; amending s. 409.973, F.S.; providing an
5160 integrated behavioral health initiative; amending s.
5161 491.0045, F.S.; revising registration requirements for
5162 interns; repealing s. 394.4674, F.S., relating to the
5163 comprehensive plan and report on the
5164 deinstitutionalization of patients in a treatment
5165 facility; repealing s. 394.4985, F.S., relating to the
5166 implementation of a districtwide information and
5167 referral network; repealing s. 394.745, F.S., relating
5168 to the annual report on the compliance of providers
5169 under contract with the department; repealing s.
5170 397.331, F.S., relating to definitions and legislative
5171 intent; repealing part IX of chapter 397, F.S.,
5172 consisting of ss. 397.801, 397.811, and 397.821, F.S.,
5173 relating to substance abuse impairment coordination,

295021

3/4/2016 4:43 PM

Amendment No.

5174 juvenile substance abuse impairment coordination, and
5175 juvenile substance abuse impairment prevention and
5176 early intervention councils, respectively; repealing
5177 s. 397.901, F.S., relating to prototype juvenile
5178 addictions receiving facilities; repealing s. 397.93,
5179 F.S., relating to target populations for children's
5180 substance abuse services; repealing s. 397.94, F.S.,
5181 relating to the information and referral network for
5182 children's substance abuse services; repealing s.
5183 397.951, F.S., relating to substance abuse treatment
5184 and sanctions; repealing s. 397.97, F.S., relating to
5185 demonstration models for children's substance abuse
5186 services; repealing s. 397.98, F.S., relating to
5187 utilization management for children's substance abuse
5188 services; amending ss. 39.407, 212.055, 394.4599,
5189 394.495, 394.496, 394.9085, 397.321, 397.405, 397.407,
5190 397.416, 397.4871, 409.966, 409.972, 440.102, and
5191 744.704, F.S.; conforming cross-references; requiring
5192 the Secretary of Children and Families to appoint a
5193 workgroup on the use of advance directives for
5194 substance use disorders; requiring a report to the
5195 Governor and Legislature by a specified date;
5196 providing for expiration of the workgroup; amending s.
5197 61.13, F.S.; providing that a parenting plan that
5198 provides for shared parental responsibility over
5199 health care decisions must authorize either parent to

295021

3/4/2016 4:43 PM

Amendment No.

5200 consent to mental health treatment for the child;
5201 amending ss. 39.001, 39.507, and 39.521, F.S.;
5202 conforming provisions to changes made by the act;
5203 amending s. 394.4655, F.S.; defining the terms "court"
5204 and "criminal county court" for purposes of
5205 involuntary outpatient placement; conforming
5206 provisions to changes made by the act; amending ss.
5207 394.4599 and 394.463, F.S.; conforming provisions to
5208 changes made by the act; conforming cross-references;
5209 amending s. 394.455 and 394.4615, F.S.; conforming
5210 cross-references; amending s. 394.47891, F.S.;
5211 expanding eligibility for military veterans and
5212 servicemembers court programs; creating s. 394.47892,
5213 F.S.; authorizing the creation of treatment-based
5214 mental health court programs; providing for
5215 eligibility; providing program requirements; providing
5216 for an advisory committee; amending s. 790.065, F.S.;
5217 conforming a provision to changes made by the act;
5218 amending s. 910.035, F.S.; revising the definition of
5219 the term "problem-solving court"; creating s. 916.185,
5220 F.S.; creating the Forensic Hospital Diversion Pilot
5221 Program; providing legislative findings and intent;
5222 providing definitions; authorizing the Department of
5223 Children and Families to implement a Forensic Hospital
5224 Diversion Pilot Program in specified judicial
5225 circuits; authorizing the department to request

295021

3/4/2016 4:43 PM

Amendment No.

5226 specified budget amendments; providing for eligibility
5227 for the program; providing legislative intent
5228 concerning training; authorizing rulemaking; amending
5229 s. 948.001, F.S.; defining the term "mental health
5230 probation"; amending ss. 948.01 and 948.06, F.S.;
5231 authorizing courts to order certain offenders on
5232 probation or community control to postadjudicatory
5233 mental health court programs; amending s. 948.08,
5234 F.S.; expanding eligibility requirements for certain
5235 pretrial intervention programs; providing for
5236 voluntary admission into a pretrial mental health
5237 court program; amending s. 948.16, F.S.; expanding
5238 eligibility of veterans for a misdemeanor pretrial
5239 veterans' treatment intervention program; providing
5240 eligibility of misdemeanor defendants for a
5241 misdemeanor pretrial mental health court program;
5242 amending s. 948.21, F.S.; expanding veterans'
5243 eligibility for participating in treatment programs
5244 while on court-ordered probation or community control;
5245 amending s. 985.345, F.S.; authorizing delinquency
5246 pretrial mental health court intervention programs for
5247 certain juvenile offenders; providing for disposition
5248 of pending charges after completion of the program;
5249 authorizing expunction of specified criminal history
5250 records after successful completion of the program;
5251 reenacting s. 397.334(3)(a) and (5), F.S., relating to

295021

3/4/2016 4:43 PM

Amendment No.

5252 treatment-based drug court programs, to incorporate
5253 the amendments made by the act to ss. 948.01 and
5254 948.06, F.S., in references thereto; reenacting s.
5255 948.012(2)(b), F.S., relating to split sentence
5256 probation or community control and imprisonment, to
5257 incorporate the amendment made by the act to s.
5258 948.06, F.S., in a reference thereto; providing for
5259 provisions of the act to supersede and control over
5260 any conflicting provisions of specified bills;
5261 providing an effective date.

295021

3/4/2016 4:43 PM