

Amendment No.

CHAMBER ACTION

Senate

House

.

---

1 Representative Harrell offered the following:

2  
3 **Amendment to Amendment (397419)**

4 Remove lines 139-2346 and insert:

5 394.9082(5). Beginning in 2017, the department shall compile and  
6 include in the report all plans submitted by managing entities  
7 pursuant to s. 394.9082(8) and the department's evaluation of  
8 each plan.

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

10 (a) "Care coordination" means intensive activities  
11 undertaken across systems and providers to facilitate the  
12 delivery of treatment services and recovery supports to  
13 individuals with complex needs who are not yet effectively  
14 connected with such services and supports.

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

15 ~~(b)(a)~~ "Case management" means those direct services  
16 provided to a client in order to assess his or her activities  
17 ~~aimed at assessing client needs, plan or arrange planning~~  
18 ~~services, coordinate service providers, link linking the service~~  
19 ~~system to a client, monitor coordinating the various system~~  
20 ~~components, monitoring service delivery, and evaluate patient~~  
21 outcomes evaluating the effect of service delivery.

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

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

29 ~~(c)(d)~~ "Coordinated system ~~Continuity of care management~~  
30 ~~system" means a system that assures, within available resources,~~  
31 ~~that clients have access to the full array of behavioral and~~  
32 related services in a region or community offered by all service  
33 providers, whether participating under contract with the  
34 managing entity or by another method of community partnership or  
35 mutual agreement within the mental health services delivery  
36 system.

37 (d) "No-wrong-door model" means a model for the delivery  
38 of acute care services to persons who have mental health or  
39 substance use disorders, or both, which optimizes access to  
40 care, regardless of the entry point to the behavioral health

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

41 care system.

42 (2) The essential elements of a coordinated system of care  
43 include:

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

47 (b) A designated receiving system that consists of one or  
48 more facilities serving a defined geographic area and  
49 responsible for assessment and evaluation, both voluntary and  
50 involuntary, and treatment or triage of patients who have a  
51 mental health or substance use disorder, or co-occurring  
52 disorders.

53 1. A county or several counties shall plan the designated  
54 receiving system using a process that includes the managing  
55 entity and is open to participation by individuals with  
56 behavioral health needs and their families, service providers,  
57 law enforcement agencies, and other parties. The county or  
58 counties, in collaboration with the managing entity, shall  
59 document the designated receiving system through written  
60 memoranda of agreement or other binding arrangements. The county  
61 or counties and the managing entity shall approve and implement  
62 the designated receiving system by July 1, 2017, and the county  
63 or counties and the managing entity shall review, update as  
64 necessary, and reapprove the designated receiving system at  
65 least once every 3 years.

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

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

72        a. A central receiving system that consists of a  
73 designated central receiving facility that serves as a single  
74 entry point for persons with mental health or substance use  
75 disorders, or co-occurring disorders. The central receiving  
76 facility shall be capable of assessment, evaluation, and triage  
77 or treatment of various conditions and circumstances.

78        b. A coordinated receiving system that consists of  
79 multiple entry points that are linked by shared data systems,  
80 formal referral agreements, and cooperative arrangements for  
81 care coordination and case management. Each entry point shall be  
82 a designated receiving facility and shall, within existing  
83 resources, provide or arrange for necessary services following  
84 an initial assessment and evaluation.

85        c. A tiered receiving system that consists of multiple  
86 entry points, some of which offer only specialized or limited  
87 services. Each service provider shall be classified according to  
88 its capabilities as either a designated receiving facility, or  
89 another type of service provider such as a triage center, or an  
90 access center. All participating service providers shall, within  
91 existing resources, be linked by methods to share data, formal

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

92 referral agreements, and cooperative arrangements for care  
93 coordination and case management.

94  
95 An accurate inventory of the participating service providers  
96 which specifies the capabilities and limitations of each  
97 provider and its ability to accept patients under the designated  
98 receiving system agreements and the transportation plan  
99 developed pursuant to this section shall be maintained and made  
100 available at all times to all first responders in the service  
101 area.

102 (c) Transportation in accordance with a plan developed  
103 under s. 394.462.

104 (d) Crisis services, including mobile response teams,  
105 crisis stabilization units, addiction receiving facilities, and  
106 detoxification facilities.

107 (e) Case management. Each case manager or person directly  
108 supervising a case manager who provides Medicaid-funded targeted  
109 case management services shall hold a valid certification from a  
110 department-approved credentialing entity as defined in s.  
111 397.311(9) by July 1, 2017, and within 6 months after hire  
112 thereafter.

113 (f) Care coordination that involves coordination with  
114 other local systems and entities, public and private, which are  
115 involved with the individual, such as primary care, child  
116 welfare, behavioral health care, and criminal and juvenile  
117 justice organizations. The department shall define the priority

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

118 populations for receiving care coordination. In defining the  
119 priority populations, the department shall take into account the  
120 availability of resources for that purpose and consider:

121 1. The number and duration of involuntary admissions  
122 within a specified time.

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

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

128 4. The degree of utilization of behavioral health  
129 services.

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

132 (g) Outpatient services.

133 (h) Residential services.

134 (i) Hospital inpatient care.

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

136 (k) Medication-assisted treatment and medication  
137 management.

138 (l) Recovery support, including, but not limited to,  
139 support for competitive employment, educational attainment,  
140 independent living skills development, family support and  
141 education, wellness management and self-care, and assistance in  
142 obtaining housing that meets the individual's needs. Such  
143 housing shall include mental health residential treatment

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

144 facilities, limited mental health assisted living facilities,  
145 adult family care homes, and supportive housing. Housing  
146 provided using state funds shall provide a safe and decent  
147 environment free from abuse and neglect. The care plan shall  
148 assign specific responsibility for initial and ongoing  
149 evaluation of the supervision and support needs of the  
150 individual and the identification of housing that meets such  
151 needs. For purposes of this paragraph, the term "supervision"  
152 means oversight of and assistance with compliance with the  
153 clinical aspects of an individual's care plan.

154 (3) Subject to a specific appropriation by the  
155 Legislature, the department may award system improvement grants  
156 to managing entities based on the submission of a detailed plan  
157 to enhance services, coordination, or performance measurement to  
158 address the needs identified in the department's assessment  
159 under this section. Such a grant must be awarded through a  
160 performance-based contract that links payments to the documented  
161 and measurable achievement of system improvements. The  
162 ~~department is directed to implement a continuity of care~~  
163 ~~management system for the provision of mental health care,~~  
164 ~~through the provision of client and case management, including~~  
165 ~~clients referred from state treatment facilities to community~~  
166 ~~mental health facilities. Such system shall include a network of~~  
167 ~~client managers and case managers throughout the state designed~~  
168 ~~to:~~

169 ~~(a) Reduce the possibility of a client's admission or~~

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

170 ~~readmission to a state treatment facility.~~

171 ~~(b) Provide for the creation or designation of an agency~~  
172 ~~in each county to provide single intake services for each person~~  
173 ~~seeking mental health services. Such agency shall provide~~  
174 ~~information and referral services necessary to ensure that~~  
175 ~~clients receive the most appropriate and least restrictive form~~  
176 ~~of care, based on the individual needs of the person seeking~~  
177 ~~treatment. Such agency shall have a single telephone number,~~  
178 ~~operating 24 hours per day, 7 days per week, where practicable,~~  
179 ~~at a central location, where each client will have a central~~  
180 ~~record.~~

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

184 ~~(d) Require that any public receiving facility initiating~~  
185 ~~a patient transfer to a licensed hospital for acute care mental~~  
186 ~~health services not accessible through the public receiving~~  
187 ~~facility shall notify the hospital of such transfer and send all~~  
188 ~~records relating to the emergency psychiatric or medical~~  
189 ~~condition.~~

190 ~~(3) The department is directed to develop and include in~~  
191 ~~contracts with service providers measures of performance with~~  
192 ~~regard to goals and objectives as specified in the state plan.~~  
193 ~~Such measures shall use, to the extent practical, existing data~~  
194 ~~collection methods and reports and shall not require, as a~~  
195 ~~result of this subsection, additional reports on the part of~~

388449

Approved For Filing: 3/3/2016 4:45:21 PM



Amendment No.

196 ~~service providers. The department shall plan monitoring visits~~  
197 ~~of community mental health facilities with other state, federal,~~  
198 ~~and local governmental and private agencies charged with~~  
199 ~~monitoring such facilities.~~

200 Section 6. Section 394.461, Florida Statutes, is amended  
201 to read:

202 394.461 Designation of receiving and treatment facilities  
203 and receiving systems.—The department is authorized to designate  
204 and monitor receiving facilities, ~~and~~ treatment facilities, and  
205 receiving systems and may suspend or withdraw such designation  
206 for failure to comply with this part and rules adopted under  
207 this part. Unless designated by the department, facilities are  
208 not permitted to hold or treat involuntary patients under this  
209 part.

210 (1) RECEIVING FACILITY.—The department may designate any  
211 community facility as a receiving facility. Any other facility  
212 within the state, including a private facility or a federal  
213 facility, may be so designated by the department, provided that  
214 such designation is agreed to by the governing body or authority  
215 of the facility.

216 (2) TREATMENT FACILITY.—The department may designate any  
217 state-owned, state-operated, or state-supported facility as a  
218 state treatment facility. A civil patient shall not be admitted  
219 to a state treatment facility without previously undergoing a  
220 transfer evaluation. Before a court hearing for involuntary  
221 placement in a state treatment facility, the court shall receive

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

222 and consider the information documented in the transfer  
223 evaluation. Any other facility, including a private facility or  
224 a federal facility, may be designated as a treatment facility by  
225 the department, provided that such designation is agreed to by  
226 the appropriate governing body or authority of the facility.

227 (3) PRIVATE FACILITIES.—Private facilities designated as  
228 receiving and treatment facilities by the department may provide  
229 examination and treatment of involuntary patients, as well as  
230 voluntary patients, and are subject to all the provisions of  
231 this part.

232 (4) REPORTING REQUIREMENTS.—

233 (a) A facility designated as a public receiving or  
234 treatment facility under this section shall report to the  
235 department on an annual basis the following data, unless these  
236 data are currently being submitted to the Agency for Health Care  
237 Administration:

- 238 1. Number of licensed beds.
- 239 2. Number of contract days.
- 240 3. Number of admissions by payor class and diagnoses.
- 241 4. Number of bed days by payor class.
- 242 5. Average length of stay by payor class.
- 243 6. Total revenues by payor class.

244 (b) For the purposes of this subsection, "payor class"  
245 means Medicare, Medicare HMO, Medicaid, Medicaid HMO, private-  
246 pay health insurance, private-pay health maintenance  
247 organization, private preferred provider organization, the

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

248 Department of Children and Families, other government programs,  
249 self-pay patients, and charity care.

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

255 (d) The department shall issue an annual report based on  
256 the data required pursuant to this subsection. The report shall  
257 include individual facilities' data, as well as statewide  
258 totals. The report shall be submitted to the Governor, the  
259 President of the Senate, and the Speaker of the House of  
260 Representatives.

261 (5) RECEIVING SYSTEM.—The department may designate as a  
262 receiving system one or more facilities serving a defined  
263 geographic area developed pursuant to s. 394.4573 that is  
264 responsible for assessment and evaluation, both voluntary and  
265 involuntary, and treatment or triage for patients who present  
266 with mental illness, substance use disorder, or co-occurring  
267 disorders. Any transportation plans developed pursuant to s.  
268 394.462 must support the operation of the receiving system.

269 (6)-(5) RULES.—The department may ~~shall~~ adopt rules  
270 relating to:

271 (a) Procedures and criteria for receiving and evaluating  
272 facility applications for designation, which may include onsite  
273 facility inspection and evaluation of an applicant's licensing

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

274 status and performance history, as well as consideration of  
275 local service needs.

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

280 (c) Procedures and criteria for designating receiving  
281 systems, which may include consideration of the adequacy of  
282 services provided by facilities within the receiving system to  
283 meet the needs of the geographic area within available  
284 resources.

285 (d)-(e) Procedures for receiving complaints against a  
286 designated facility or designated receiving system and for  
287 initiating inspections and investigations of facilities or  
288 receiving systems alleged to have violated the provisions of  
289 this part or rules adopted under this part.

290 (e)-(d) Procedures and criteria for the suspension or  
291 withdrawal of designation as a receiving facility or receiving  
292 system.

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

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

296 394.75 State and district substance abuse and mental  
297 health plans.—

298 (3) The district health and human services board shall  
299 prepare an integrated district substance abuse and mental health

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

300 plan. The plan shall be prepared and updated on a schedule  
301 established by the Alcohol, Drug Abuse, and Mental Health  
302 Program Office. The plan shall reflect the needs and program  
303 priorities established by the department and the needs of the  
304 district established under ss. 394.4573 and 394.674 and ~~394.675~~.

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

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

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

312 (c) A record of the amount of money allocated for each  
313 service identified in the plan as being purchased with state  
314 funds.

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

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

319 (f) Input from community-based persons, organizations, and  
320 agencies interested in substance abuse and mental health  
321 treatment services; local government entities that contribute  
322 funds to the public substance abuse and mental health treatment  
323 systems; and consumers of publicly funded substance abuse and  
324 mental health services, and their family members. The plan must  
325 describe the means by which this local input occurred.

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

326  
327 The plan shall be submitted by the district board to the  
328 district administrator and to the governing bodies for review,  
329 comment, and approval.

330 (4) The district plan shall:

331 (b) Provide the means for meeting the needs of the  
332 district's eligible clients, specified in ss. 394.4573 and  
333 394.674 and ~~394.675~~, for substance abuse and mental health  
334 services.

335 Section 9. Paragraph (a) of subsection (3) of section  
336 394.76, Florida Statutes, is amended to read:

337 394.76 Financing of district programs and services.—If the  
338 local match funding level is not provided in the General  
339 Appropriations Act or the substantive bill implementing the  
340 General Appropriations Act, such funding level shall be provided  
341 as follows:

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

344 (a) The state share of approved program costs shall be a  
345 percentage of the net balance determined by deducting from the  
346 total operating cost of services and programs, as specified in  
347 s. 394.4573 ~~394.675(1)~~, those expenditures which are ineligible  
348 for state participation as provided in subsection (7) and those  
349 ineligible expenditures established by rule of the department  
350 pursuant to s. 394.78.

351 Section 10. Paragraphs (d) and (e) of subsection (2) of

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

352 section 394.4597, Florida Statutes, are amended to read:

353 394.4597 Persons to be notified; patient's  
354 representative.—

355 (2) INVOLUNTARY PATIENTS.—

356 (d) When the receiving or treatment facility selects a  
357 representative, first preference shall be given to a health care  
358 surrogate, if one has been previously selected by the patient.  
359 If the patient has not previously selected a health care  
360 surrogate, the selection, except for good cause documented in  
361 the patient's clinical record, shall be made from the following  
362 list in the order of listing:

- 363 1. The patient's spouse.
- 364 2. An adult child of the patient.
- 365 3. A parent of the patient.
- 366 4. The adult next of kin of the patient.
- 367 5. An adult friend of the patient.
- 368 ~~6. The appropriate Florida local advocacy council as~~  
369 ~~provided in s. 402.166.~~

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

- 372 1. A professional providing clinical services to the  
373 patient under this part.
- 374 2. The licensed professional who initiated the involuntary  
375 examination of the patient, if the examination was initiated by  
376 professional certificate.
- 377 3. An employee, an administrator, or a board member of the

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

378 facility providing the examination of the patient.

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

381 5. A person providing any substantial professional  
382 services to the patient, including clinical services.

383 6. A creditor of the patient.

384 7. A person subject to an injunction for protection  
385 against domestic violence under s. 741.30, whether the order of  
386 injunction is temporary or final, and for which the patient was  
387 the petitioner.

388 8. A person subject to an injunction for protection  
389 against repeat violence, stalking, sexual violence, or dating  
390 violence under s. 784.046, whether the order of injunction is  
391 temporary or final, and for which the patient was the petitioner  
392 ~~A licensed professional providing services to the patient under~~  
393 ~~this part, an employee of a facility providing direct services~~  
394 ~~to the patient under this part, a department employee, a person~~  
395 ~~providing other substantial services to the patient in a~~  
396 ~~professional or business capacity, or a creditor of the patient~~  
397 ~~shall not be appointed as the patient's representative.~~

398 Section 11. Subsections (2) through (7) of section  
399 394.4598, Florida Statutes, are renumbered as subsections (3)  
400 through (8), respectively, a new subsection (2) is added to that  
401 section, and present subsections (3) and (4) of that section are  
402 amended, to read:

403 394.4598 Guardian advocate.—

388449

Approved For Filing: 3/3/2016 4:45:21 PM



Amendment No.

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

406 (a) A professional providing clinical services to the  
407 patient under this part.

408 (b) The licensed professional who initiated the  
409 involuntary examination of the patient, if the examination was  
410 initiated by professional certificate.

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

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

415 (e) A person providing any substantial professional  
416 services, excluding public and professional guardians, to the  
417 patient, including clinical services.

418 (f) A creditor of the patient.

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

423 (h) A person subject to an injunction for protection  
424 against repeat violence, stalking, sexual violence, or dating  
425 violence under s. 784.046, whether the order of injunction is  
426 temporary or final, and for which the patient was the  
427 petitioner.

428 (4)-(3) In lieu of the training required of guardians  
429 appointed pursuant to chapter 744, Prior to a guardian advocate

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

430 must, at a minimum, participate in a 4-hour training course  
431 approved by the court before exercising his or her authority,  
432 ~~the guardian advocate shall attend a training course approved by~~  
433 ~~the court. At a minimum, this training course, of not less than~~  
434 ~~4 hours, must include, at minimum, information about the patient~~  
435 ~~rights, psychotropic medications, the diagnosis of mental~~  
436 ~~illness, the ethics of medical decisionmaking, and duties of~~  
437 ~~guardian advocates. This training course shall take the place of~~  
438 ~~the training required for guardians appointed pursuant to~~  
439 ~~chapter 744.~~

440 (5)(4) The required training course and the information to  
441 be supplied to prospective guardian advocates before prior to  
442 their appointment and the training course for guardian advocates  
443 must be developed and completed through a course developed by  
444 the department, and approved by the chief judge of the circuit  
445 court, and taught by a court-approved organization, which-  
446 ~~Court-approved organizations may include, but is are not limited~~  
447 ~~to, a community college community or junior colleges, a~~  
448 ~~guardianship organization guardianship organizations, a and the~~  
449 ~~local bar association, or The Florida Bar. The training course~~  
450 ~~may be web-based, provided in video format, or other electronic~~  
451 ~~means but must be capable of ensuring the identity and~~  
452 ~~participation of the prospective guardian advocate. The court~~  
453 ~~may, in its discretion, waive some or all of the training~~  
454 ~~requirements for guardian advocates or impose additional~~  
455 ~~requirements. The court shall make its decision on a case-by-~~

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

456 case basis and, in making its decision, shall consider the  
457 experience and education of the guardian advocate, the duties  
458 assigned to the guardian advocate, and the needs of the patient.

459 Section 12. Section 394.462, Florida Statutes, is amended  
460 to read:

461 394.462 Transportation.—A transportation plan shall be  
462 developed and implemented by each county by July 1, 2017, in  
463 collaboration with the managing entity in accordance with this  
464 section. A county may enter into a memorandum of understanding  
465 with the governing boards of nearby counties to establish a  
466 shared transportation plan. When multiple counties enter into a  
467 memorandum of understanding for this purpose, the counties shall  
468 notify the managing entity and provide it with a copy of the  
469 agreement. The transportation plan shall describe methods of  
470 transport to a facility within the designated receiving system  
471 for individuals subject to involuntary examination under s.  
472 394.463 or involuntary admission under s. 397.6772, s. 397.679,  
473 s. 397.6798, or s. 397.6811, and may identify responsibility for  
474 other transportation to a participating facility when necessary  
475 and agreed to by the facility. The plan may rely on emergency  
476 medical transport services or private transport companies, as  
477 appropriate. The plan shall comply with the transportation  
478 provisions of this section and ss. 397.6772, 397.6795, 397.6822,  
479 and 397.697.

480 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

481 (a) Each county shall designate a single law enforcement  
482 agency within the county, or portions thereof, to take a person  
483 into custody upon the entry of an ex parte order or the  
484 execution of a certificate for involuntary examination by an  
485 authorized professional and to transport that person to the  
486 appropriate facility within the designated receiving system  
487 pursuant to a transportation plan or an exception under  
488 subsection (4), or to the nearest receiving facility if neither  
489 apply for examination.

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

492 ~~a.1.~~ The jurisdiction designated by the county has  
493 contracted on an annual basis with an emergency medical  
494 transport service or private transport company for  
495 transportation of persons to receiving facilities pursuant to  
496 this section at the sole cost of the county; and

497 ~~b.2.~~ The law enforcement agency and the emergency medical  
498 transport service or private transport company agree that the  
499 continued presence of law enforcement personnel is not necessary  
500 for the safety of the person or others.

501 ~~2.3.~~ The entity providing transportation jurisdiction  
502 ~~designated by the county~~ may seek reimbursement for  
503 transportation expenses. The party responsible for payment for  
504 such transportation is the person receiving the transportation.  
505 The county shall seek reimbursement from the following sources  
506 in the following order:

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

507 a. From a private or public third-party payor ~~an insurance~~  
508 ~~company, health care corporation, or other source,~~ if the person  
509 receiving the transportation has applicable coverage ~~is covered~~  
510 ~~by an insurance policy or subscribes to a health care~~  
511 ~~corporation or other source for payment of such expenses.~~

512 b. From the person receiving the transportation.

513 c. From a financial settlement for medical care,  
514 treatment, hospitalization, or transportation payable or  
515 accruing to the injured party.

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

522 ~~(d)-(e)~~ Any company that contracts with a governing board  
523 of a county to transport patients shall comply with the  
524 applicable rules of the department to ensure the safety and  
525 dignity of ~~the~~ patients.

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

530 ~~(f)-(e)~~ When a member of a mental health overlay program or  
531 a mobile crisis response service is a professional authorized to  
532 initiate an involuntary examination pursuant to s. 394.463 or s.

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

533 397.675 and that professional evaluates a person and determines  
534 that transportation to a receiving facility is needed, the  
535 service, at its discretion, may transport the person to the  
536 facility or may call on the law enforcement agency or other  
537 transportation arrangement best suited to the needs of the  
538 patient.

539 (g)~~(f)~~ When any law enforcement officer has custody of a  
540 person based on either noncriminal or minor criminal behavior  
541 that meets the statutory guidelines for involuntary examination  
542 pursuant to s. 394.463 ~~under this part~~, the law enforcement  
543 officer shall transport the person to the appropriate facility  
544 within the designated receiving system pursuant to a  
545 transportation plan or an exception under subsection (4), or to  
546 the nearest receiving facility if neither apply for examination.

547 (h)~~(g)~~ When any law enforcement officer has arrested a  
548 person for a felony and it appears that the person meets the  
549 statutory guidelines for involuntary examination or placement  
550 under this part, such person must ~~shall~~ first be processed in  
551 the same manner as any other criminal suspect. The law  
552 enforcement agency shall thereafter immediately notify the  
553 appropriate facility within the designated receiving system  
554 pursuant to a transportation plan or an exception under  
555 subsection (4), or to the nearest public receiving facility if  
556 neither apply. The receiving facility, which shall be  
557 responsible for promptly arranging for the examination and  
558 treatment of the person. A receiving facility is not required to

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

559 admit a person charged with a crime for whom the facility  
560 determines and documents that it is unable to provide adequate  
561 security, but shall provide ~~mental health~~ examination and  
562 treatment to the person where he or she is held.

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

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

573 (k)~~(j)~~ The appropriate facility within the designated  
574 receiving system pursuant to a transportation plan or an  
575 exception under subsection (4), or the nearest receiving  
576 facility if neither apply, must accept persons brought by law  
577 enforcement officers, or an emergency medical transport service  
578 or a private transport company authorized by the county for  
579 involuntary examination pursuant to s. 394.463.

580 (l)~~(k)~~ Each law enforcement agency designated pursuant to  
581 paragraph (a) shall establish a policy that develop a memorandum  
582 of understanding with each receiving facility within the law  
583 enforcement agency's jurisdiction which reflects a single set of  
584 protocols approved by the managing entity for the safe and

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

585 secure transportation ~~of the person~~ and transfer of custody of  
586 the person. ~~These protocols must also address crisis~~  
587 ~~intervention measures.~~

588 (m)~~(l)~~ When a jurisdiction has entered into a contract  
589 with an emergency medical transport service or a private  
590 transport company for transportation of persons to ~~receiving~~  
591 facilities within the designated receiving system, such service  
592 or company shall be given preference for transportation of  
593 persons from nursing homes, assisted living facilities, adult  
594 day care centers, or adult family-care homes, unless the  
595 behavior of the person being transported is such that  
596 transportation by a law enforcement officer is necessary.

597 (n)~~(m)~~ ~~Nothing in~~ This section may not ~~shall~~ be construed  
598 to limit emergency examination and treatment of incapacitated  
599 persons provided in accordance with ~~the provisions of~~ s.  
600 401.445.

601 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

602 (a) If neither the patient nor any person legally  
603 obligated or responsible for the patient is able to pay for the  
604 expense of transporting a voluntary or involuntary patient to a  
605 treatment facility, the transportation plan established by the  
606 governing board of the county or counties must specify how ~~in~~  
607 ~~which~~ the hospitalized patient will be transported to, from, and  
608 between facilities in a ~~is hospitalized shall arrange for such~~  
609 ~~required transportation and shall ensure the safe and dignified~~  
610 manner ~~transportation of the patient. The governing board of~~

388449

Approved For Filing: 3/3/2016 4:45:21 PM



Amendment No.

611 ~~each county is authorized to contract with private transport~~  
612 ~~companies for the transportation of such patients to and from a~~  
613 ~~treatment facility.~~

614 (b) A ~~Any~~ company that transports a patient pursuant to  
615 this subsection is considered an independent contractor and is  
616 solely liable for the safe and dignified transportation of the  
617 patient. Such company must be insured and provide no less than  
618 \$100,000 in liability insurance with respect to the transport  
619 ~~transportation~~ of patients.

620 (c) A ~~Any~~ company that contracts with one or more counties  
621 ~~the governing board of a county~~ to transport patients in  
622 accordance with this section shall comply with the applicable  
623 rules of the department to ensure the safety and dignity of ~~the~~  
624 patients.

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

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

635 (4) EXCEPTIONS.—An exception to the requirements of this  
636 section may be granted by the secretary of the department for

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

637 the purposes of improving service coordination or better meeting  
638 the special needs of individuals. A proposal for an exception  
639 must be submitted by the district administrator after being  
640 approved by the governing boards of any affected counties,  
641 before ~~prior to~~ submission to the secretary.

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

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

648 1. An arrangement centralizing and improving the provision  
649 of services within a district, which may include an exception to  
650 the requirement for transportation to the nearest receiving  
651 facility;

652 2. An arrangement by which a facility may provide, in  
653 addition to required psychiatric services, an environment and  
654 services which are uniquely tailored to the needs of an  
655 identified group of persons with special needs, such as persons  
656 with hearing impairments or visual impairments, or elderly  
657 persons with physical frailties; or

658 3. A specialized transportation system that provides an  
659 efficient and humane method of transporting patients to  
660 receiving facilities, among receiving facilities, and to  
661 treatment facilities.

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

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

664  
665 The exceptions provided in this subsection shall expire on June  
666 30, 2017, and no new exceptions shall be granted after that  
667 date. After June 30, 2017, the transport of a patient to a  
668 facility that is not the nearest facility must be made pursuant  
669 to a plan as provided in this section.

670 Section 13. Section 394.467, Florida Statutes, is amended  
671 to read:

672 394.467 Involuntary inpatient placement.—

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

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

678 1.a. He or she has refused voluntary inpatient placement  
679 for treatment after sufficient and conscientious explanation and  
680 disclosure of the purpose of inpatient placement for treatment;  
681 or

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

684 2.a. He or she is ~~manifestly~~ incapable of surviving alone  
685 or with the help of willing and responsible family or friends,  
686 including available alternative services, and, without  
687 treatment, is likely to suffer from neglect or refuse to care

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

688 for himself or herself, and such neglect or refusal poses a real  
689 and present threat of substantial harm to his or her well-being;  
690 or

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

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

698 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be  
699 retained by a ~~receiving~~ facility or involuntarily placed in a  
700 treatment facility upon the recommendation of the administrator  
701 of the ~~receiving~~ facility where the patient has been examined  
702 and after adherence to the notice and hearing procedures  
703 provided in s. 394.4599. The recommendation must be supported by  
704 the opinion of a psychiatrist and the second opinion of a  
705 clinical psychologist or another psychiatrist, both of whom have  
706 personally examined the patient within the preceding 72 hours,  
707 that the criteria for involuntary inpatient placement are met.  
708 However, in a county that has a population of fewer than 50,000,  
709 if the administrator certifies that a psychiatrist or clinical  
710 psychologist is not available to provide the second opinion, the  
711 second opinion may be provided by a licensed physician who has  
712 postgraduate training and experience in diagnosis and treatment  
713 of mental illness ~~and nervous disorders~~ or by a psychiatric

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

714 nurse. Any ~~second~~ opinion authorized in this subsection may be  
715 conducted through a face-to-face examination, in person or by  
716 electronic means. Such recommendation shall be entered on a  
717 petition for ~~an~~ involuntary inpatient placement certificate that  
718 authorizes the ~~receiving~~ facility to retain the patient pending  
719 transfer to a treatment facility or completion of a hearing.

720 (3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT.—The  
721 administrator of the facility shall file a petition for  
722 involuntary inpatient placement in the court in the county where  
723 the patient is located. Upon filing, the clerk of the court  
724 shall provide copies to the department, the patient, the  
725 patient's guardian or representative, and the state attorney and  
726 public defender of the judicial circuit in which the patient is  
727 located. A ~~No~~ fee may not ~~shall~~ be charged for the filing of a  
728 petition under this subsection.

729 (4) APPOINTMENT OF COUNSEL.—Within 1 court working day  
730 after the filing of a petition for involuntary inpatient  
731 placement, the court shall appoint the public defender to  
732 represent the person who is the subject of the petition, unless  
733 the person is otherwise represented by counsel. The clerk of the  
734 court shall immediately notify the public defender of such  
735 appointment. Any attorney representing the patient shall have  
736 access to the patient, witnesses, and records relevant to the  
737 presentation of the patient's case and shall represent the  
738 interests of the patient, regardless of the source of payment to  
739 the attorney.

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

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

744 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

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

748 2. Except for good cause documented in the court file, the  
749 hearing must ~~shall~~ be held in the county or the facility, as  
750 appropriate, where the patient is located, must ~~and shall~~ be as  
751 convenient to the patient as is ~~may be~~ consistent with orderly  
752 procedure, and shall be conducted in physical settings not  
753 likely to be injurious to the patient's condition. If the court  
754 finds that the patient's attendance at the hearing is not  
755 consistent with the best interests of the patient, and the  
756 patient's counsel does not object, the court may waive the  
757 presence of the patient from all or any portion of the hearing.  
758 The state attorney for the circuit in which the patient is  
759 located shall represent the state, rather than the petitioning  
760 facility administrator, as the real party in interest in the  
761 proceeding.

762 3.2. The court may appoint a ~~general or special~~ magistrate  
763 to preside at the hearing. One of the professionals who executed  
764 the petition for involuntary inpatient placement—certificate  
765 shall be a witness. The patient and the patient's guardian or

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

766 representative shall be informed by the court of the right to an  
767 independent expert examination. If the patient cannot afford  
768 such an examination, the court shall ensure that one is  
769 provided, as otherwise provided for by law ~~provide for one~~. The  
770 independent expert's report is ~~shall be~~ confidential and not  
771 discoverable, unless the expert is to be called as a witness for  
772 the patient at the hearing. The testimony in the hearing must be  
773 given under oath, and the proceedings must be recorded. The  
774 patient may refuse to testify at the hearing.

775 (b) If the court concludes that the patient meets the  
776 criteria for involuntary inpatient placement, it may ~~shall~~ order  
777 that the patient be transferred to a treatment facility or, if  
778 the patient is at a treatment facility, that the patient be  
779 retained there or be treated at any other appropriate ~~receiving~~  
780 ~~or treatment~~ facility, or that the patient receive services ~~from~~  
781 ~~a receiving or treatment facility~~, on an involuntary basis, for  
782 ~~a period of up to 90 days 6 months~~. However, any order for  
783 involuntary mental health services in a treatment facility may  
784 be for up to 6 months. The order shall specify the nature and  
785 extent of the patient's mental illness. The court may not order  
786 an individual with traumatic brain injury or dementia who lacks  
787 a co-occurring mental illness to be involuntarily placed in a  
788 state treatment facility. The facility shall discharge a patient  
789 any time the patient no longer meets the criteria for  
790 involuntary inpatient placement, unless the patient has  
791 transferred to voluntary status.

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

792 (c) If at any time before ~~prior to~~ the conclusion of the  
793 hearing on involuntary inpatient placement it appears to the  
794 court that the person does not meet the criteria for involuntary  
795 inpatient placement under this section, but instead meets the  
796 criteria for involuntary outpatient services ~~placement~~, the  
797 court may order the person evaluated for involuntary outpatient  
798 services ~~placement~~ pursuant to s. 394.4655. The petition and  
799 hearing procedures set forth in s. 394.4655 shall apply. If the  
800 person instead meets the criteria for involuntary assessment,  
801 protective custody, or involuntary admission pursuant to s.  
802 397.675, then the court may order the person to be admitted for  
803 involuntary assessment for a period of 5 days pursuant to s.  
804 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by  
805 chapter 397.

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

811 (e) The administrator of the petitioning ~~receiving~~  
812 facility shall provide a copy of the court order and adequate  
813 documentation of a patient's mental illness to the administrator  
814 of a treatment facility if the ~~whenever~~ a patient is ordered for  
815 involuntary inpatient placement, whether by civil or criminal  
816 court. The documentation must ~~shall~~ include any advance  
817 directives made by the patient, a psychiatric evaluation of the

388449

Approved For Filing: 3/3/2016 4:45:21 PM



Amendment No.

818 patient, and any evaluations of the patient performed by a  
819 psychiatric nurse, a clinical psychologist, a marriage and  
820 family therapist, a mental health counselor, or a clinical  
821 social worker. The administrator of a treatment facility may  
822 refuse admission to any patient directed to its facilities on an  
823 involuntary basis, whether by civil or criminal court order, who  
824 is not accompanied ~~at the same time~~ by adequate orders and  
825 documentation.

826 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT  
827 PLACEMENT.—

828 (a) Hearings on petitions for continued involuntary  
829 inpatient placement of an individual placed at any treatment  
830 facility are ~~shall be~~ administrative hearings and must ~~shall~~ be  
831 conducted in accordance with ~~the provisions of~~ s. 120.57(1),  
832 except that any order entered by the administrative law judge is  
833 ~~shall be~~ final and subject to judicial review in accordance with  
834 s. 120.68. Orders concerning patients committed after  
835 successfully pleading not guilty by reason of insanity are ~~shall~~  
836 ~~be~~ governed by ~~the provisions of~~ s. 916.15.

837 (b) If the patient continues to meet the criteria for  
838 involuntary inpatient placement and is being treated at a  
839 treatment facility, the administrator shall, before ~~prior to~~ the  
840 expiration of the period ~~during which~~ the treatment facility is  
841 authorized to retain the patient, file a petition requesting  
842 authorization for continued involuntary inpatient placement. The  
843 request must ~~shall~~ be accompanied by a statement from the

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

844 patient's physician, psychiatrist, psychiatric nurse, or  
845 clinical psychologist justifying the request, a brief  
846 description of the patient's treatment during the time he or she  
847 was involuntarily placed, and an individualized plan of  
848 continued treatment. Notice of the hearing must ~~shall~~ be  
849 provided as provided ~~set forth~~ in s. 394.4599. If a patient's  
850 attendance at the hearing is voluntarily waived, the  
851 administrative law judge must determine that the waiver is  
852 knowing and voluntary before waiving the presence of the patient  
853 from all or a portion of the hearing. Alternatively, if at the  
854 hearing the administrative law judge finds that attendance at  
855 the hearing is not consistent with the best interests of the  
856 patient, the administrative law judge may waive the presence of  
857 the patient from all or any portion of the hearing, unless the  
858 patient, through counsel, objects to the waiver of presence. The  
859 testimony in the hearing must be under oath, and the proceedings  
860 must be recorded.

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

865 (d) If at a hearing it is shown that the patient continues  
866 to meet the criteria for involuntary inpatient placement, the  
867 administrative law judge shall sign the order for continued  
868 involuntary inpatient placement for a period up to 90 days ~~not~~  
869 ~~to exceed 6 months.~~ However, any order for involuntary mental

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

870 health services in a treatment facility may be for up to 6  
871 months. The same procedure shall be repeated before ~~prior to~~ the  
872 expiration of each additional period the patient is retained.

873 (e) If continued involuntary inpatient placement is  
874 necessary for a patient admitted while serving a criminal  
875 sentence, but his or her ~~whose~~ sentence is about to expire, or  
876 for a minor patient involuntarily placed, ~~while a minor~~ but who  
877 is about to reach the age of 18, the administrator shall  
878 petition the administrative law judge for an order authorizing  
879 continued involuntary inpatient placement.

880 (f) If the patient has been previously found incompetent  
881 to consent to treatment, the administrative law judge shall  
882 consider testimony and evidence regarding the patient's  
883 competence. If the administrative law judge finds evidence that  
884 the patient is now competent to consent to treatment, the  
885 administrative law judge may issue a recommended order to the  
886 court that found the patient incompetent to consent to treatment  
887 that the patient's competence be restored and that any guardian  
888 advocate previously appointed be discharged.

889 (g) If the patient has been ordered to undergo involuntary  
890 inpatient placement and has previously been found incompetent to  
891 consent to treatment, the court shall consider testimony and  
892 evidence regarding the patient's incompetence. If the patient's  
893 competency to consent to treatment is restored, the discharge of  
894 the guardian advocate shall be governed by s. 394.4598.

895

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

896 The procedure required in this subsection must be followed  
897 before the expiration of each additional period the patient is  
898 involuntarily receiving services.

899 (8) RETURN TO FACILITY OF PATIENTS.—If a patient  
900 involuntarily held ~~When a patient~~ at a treatment facility under  
901 this part leaves the facility without the administrator's  
902 authorization, the administrator may authorize a search for the  
903 patient and his or her ~~the return of the patient~~ to the  
904 facility. The administrator may request the assistance of a law  
905 enforcement agency in this regard ~~the search for and return of~~  
906 ~~the patient.~~

907 Section 14. Section 394.46715, Florida Statutes, is  
908 amended to read:

909 394.46715 Rulemaking authority.—The department may adopt  
910 rules to administer this part ~~Department of Children and~~  
911 ~~Families shall have rulemaking authority to implement the~~  
912 ~~provisions of ss. 394.455, 394.4598, 394.4615, 394.463,~~  
913 ~~394.4655, and 394.467 as amended or created by this act. These~~  
914 ~~rules shall be for the purpose of protecting the health, safety,~~  
915 ~~and well-being of persons examined, treated, or placed under~~  
916 ~~this act.~~

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

919 394.4685 Transfer of patients among facilities.—

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

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

921        (a) A patient who has been admitted to a public receiving  
922 or public treatment facility and has requested, either  
923 personally or through his or her guardian or guardian advocate,  
924 and is able to pay for treatment in a private facility shall be  
925 transferred at the patient's expense to a private facility upon  
926 acceptance of the patient by the private facility.

927        (b) A public receiving facility initiating a patient  
928 transfer to a licensed hospital for acute care mental health  
929 services not accessible through the public receiving facility  
930 shall notify the hospital of such transfer and send the hospital  
931 all records relating to the emergency psychiatric or medical  
932 condition.

933        Section 16. Section 394.656, Florida Statutes, is amended  
934 to read:

935        394.656 Criminal Justice, Mental Health, and Substance  
936 Abuse Reinvestment Grant Program.—

937        (1) There is created within the Department of Children and  
938 Families the Criminal Justice, Mental Health, and Substance  
939 Abuse Reinvestment Grant Program. The purpose of the program is  
940 to provide funding to counties ~~with~~ which they may use to can  
941 plan, implement, or expand initiatives that increase public  
942 safety, avert increased spending on criminal justice, and  
943 improve the accessibility and effectiveness of treatment  
944 services for adults and juveniles who have a mental illness,  
945 substance abuse disorder, or co-occurring mental health and  
946 substance abuse disorders and who are in, or at risk of

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

947 entering, the criminal or juvenile justice systems.

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

951 (a) One representative of the Department of Children and  
952 Families;

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

954 (c) One representative of the Department of Juvenile  
955 Justice;

956 (d) One representative of the Department of Elderly  
957 Affairs; ~~and~~

958 (e) One representative of the Office of the State Courts  
959 Administrator; ~~-~~

960 (f) One representative of the Department of Veterans'  
961 Affairs;

962 (g) One representative of the Florida Sheriffs  
963 Association;

964 (h) One representative of the Florida Police Chiefs  
965 Association;

966 (i) One representative of the Florida Association of  
967 Counties;

968 (j) One representative of the Florida Alcohol and Drug  
969 Abuse Association;

970 (k) One representative of the Florida Association of  
971 Managing Entities;

972 (l) One representative of the Florida Council for

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

- 973 Community Mental Health;  
974 (m) One representative of the National Alliance of Mental  
975 Illness;  
976 (n) One representative of the Florida Prosecuting  
977 Attorneys Association;  
978 (o) One representative of the Florida Public Defender  
979 Association; and  
980 (p) One administrator of an assisted living facility that  
981 holds a limited mental health license.  
982 (3) The committee shall serve as the advisory body to  
983 review policy and funding issues that help reduce the impact of  
984 persons with mental illness and substance abuse disorders on  
985 communities, criminal justice agencies, and the court system.  
986 The committee shall advise the department in selecting  
987 priorities for grants and investing awarded grant moneys.  
988 (4) The committee must have experience in substance use  
989 and mental health disorders, community corrections, and law  
990 enforcement. To the extent possible, the ~~members of the~~  
991 committee shall have expertise in grant review ~~writing, grant~~  
992 ~~reviewing,~~ and grant application scoring.  
993 (5) (a) ~~(3) (a)~~ A county, or a not-for-profit community  
994 provider or managing entity designated by the county planning  
995 council or committee, as described in s. 394.657, may apply for  
996 a 1-year planning grant or a 3-year implementation or expansion  
997 grant. The purpose of the grants is to demonstrate that  
998 investment in treatment efforts related to mental illness,

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

999 substance abuse disorders, or co-occurring mental health and  
1000 substance abuse disorders results in a reduced demand on the  
1001 resources of the judicial, corrections, juvenile detention, and  
1002 health and social services systems.

1003 (b) To be eligible to receive a 1-year planning grant or a  
1004 3-year implementation or expansion grant:7

1005 1. A county applicant must have a ~~county~~ planning council  
1006 or committee that is in compliance with the membership  
1007 requirements set forth in this section.

1008 2. A not-for-profit community provider or managing entity  
1009 must be designated by the county planning council or committee  
1010 and have written authorization to submit an application. A not-  
1011 for-profit community provider or managing entity must have  
1012 written authorization for each submitted application.

1013 (c) The department may award a 3-year implementation or  
1014 expansion grant to an applicant who has not received a 1-year  
1015 planning grant.

1016 (d) The department may require an applicant to conduct  
1017 sequential intercept mapping for a project. For purposes of this  
1018 paragraph, the term "sequential intercept mapping" means a  
1019 process for reviewing a local community's mental health,  
1020 substance abuse, criminal justice, and related systems and  
1021 identifying points of interceptions where interventions may be  
1022 made to prevent an individual with a substance abuse disorder or  
1023 mental illness from deeper involvement in the criminal justice  
1024 system.

388449

Approved For Filing: 3/3/2016 4:45:21 PM



Amendment No.

1025 (6) (4) The grant review and selection committee shall  
1026 select the grant recipients and notify the department of  
1027 ~~Children and Families~~ in writing of the recipients' names ~~of the~~  
1028 ~~applicants who have been selected by the committee to receive a~~  
1029 ~~grant~~. Contingent upon the availability of funds and upon  
1030 notification by the grant review and selection committee of  
1031 those applicants approved to receive planning, implementation,  
1032 or expansion grants, the department ~~of Children and Families~~ may  
1033 transfer funds appropriated for the grant program to a selected  
1034 grant recipient to any county awarded a grant.

1035 Section 17. Section 394.761, Florida Statutes, is created  
1036 to read:

1037 394.761 Revenue maximization.—The agency and the  
1038 department shall develop a plan to obtain federal approval for  
1039 increasing the availability of federal Medicaid funding for  
1040 behavioral health care. Increased funding shall be used to  
1041 advance the goal of improved integration of behavioral health  
1042 services and primary care services for individuals eligible for  
1043 Medicaid through the development and effective implementation of  
1044 the behavioral health system of care as described in s.  
1045 394.4573. The agency and the department shall submit the written  
1046 plan to the President of the Senate and the Speaker of the House  
1047 of Representatives by November 1, 2016. The plan shall identify  
1048 the amount of general revenue funding appropriated for mental  
1049 health and substance abuse services which is eligible to be used  
1050 as state Medicaid match. The plan shall evaluate alternative

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1051 uses of increased Medicaid funding, including seeking Medicaid  
1052 eligibility for the severely and persistently mentally ill or  
1053 persons with substance use disorders, increased reimbursement  
1054 rates for behavioral health services, adjustments to the  
1055 capitation rate for Medicaid enrollees with chronic mental  
1056 illness and substance use disorders, including targeted case  
1057 management for individuals with substance use disorder as a  
1058 Medicaid-funded service, supplemental payments to mental health  
1059 and substance abuse service providers through a designated state  
1060 health program or other mechanisms, and innovative programs to  
1061 provide incentives for improved outcomes for behavioral health  
1062 conditions. The plan shall identify the advantages and  
1063 disadvantages of each alternative and assess each alternative's  
1064 potential for achieving improved integration of services. The  
1065 plan shall identify the types of federal approvals necessary to  
1066 implement each alternative and project a timeline for  
1067 implementation.

1068 Section 18. Subsection (5) of section 394.879, Florida  
1069 Statutes, is amended, and subsection (6) is added to that  
1070 section, to read:

1071 394.879 Rules; enforcement.—

1072 (5) The agency or the department may not adopt any rule  
1073 governing the design, construction, erection, alteration,  
1074 modification, repair, or demolition of crisis stabilization  
1075 units. It is the intent of the Legislature to preempt that  
1076 function to the Florida Building Commission and the State Fire

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1077 Marshal through adoption and maintenance of the Florida Building  
1078 Code and the Florida Fire Prevention Code. However, a crisis  
1079 stabilization unit, short-term residential treatment facility,  
1080 or integrated adult mental health crisis stabilization and  
1081 addictions receiving facility which is collocated with a  
1082 centralized receiving facility may be in a multi-story building  
1083 and may be authorized on floors other than the ground floor. The  
1084 agency shall provide technical assistance to the commission and  
1085 the State Fire Marshal in updating the construction standards of  
1086 the Florida Building Code and the Florida Fire Prevention Code  
1087 which govern crisis stabilization units. In addition, the agency  
1088 may enforce the special-occupancy provisions of the Florida  
1089 Building Code and the Florida Fire Prevention Code which apply  
1090 to crisis stabilization units in conducting any inspection  
1091 authorized under this part or part II of chapter 408.

1092 (6) The department and the Agency for Health Care  
1093 Administration shall develop a plan for modifying licensure  
1094 statutes and rules to provide options for a single, consolidated  
1095 license for a provider that offers multiple types of either  
1096 mental health services or substance abuse services, or both,  
1097 regulated under chapters 394 and 397, respectively. The plan  
1098 shall identify options for license consolidation within the  
1099 department and the agency and shall identify interagency license  
1100 consolidation options. The department and the agency shall  
1101 submit the plan to the Governor, the President of the Senate,

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1102 and the Speaker of the House of Representatives by November 1,  
1103 2016.

1104 Section 19. Section 394.9082, Florida Statutes, is amended  
1105 to read:

1106 (Substantial rewording of section. See  
1107 s. 394.9082, F.S., for present text.)

1108 394.9082 Behavioral health managing entities.—

1109 (1) INTENT AND PURPOSE.—

1110 (a) The Legislature finds that untreated behavioral health  
1111 disorders constitute major health problems for residents of this  
1112 state, are a major economic burden to the citizens of this  
1113 state, and substantially increase demands on the state's  
1114 juvenile and adult criminal justice systems, the child welfare  
1115 system, and health care systems. The Legislature finds that  
1116 behavioral health disorders respond to appropriate treatment,  
1117 rehabilitation, and supportive intervention. The Legislature  
1118 finds that local communities have also made substantial  
1119 investments in behavioral health services, contracting with  
1120 safety net providers who by mandate and mission provide  
1121 specialized services to vulnerable and hard-to-serve populations  
1122 and have strong ties to local public health and public safety  
1123 agencies. The Legislature finds that a regional management  
1124 structure that facilitates a comprehensive and cohesive system  
1125 of coordinated care for behavioral health treatment and  
1126 prevention services will improve access to care, promote service  
1127 continuity, and provide for more efficient and effective

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1128 delivery of substance abuse and mental health services. The  
1129 Legislature finds that discharge of a mental health consumer  
1130 from a public receiving facility into homelessness is  
1131 inappropriate and detrimental to recovery. It is the intent of  
1132 the Legislature that such consumers not be discharged from a  
1133 public receiving facility into homelessness. Managing entities,  
1134 public receiving facilities, homeless services providers, and  
1135 licensed housing providers shall work to create cooperative  
1136 agreements and networks that facilitate recovery.

1137 (b) The purpose of the behavioral health managing entities  
1138 is to plan, coordinate, and contract for the delivery of  
1139 community mental health and substance abuse services, to improve  
1140 access to care, to promote service continuity, to purchase  
1141 services, and to support efficient and effective delivery of  
1142 services.

1143 (2) DEFINITIONS.—As used in this section, the term:

1144 (a) "Behavioral health services" means mental health  
1145 services and substance abuse prevention and treatment services  
1146 as described in this chapter and chapter 397.

1147 (b) "Coordinated system of care" means the array of mental  
1148 health services and substance abuse services described in s.  
1149 394.4573.

1150 (c) "Geographic area" means one or more contiguous  
1151 counties, circuits, or regions as described in s. 409.966.

1152 (d) "Managed behavioral health organization" means a  
1153 Medicaid managed care organization currently under contract with

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1154 the statewide Medicaid managed medical assistance program in  
1155 this state pursuant to part IV of chapter 409, including a  
1156 managed care organization operating as a behavioral health  
1157 specialty plan.

1158 (e) "Managing entity" means a corporation selected by and  
1159 under contract with the department to manage the daily  
1160 operational delivery of behavioral health services through a  
1161 coordinated system of care.

1162 (f) "Provider network" means the group of direct service  
1163 providers, facilities, and organizations under contract with a  
1164 managing entity to provide a comprehensive array of emergency,  
1165 acute care, residential, outpatient, recovery support, and  
1166 consumer support services, including prevention services.

1167 (g) "Subregion" means a distinct portion of a managing  
1168 entity's geographic region defined by unifying service and  
1169 provider utilization patterns.

1170 (3) DEPARTMENT DUTIES.—The department shall:

1171 (a) Contract with organizations to serve as managing  
1172 entities in accordance with the requirements of this section and  
1173 conduct a readiness review of any new managing entities before  
1174 such entities assume their responsibilities.

1175 (b) Specify data reporting requirements and use of shared  
1176 data systems.

1177 (c) Develop strategies to divert persons with mental  
1178 illness or substance use disorders from the criminal and  
1179 juvenile justice systems in collaboration with the court system

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1180 and the Department of Juvenile Justice and to integrate  
1181 behavioral health services with the child welfare system.

1182 (d) Support the development and implementation of a  
1183 coordinated system of care by requiring each provider that  
1184 receives state funds for behavioral health services through a  
1185 direct contract with the department to work with the managing  
1186 entity in the provider's service area to coordinate the  
1187 provision of behavioral health services as part of the contract  
1188 with the department.

1189 (e) Provide technical assistance to the managing entities.

1190 (f) Promote the coordination of behavioral health care and  
1191 primary care.

1192 (g) Facilitate coordination between the managing entity  
1193 and other payors of behavioral health care.

1194 (h) Develop and provide a unique identifier for clients  
1195 receiving behavioral health services through the managing entity  
1196 to coordinate care.

1197 (i) Coordinate procedures for the referral and admission  
1198 of patients to, and the discharge of patients from, treatment  
1199 facilities as defined in s. 394.455 and their return to the  
1200 community.

1201 (j) Ensure that managing entities comply with state and  
1202 federal laws, rules, regulations, and grant requirements.

1203 (k) Develop rules for the operations of, and the  
1204 requirements that shall be met by, the managing entity, if  
1205 necessary.

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1206 (1) Annually review contract and reporting requirements  
1207 and reduce costly, duplicative, and unnecessary administrative  
1208 requirements.

1209 (4) CONTRACT WITH MANAGING ENTITIES.-

1210 (a) In contracting for services with managing entities  
1211 under this section, the department shall first attempt to  
1212 contract with not-for-profit, community-based organizations with  
1213 competence in managing provider networks serving persons with  
1214 mental health and substance use disorders to serve as managing  
1215 entities.

1216 (b) The department shall issue an invitation to negotiate  
1217 under s. 287.057 to select an organization to serve as a  
1218 managing entity. If the department receives fewer than two  
1219 responsive bids to the solicitation, the department shall  
1220 reissue the solicitation, in which case managed behavioral  
1221 health organizations shall also be eligible to bid and be  
1222 awarded a contract.

1223 (c) If the managing entity is a not-for-profit, community-  
1224 based organization, it must have a governing board that is  
1225 representative. At a minimum, the governing board must include  
1226 consumers and their family members; representatives of local  
1227 government, area law enforcement agencies, health care  
1228 facilities, and community-based care lead agencies; business  
1229 leaders; and providers of substance abuse and mental health  
1230 services as defined in this chapter and chapter 397.

388449

Approved For Filing: 3/3/2016 4:45:21 PM



Amendment No.

1231 (d) If the managing entity is a managed behavioral health  
1232 organization, it must establish an advisory board that meets the  
1233 same requirements specified in paragraph (c) for a governing  
1234 board.

1235 (e) If the department issues an invitation to negotiate  
1236 pursuant to paragraph (b), the department shall consider, at a  
1237 minimum, the following factors:

1238 1. Experience serving persons with mental health and  
1239 substance use disorders.

1240 2. Established community partnerships with behavioral  
1241 health care providers.

1242 3. Demonstrated organizational capabilities for network  
1243 management functions.

1244 4. Capability to coordinate behavioral health services  
1245 with primary care services.

1246 5. Willingness to provide recovery-oriented services and  
1247 systems of care and work collaboratively with persons with  
1248 mental health and substance use disorders and their families in  
1249 designing such systems and delivering such services.

1250 (f) The department's contracts with managing entities must  
1251 support efficient and effective administration of the behavioral  
1252 health system and ensure accountability for performance.

1253 (g) A contractor serving as a managing entity shall  
1254 operate under the same data reporting, administrative, and  
1255 administrative rate requirements, regardless of whether it is a  
1256 for-profit or not-for-profit entity.

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1257 (h) The contract must designate the geographic area that  
1258 will be served by the managing entity, which area must be of  
1259 sufficient size in population, funding, and services to allow  
1260 for flexibility and efficiency.

1261 (i) The contract must require that, when there is a change  
1262 in the managing entity in a geographic area, a transition plan  
1263 be developed and implemented by the department which ensures  
1264 continuity of care for patients receiving behavioral health  
1265 services.

1266 (j) By June 30, 2019, if all other contract requirements  
1267 and performance standards are met and the department determines  
1268 that a managing entity under contract as of July 1, 2016, has  
1269 received network accreditation pursuant to subsection (6), the  
1270 department may continue its contract with the managing entity  
1271 for up to, but not exceeding, 5 years, including any and all  
1272 renewals and extensions. Thereafter, the department must issue a  
1273 competitive solicitation pursuant to paragraph (b).

1274 (5) MANAGING ENTITY DUTIES.—A managing entity shall:

1275 (a) Maintain a governing board or, if a managed behavioral  
1276 health organization, an advisory board as provided in paragraph  
1277 (4) (c) or paragraph (4) (d), respectively.

1278 (b) Conduct a community behavioral health care needs  
1279 assessment every 3 years in the geographic area served by the  
1280 managing entity which specifies needs by subregion. The process  
1281 for conducting the needs assessment shall include an opportunity  
1282 for public participation. The assessment shall include, at a

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1283 minimum, the information the department needs for its annual  
1284 report to the Governor and Legislature pursuant to s. 394.4573.  
1285 The managing entity shall provide the needs assessment to the  
1286 department.

1287 (c) Determine the optimal array of services to meet the  
1288 needs identified in the community behavioral health care needs  
1289 assessment and expand the scope of services as resources become  
1290 available.

1291 (d) Work independently and collaboratively with  
1292 stakeholders to improve access to and effectiveness, quality,  
1293 and outcomes of behavioral health services. This work may  
1294 include, but need not be limited to, facilitating the  
1295 dissemination and use of evidence-informed practices.

1296 (e) Promote the development and effective implementation  
1297 of a coordinated system of care pursuant to s. 394.4573.

1298 (f) Submit network management plans and other documents as  
1299 required by the department.

1300 (g) Develop a comprehensive provider network of qualified  
1301 providers to deliver behavioral health services. The managing  
1302 entity is not required to competitively procure network  
1303 providers but shall publicize opportunities to join the provider  
1304 network and evaluate providers in the network to determine if  
1305 they may remain in the network. The managing entity shall  
1306 publish these processes on its website. The managing entity  
1307 shall ensure continuity of care for clients if a provider ceases  
1308 to provide a service or leaves the network.

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1309 (h) As appropriate, develop local resources by pursuing  
1310 third-party payments for services, applying for grants,  
1311 assisting providers in securing local matching funds and in-kind  
1312 services, and employing any other method needed to ensure that  
1313 services are available and accessible.

1314 (i) Provide assistance to counties to develop a designated  
1315 receiving system pursuant to s. 394.4573 and a transportation  
1316 plan pursuant to s. 394.462.

1317 (j) Enter into cooperative agreements with local homeless  
1318 councils and organizations for sharing information about  
1319 clients, available resources, and other data or information for  
1320 addressing the homelessness of persons suffering from a  
1321 behavioral health crisis. All information sharing must comply  
1322 with federal and state privacy and confidentiality laws,  
1323 statutes, and regulations.

1324 (k) Work collaboratively with public receiving facilities  
1325 and licensed housing providers to establish a network of  
1326 licensed housing resources for mental health consumers that will  
1327 prevent and reduce readmissions to public receiving facilities.

1328 (l) Monitor network providers' performance and their  
1329 compliance with contract requirements and federal and state  
1330 laws, rules, regulations, and grant requirements.

1331 (m) Manage and allocate funds for services to meet federal  
1332 and state laws, rules, and regulations.

1333 (n) Promote coordination of behavioral health care with  
1334 primary care.

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1335 (o) Implement shared data systems necessary for the  
1336 delivery of coordinated care and integrated services, the  
1337 assessment of managing entity performance and provider  
1338 performance, and the reporting of outcomes and costs of  
1339 services.

1340 (p) Operate in a transparent manner, providing public  
1341 access to information, notice of meetings, and opportunities for  
1342 public participation in managing entity decisionmaking.

1343 (q) Establish and maintain effective relationships with  
1344 community stakeholders, including individuals served by the  
1345 behavioral health system of care and their families, local  
1346 governments, and other community organizations that meet the  
1347 needs of individuals with mental illness or substance use  
1348 disorders.

1349 (r) Collaborate with and encourage increased coordination  
1350 between the provider network and other systems, programs, and  
1351 entities, such as the child welfare system, law enforcement  
1352 agencies, the criminal and juvenile justice systems, the  
1353 Medicaid program, offices of the public defender, and offices of  
1354 criminal conflict and civil regional counsel.

1355 1. Collaboration with the criminal and juvenile justice  
1356 systems shall seek, at a minimum, to divert persons with mental  
1357 illness, substance use disorders, or co-occurring conditions  
1358 from these systems.

1359 2. Collaboration with the court system shall seek, at a  
1360 minimum, to develop specific written procedures and agreements

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1361 to maximize the use of involuntary outpatient services, reduce  
1362 involuntary inpatient treatment, and increase diversion from the  
1363 criminal and juvenile justice systems.

1364 3. Collaboration with the child welfare system shall seek,  
1365 at a minimum, to provide effective and timely services to  
1366 parents and caregivers involved in the child welfare system.

1367 (6) NETWORK ACCREDITATION AND SYSTEMS COORDINATION  
1368 AGREEMENTS.—

1369 (a)1. The department shall identify acceptable  
1370 accreditations which address coordination within a network and,  
1371 if possible, between the network and major systems and programs  
1372 with which the network interacts, such as the child welfare  
1373 system, the courts system, and the Medicaid program. In  
1374 identifying acceptable accreditations, the department shall  
1375 consider whether the accreditation facilitates integrated  
1376 strategic planning, resource coordination, technology  
1377 integration, performance measurement, and increased value to  
1378 consumers through choice of and access to services, improved  
1379 coordination of services, and effectiveness and efficiency of  
1380 service delivery.

1381 2. All managing entities under contract with the state by  
1382 July 1, 2016, shall earn accreditation deemed acceptable by the  
1383 department pursuant to subparagraph 1. by June 30, 2019.  
1384 Managing entities whose initial contract with the state is  
1385 executed after July 1, 2016, shall earn network accreditation  
1386 within 3 years after the contract execution date. Pursuant to

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1387 paragraph (4)(j), the department may continue the contract of a  
1388 managing entity under contract as of July 1, 2016, that earns  
1389 the network accreditation within the required timeframe and  
1390 maintains it throughout the contract term.

1391 (b) If no accreditations are available or deemed  
1392 acceptable pursuant to paragraph (a) which address coordination  
1393 between the provider network and major systems and programs with  
1394 which the provider network interacts, each managing entity shall  
1395 enter into memoranda of understanding which details mechanisms  
1396 for communication and coordination. The managing entity shall  
1397 enter into such memoranda with any community-based care lead  
1398 agencies, circuit courts, county courts, sheriffs' offices,  
1399 offices of the public defender, offices of criminal conflict and  
1400 civil regional counsel, Medicaid managed medical assistance  
1401 plans, and homeless coalitions in its service area. Each  
1402 managing entity under contract on July 1, 2016, shall enter into  
1403 such memoranda by June 30, 2017, and each managing entity under  
1404 contract after July 1, 2016, shall enter into such memoranda  
1405 within 1 year after its contract execution date.

1406 (7) PERFORMANCE MEASUREMENT AND ACCOUNTABILITY.-Managing  
1407 entities shall collect and submit data to the department  
1408 regarding persons served, outcomes of persons served, costs of  
1409 services provided through the department's contract, and other  
1410 data as required by the department. The department shall  
1411 evaluate managing entity performance and the overall progress  
1412 made by the managing entity, together with other systems, in

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1413 meeting the community's behavioral health needs, based on  
1414 consumer-centered outcome measures that reflect national  
1415 standards, if possible, that can be accurately measured. The  
1416 department shall work with managing entities to establish  
1417 performance standards, including, but not limited to:

1418 (a) The extent to which individuals in the community  
1419 receive services, including, but not limited to, parents or  
1420 caregivers involved in the child welfare system who need  
1421 behavioral health services.

1422 (b) The improvement in the overall behavioral health of a  
1423 community.

1424 (c) The improvement in functioning or progress in the  
1425 recovery of individuals served by the managing entity, as  
1426 determined using person-centered measures tailored to the  
1427 population.

1428 (d) The success of strategies to:

1429 1. Divert admissions to acute levels of care, jails,  
1430 prisons, and forensic facilities as measured by, at a minimum,  
1431 the total number and percentage of clients who, during a  
1432 specified period, experience multiple admissions to acute levels  
1433 of care, jails, prisons, or forensic facilities; and

1434 2. Address the housing needs of individuals being released  
1435 from public receiving facilities who are homeless.

1436 (e) Consumer and family satisfaction.

1437 (f) The satisfaction of key community constituencies, such  
1438 as law enforcement agencies, community-based care lead agencies,

388449

Approved For Filing: 3/3/2016 4:45:21 PM



Amendment No.

1439 juvenile justice agencies, the courts, school districts, local  
1440 government entities, hospitals, and other organizations, as  
1441 appropriate, for the geographical service area of the managing  
1442 entity.

1443 (8) ENHANCEMENT PLANS.—By November 1 of each year,  
1444 beginning in 2017, each managing entity shall develop and submit  
1445 to the department a prioritized plan for phased enhancement of  
1446 the behavioral health system of care by subregion of the  
1447 managing entity's service area, if appropriate, based on the  
1448 assessed behavioral health care needs of the subregion and  
1449 service gaps. If the plan recommends additional funding, for  
1450 each recommended use of funds the enhancement plan shall  
1451 describe, at a minimum, the specific needs that would be met,  
1452 the specific services that would be purchased, the estimated  
1453 benefits of the services, the projected costs, the projected  
1454 number of individuals that would be served, and any other  
1455 information indicating the estimated benefit to the community.  
1456 The managing entity shall include consumers and their family  
1457 members, local governments, law enforcement agencies, service  
1458 providers, community partners, and other stakeholders when  
1459 developing the plan. Individual sections of the plan shall  
1460 address:

1461 (a) The designated receiving systems developed pursuant to  
1462 s. 394.4573, and shall give consideration to implementation of  
1463 no-wrong-door models; evidence-based, evidence-informed, and  
1464 innovative practices for diverting individuals from the acute

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1465 behavioral health care system; and the most efficient and cost-  
1466 effective manner to address the needs of individuals once they  
1467 are in the system.

1468 (b) Treatment and recovery services, and shall emphasize  
1469 the provision of care coordination to priority populations and  
1470 the use of recovery-oriented, peer-involved approaches.

1471 (c) Coordination between the behavioral health system of  
1472 care and other systems, such as the child welfare system, and  
1473 shall give consideration to approaches for enhancing such  
1474 coordination.

1475 (9) FUNDING FOR MANAGING ENTITIES.—

1476 (a) A contract established between the department and a  
1477 managing entity under this section shall be funded by general  
1478 revenue, other applicable state funds, or applicable federal  
1479 funding sources. A managing entity may carry forward documented  
1480 unexpended state funds from one fiscal year to the next, but the  
1481 cumulative amount carried forward may not exceed 8 percent of  
1482 the annual amount of the contract. Any unexpended state funds in  
1483 excess of that percentage shall be returned to the department.  
1484 The funds carried forward may not be used in a way that would  
1485 increase future recurring obligations or for any program or  
1486 service that was not authorized under the existing contract with  
1487 the department. Expenditures of funds carried forward shall be  
1488 separately reported to the department. Any unexpended funds that  
1489 remain at the end of the contract period shall be returned to  
1490 the department. Funds carried forward may be retained through

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1491 contract renewals and new contract procurements as long as the  
1492 same managing entity is retained by the department.

1493 (b) The method of payment for a fixed-price contract with  
1494 a managing entity shall provide for a 2-month advance payment at  
1495 the beginning of each fiscal year and equal monthly payments  
1496 thereafter.

1497 (10) ACUTE CARE SERVICES UTILIZATION DATABASE.—The  
1498 department shall develop, implement, and maintain standards  
1499 under which a managing entity shall collect utilization data  
1500 from all public receiving facilities situated within its  
1501 geographical service area and all detoxification and addictions  
1502 receiving facilities under contract with the managing entity. As  
1503 used in this subsection, the term "public receiving facility"  
1504 means an entity that meets the licensure requirements of, and is  
1505 designated by, the department to operate as a public receiving  
1506 facility under s. 394.875 and that is operating as a licensed  
1507 crisis stabilization unit.

1508 (a) The department shall develop standards and protocols  
1509 to be used for data collection, storage, transmittal, and  
1510 analysis. The standards and protocols shall allow for  
1511 compatibility of data and data transmittal between public  
1512 receiving facilities, detoxification facilities, addictions  
1513 receiving facilities, managing entities, and the department for  
1514 the implementation, and to meet the requirements, of this  
1515 subsection.

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1516 (b) A managing entity shall require providers specified in  
1517 paragraph (a) to submit data, in real time or at least daily, to  
1518 the managing entity for:

1519 1. All admissions and discharges of clients receiving  
1520 public receiving facility services who qualify as indigent, as  
1521 defined in s. 394.4787.

1522 2. All admissions and discharges of clients receiving  
1523 substance abuse services in an addictions receiving facility or  
1524 detoxification facility pursuant to parts IV and V of chapter  
1525 397 who qualify as indigent.

1526 3. The current active census of total licensed beds, the  
1527 number of beds purchased by the department, the number of  
1528 clients qualifying as indigent who occupy those beds, and the  
1529 total number of unoccupied licensed beds, regardless of funding.

1530 (c) A managing entity shall require providers specified in  
1531 paragraph (a) to submit data, on a monthly basis, to the  
1532 managing entity which aggregates the daily data submitted under  
1533 paragraph (b). The managing entity shall reconcile the data in  
1534 the monthly submission to the data received by the managing  
1535 entity under paragraph (b) to check for consistency. If the  
1536 monthly aggregate data submitted by a provider under this  
1537 paragraph are inconsistent with the daily data submitted under  
1538 paragraph (b), the managing entity shall consult with the  
1539 provider to make corrections necessary to ensure accurate data.

1540 (d) A managing entity shall require providers specified in  
1541 paragraph (a) within its provider network to submit data, on an

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1542 annual basis, to the managing entity which aggregates the data  
1543 submitted and reconciled under paragraph (c). The managing  
1544 entity shall reconcile the data in the annual submission to the  
1545 data received and reconciled by the managing entity under  
1546 paragraph (c) to check for consistency. If the annual aggregate  
1547 data submitted by a provider under this paragraph are  
1548 inconsistent with the data received and reconciled under  
1549 paragraph (c), the managing entity shall consult with the  
1550 provider to make corrections necessary to ensure accurate data.

1551 (e) After ensuring the accuracy of data pursuant to  
1552 paragraphs (c) and (d), the managing entity shall submit the  
1553 data to the department on a monthly and an annual basis. The  
1554 department shall create a statewide database for the data  
1555 described under paragraph (b) and submitted under this paragraph  
1556 for the purpose of analyzing the payments for and the use of  
1557 crisis stabilization services funded by the Baker Act and  
1558 detoxification and addictions receiving services provided  
1559 pursuant to parts IV and V of chapter 397 on a statewide basis  
1560 and on an individual provider basis.

1561 Section 20. Subsections (4) through (9) of section  
1562 397.305, Florida Statutes, are renumbered as subsections (7)  
1563 though (12), respectively, and new subsections (4), (5), and (6)  
1564 are added to that section to read:

1565 397.305 Legislative findings, intent, and purpose.—

1566 (4) It is the intent of the Legislature that licensed,  
1567 qualified health professionals be authorized to practice to the

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1568 full extent of their education and training in the performance  
1569 of professional functions necessary to carry out the intent of  
1570 this chapter.

1571 (5) It is the intent of the Legislature that state policy  
1572 and funding decisions be driven by data concerning the  
1573 populations served and the effectiveness of the services  
1574 provided.

1575 (6) It is the intent of the Legislature to establish  
1576 expectations that services provided to persons in this state use  
1577 the coordination-of-care principles characteristic of recovery-  
1578 oriented services and include social support services, such as  
1579 housing support, life skills and vocational training, and  
1580 employment assistance, necessary for persons with substance use  
1581 disorders or co-occurring substance use and mental health  
1582 disorders to live successfully in their communities.

1583 Section 21. Subsections (19) through (45) of section  
1584 397.311, Florida Statutes, are renumbered as subsections (20)  
1585 through (48), respectively, new subsections (19), (21), and (22)  
1586 are added to that section, and present subsections (30) and (38)  
1587 of that section are amended, to read:

1588 397.311 Definitions.—As used in this chapter, except part  
1589 VIII, the term:

1590 (19) "Incompetent to consent to treatment" means a state  
1591 in which a person's judgment is so affected by a substance abuse  
1592 impairment that he or she lacks the capacity to make a well-  
1593 reasoned, willful, and knowing decision concerning his or her

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1594 medical health, mental health, or substance abuse treatment.

1595 (21) "Informed consent" means consent voluntarily given in  
1596 writing by a competent person after sufficient explanation and  
1597 disclosure of the subject matter involved to enable the person  
1598 to make a knowing and willful decision without any element of  
1599 force, fraud, deceit, duress, or other form of constraint or  
1600 coercion.

1601 (22) "Involuntary services" means an array of behavioral  
1602 health services that may be ordered by the court for persons  
1603 with substance abuse impairment or co-occurring substance abuse  
1604 impairment and mental health disorders.

1605 (33)-(30) "Qualified professional" means a physician or a  
1606 physician assistant licensed under chapter 458 or chapter 459; a  
1607 professional licensed under chapter 490 or chapter 491; an  
1608 advanced registered nurse practitioner ~~having a specialty in~~  
1609 ~~psychiatry~~ licensed under part I of chapter 464; or a person who  
1610 is certified through a department-recognized certification  
1611 process for substance abuse treatment services and who holds, at  
1612 a minimum, a bachelor's degree. A person who is certified in  
1613 substance abuse treatment services by a state-recognized  
1614 certification process in another state at the time of employment  
1615 with a licensed substance abuse provider in this state may  
1616 perform the functions of a qualified professional as defined in  
1617 this chapter but must meet certification requirements contained  
1618 in this subsection no later than 1 year after his or her date of  
1619 employment.

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1620 ~~(41)(38)~~ "Service component" or "component" means a  
1621 discrete operational entity within a service provider which is  
1622 subject to licensing as defined by rule. Service components  
1623 include prevention, intervention, and clinical treatment  
1624 described in subsection (25) ~~(22)~~.

1625 Section 22. Subsections (16) through (20) of section  
1626 397.321, Florida Statutes, are renumbered as subsections (15)  
1627 through (19), respectively, present subsection (15) is amended,  
1628 and a new subsection (20) is added to that section, to read:

1629 397.321 Duties of the department.—The department shall:  
1630 ~~(15) Appoint a substance abuse impairment coordinator to~~  
1631 ~~represent the department in efforts initiated by the statewide~~  
1632 ~~substance abuse impairment prevention and treatment coordinator~~  
1633 ~~established in s. 397.801 and to assist the statewide~~  
1634 ~~coordinator in fulfilling the responsibilities of that position.~~

1635 (20) Develop and prominently display on its website all  
1636 forms necessary for the implementation and administration of  
1637 parts IV and V of this chapter. These forms shall include, but  
1638 are not limited to, a petition for involuntary admission form  
1639 and all related pleading forms, and a form to be used by law  
1640 enforcement agencies pursuant to s. 397.6772. The department  
1641 shall notify law enforcement agencies, the courts, and other  
1642 state agencies of the existence and availability of such forms.

1643 Section 23. Section 397.675, Florida Statutes, is amended  
1644 to read:

1645 397.675 Criteria for involuntary admissions, including

388449

Approved For Filing: 3/3/2016 4:45:21 PM



Amendment No.

1646 protective custody, emergency admission, and other involuntary  
1647 assessment, involuntary treatment, and alternative involuntary  
1648 assessment for minors, for purposes of assessment and  
1649 stabilization, and for involuntary treatment.—A person meets the  
1650 criteria for involuntary admission if there is good faith reason  
1651 to believe that the person is substance abuse impaired or has a  
1652 co-occurring mental health disorder and, because of such  
1653 impairment or disorder:

1654 (1) Has lost the power of self-control with respect to  
1655 substance abuse use; and ~~either~~

1656 (2) (a) ~~Has inflicted, or threatened or attempted to~~  
1657 ~~inflict, or unless admitted is likely to inflict, physical harm~~  
1658 ~~on himself or herself or another; or~~

1659 ~~(b)~~ Is in need of substance abuse services and, by reason  
1660 of substance abuse impairment, his or her judgment has been so  
1661 impaired that he or she ~~the person~~ is incapable of appreciating  
1662 his or her need for such services and of making a rational  
1663 decision in that regard, although ~~thereto; however,~~ mere refusal  
1664 to receive such services does not constitute evidence of lack of  
1665 judgment with respect to his or her need for such services; or

1666 (b) Without care or treatment, is likely to suffer from  
1667 neglect or refuse to care for himself or herself; that such  
1668 neglect or refusal poses a real and present threat of  
1669 substantial harm to his or her well-being; and that it is not  
1670 apparent that such harm may be avoided through the help of  
1671 willing family members or friends or the provision of other

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1672 services, or there is substantial likelihood that the person has  
1673 inflicted, or threatened to or attempted to inflict, or, unless  
1674 admitted, is likely to inflict, physical harm on himself,  
1675 herself, or another.

1676 Section 24. Paragraph (g) is added to subsection (1) of  
1677 section 397.6751, Florida Statutes, to read:

1678 397.6751 Service provider responsibilities regarding  
1679 involuntary admissions.—

1680 (1) It is the responsibility of the service provider to:

1681 (g) Submit to the department a copy of any court order,  
1682 law enforcement report, or professional certificate requiring an  
1683 individual to undergo involuntary services within 1 working day  
1684 after it is received.

1685 Section 25. Subsection (1) of section 397.6772, Florida  
1686 Statutes, is amended to read:

1687 397.6772 Protective custody without consent.—

1688 (1) If a person in circumstances which justify protective  
1689 custody as described in s. 397.677 fails or refuses to consent  
1690 to assistance and a law enforcement officer has determined that  
1691 a hospital or a licensed detoxification or addictions receiving  
1692 facility is the most appropriate place for the person, the  
1693 officer may, after giving due consideration to the expressed  
1694 wishes of the person:

1695 (a) Take the person to a hospital or to a licensed  
1696 detoxification or addictions receiving facility against the  
1697 person's will but without using unreasonable force. The officer

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1698 shall use the standard form developed by the department pursuant  
1699 to s. 397.321 to execute a written report detailing the  
1700 circumstances under which the person was taken into custody. The  
1701 written report shall be included in the patient's clinical  
1702 record; or

1703 (b) In the case of an adult, detain the person for his or  
1704 her own protection in any municipal or county jail or other  
1705 appropriate detention facility.

1706  
1707 Such detention is not to be considered an arrest for any  
1708 purpose, and no entry or other record may be made to indicate  
1709 that the person has been detained or charged with any crime. The  
1710 officer in charge of the detention facility must notify the  
1711 nearest appropriate licensed service provider within the first 8  
1712 hours after detention that the person has been detained. It is  
1713 the duty of the detention facility to arrange, as necessary, for  
1714 transportation of the person to an appropriate licensed service  
1715 provider with an available bed. Persons taken into protective  
1716 custody must be assessed by the attending physician within the  
1717 72-hour period and without unnecessary delay, to determine the  
1718 need for further services.

1719 Section 26. Paragraph (a) of subsection (1) of section  
1720 397.6773, Florida Statutes, is amended to read:

1721 397.6773 Dispositional alternatives after protective  
1722 custody.—

1723 (1) An individual who is in protective custody must be

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1724 released by a qualified professional when:

1725 (a) The individual no longer meets the involuntary  
1726 admission criteria in s. 397.675 ~~397.675(1)~~;

1727 Section 27. Section 397.679, Florida Statutes, is amended  
1728 to read:

1729 397.679 Emergency admission; circumstances justifying.—A  
1730 person who meets the criteria for involuntary admission in s.  
1731 397.675 may be admitted to a hospital or to a licensed  
1732 detoxification facility or addictions receiving facility for  
1733 emergency assessment and stabilization, or to a less intensive  
1734 component of a licensed service provider for assessment only,  
1735 upon receipt by the facility of a the physician's certificate by  
1736 a physician, an advanced registered nurse practitioner, a  
1737 clinical psychologist, a clinical social worker, a marriage and  
1738 family therapist, a mental health counselor, a physician  
1739 assistant working under the scope of practice of the supervising  
1740 physician, or a master's-level-certified addictions professional  
1741 for substance abuse services, if the certificate is specific to  
1742 substance abuse impairment, and the completion of an application  
1743 for emergency admission.

1744 Section 28. Section 397.6791, Florida Statutes, is amended  
1745 to read:

1746 397.6791 Emergency admission; persons who may initiate.—  
1747 The following persons may request a certificate for an emergency  
1748 assessment or admission:

1749 (1) In the case of an adult, any professional who may

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1750 issue a professional certificate pursuant to s. 397.6793, the  
1751 ~~certifying physician~~, the person's spouse or legal guardian, any  
1752 relative of the person, or any other responsible adult who has  
1753 personal knowledge of the person's substance abuse impairment.

1754 (2) In the case of a minor, the minor's parent, legal  
1755 guardian, or legal custodian.

1756 Section 29. Section 397.6793, Florida Statutes, is amended  
1757 to read:

1758 397.6793 Professional's Physician's ~~Physician's~~ certificate for  
1759 emergency admission.—

1760 (1) A physician, a clinical psychologist, a physician  
1761 assistant working under the scope of practice of the supervising  
1762 physician, a psychiatric nurse, an advanced registered nurse  
1763 practitioner, a mental health counselor, a marriage and family  
1764 therapist, a master's-level-certified addictions professional  
1765 for substance abuse services, or a clinical social worker may  
1766 execute a professional's certificate for emergency admission.

1767 The professional's physician's ~~physician's~~ certificate must include the name  
1768 of the person to be admitted, the relationship between the  
1769 person and the professional executing the certificate ~~physician~~,  
1770 the relationship between the applicant and the professional  
1771 ~~physician~~, any relationship between the professional physician  
1772 and the licensed service provider, ~~and~~ a statement that the  
1773 person has been examined and assessed within the preceding 5  
1774 days after ~~of~~ the application date, and ~~must include~~ factual  
1775 allegations with respect to the need for emergency admission,

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1776 including:

1777 (a) The reason for the ~~physician's~~ belief that the person  
1778 is substance abuse impaired; ~~and~~1779 (b) The reason for the ~~physician's~~ belief that because of  
1780 such impairment the person has lost the power of self-control  
1781 with respect to substance abuse; and ~~either~~1782 (c)1. The reason for the belief ~~physician believes~~ that,  
1783 without care or treatment, the person is likely to suffer from  
1784 neglect or refuse to care for himself or herself; that such  
1785 neglect or refusal poses a real and present threat of  
1786 substantial harm to his or her well-being; and that it is not  
1787 apparent that such harm may be avoided through the help of  
1788 willing family members or friends or the provision of other  
1789 services, or there is substantial likelihood that the person has  
1790 inflicted or, unless admitted, is likely to inflict, physical  
1791 harm on himself, ~~or~~ herself, or another ~~others unless admitted;~~  
1792 or1793 2. The reason for the belief ~~physician believes~~ that the  
1794 person's refusal to voluntarily receive care is based on  
1795 judgment so impaired by reason of substance abuse that the  
1796 person is incapable of appreciating his or her need for care and  
1797 of making a rational decision regarding his or her need for  
1798 care.1799 (2) The professional's ~~physician's~~ certificate must  
1800 recommend the least restrictive type of service that is  
1801 appropriate for the person. The certificate must be signed by

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1802 the professional physician. If other less restrictive means are  
1803 not available, such as voluntary appearance for outpatient  
1804 evaluation, a law enforcement officer shall take the person  
1805 named in the certificate into custody and deliver him or her to  
1806 the appropriate facility for involuntary assessment and  
1807 stabilization.

1808 (3) A signed copy of the professional's ~~physician's~~  
1809 certificate shall accompany the person, and shall be made a part  
1810 of the person's clinical record, together with a signed copy of  
1811 the application. The application and the professional's  
1812 ~~physician's~~ certificate authorize the involuntary admission of  
1813 the person pursuant to, and subject to the provisions of, ss.  
1814 397.679-397.6797.

1815 (4) The professional's certificate is valid for 7 days  
1816 after issuance.

1817 (5) The professional's ~~physician's~~ certificate must  
1818 indicate whether the person requires transportation assistance  
1819 for delivery for emergency admission and specify, pursuant to s.  
1820 397.6795, the type of transportation assistance necessary.

1821 Section 30. Section 397.6795, Florida Statutes, is amended  
1822 to read:

1823 397.6795 Transportation-assisted delivery of persons for  
1824 emergency assessment.—An applicant for a person's emergency  
1825 admission, ~~or~~ the person's spouse or guardian, or a law  
1826 enforcement officer, ~~or a health officer~~ may deliver a person  
1827 named in the professional's ~~physician's~~ certificate for

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1828 emergency admission to a hospital or a licensed detoxification  
1829 facility or addictions receiving facility for emergency  
1830 assessment and stabilization.

1831 Section 31. Subsection (1) of section 397.681, Florida  
1832 Statutes, is amended to read:

1833 397.681 Involuntary petitions; general provisions; court  
1834 jurisdiction and right to counsel.—

1835 (1) JURISDICTION.—The courts have jurisdiction of  
1836 involuntary assessment and stabilization petitions and  
1837 involuntary treatment petitions for substance abuse impaired  
1838 persons, and such petitions must be filed with the clerk of the  
1839 court in the county where the person is located. The clerk of  
1840 the court may not charge a fee for the filing of a petition  
1841 under this section. The chief judge may appoint a general or  
1842 special magistrate to preside over all or part of the  
1843 proceedings. The alleged impaired person is named as the  
1844 respondent.

1845 Section 32. Subsection (1) of section 397.6811, Florida  
1846 Statutes, is amended to read:

1847 397.6811 Involuntary assessment and stabilization.—A  
1848 person determined by the court to appear to meet the criteria  
1849 for involuntary admission under s. 397.675 may be admitted for a  
1850 period of 5 days to a hospital or to a licensed detoxification  
1851 facility or addictions receiving facility, for involuntary  
1852 assessment and stabilization or to a less restrictive component  
1853 of a licensed service provider for assessment only upon entry of

388449

Approved For Filing: 3/3/2016 4:45:21 PM



Amendment No.

1854 a court order or upon receipt by the licensed service provider  
1855 of a petition. Involuntary assessment and stabilization may be  
1856 initiated by the submission of a petition to the court.

1857 (1) If the person upon whose behalf the petition is being  
1858 filed is an adult, a petition for involuntary assessment and  
1859 stabilization may be filed by the respondent's spouse or legal  
1860 guardian, any relative, a private practitioner, the director of  
1861 a licensed service provider or the director's designee, or an  
1862 adult ~~any three adults~~ who has direct ~~have~~ personal knowledge of  
1863 the respondent's substance abuse impairment.

1864 Section 33. Section 397.6814, Florida Statutes, is amended  
1865 to read:

1866 397.6814 Involuntary assessment and stabilization;  
1867 contents of petition.—A petition for involuntary assessment and  
1868 stabilization must contain the name of the respondent, ~~and~~ the name  
1869 of the applicant or applicants, ~~and~~ the relationship between the  
1870 respondent and the applicant, ~~and~~ the name of the respondent's  
1871 attorney, if known, ~~and a statement of the respondent's ability~~  
1872 ~~to afford an attorney;~~ and must state facts to support the need  
1873 for involuntary assessment and stabilization, including:

1874 (1) The reason for the petitioner's belief that the  
1875 respondent is substance abuse impaired; ~~and~~

1876 (2) The reason for the petitioner's belief that because of  
1877 such impairment the respondent has lost the power of self-  
1878 control with respect to substance abuse; and ~~either~~

1879 (3) (a) The reason the petitioner believes that the

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1880 respondent has inflicted or is likely to inflict physical harm  
1881 on himself or herself or others unless admitted; or

1882 (b) The reason the petitioner believes that the  
1883 respondent's refusal to voluntarily receive care is based on  
1884 judgment so impaired by reason of substance abuse that the  
1885 respondent is incapable of appreciating his or her need for care  
1886 and of making a rational decision regarding that need for care.  
1887 If the respondent has refused to submit to an assessment, such  
1888 refusal must be alleged in the petition.

1889

1890 A fee may not be charged for the filing of a petition pursuant  
1891 to this section.

1892 Section 34. Subsection (4) is added to section 397.6818,  
1893 Florida Statutes, to read:

1894 397.6818 Court determination.—At the hearing initiated in  
1895 accordance with s. 397.6811(1), the court shall hear all  
1896 relevant testimony. The respondent must be present unless the  
1897 court has reason to believe that his or her presence is likely  
1898 to be injurious to him or her, in which event the court shall  
1899 appoint a guardian advocate to represent the respondent. The  
1900 respondent has the right to examination by a court-appointed  
1901 qualified professional. After hearing all the evidence, the  
1902 court shall determine whether there is a reasonable basis to  
1903 believe the respondent meets the involuntary admission criteria  
1904 of s. 397.675.

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1905       (4) The order is valid only for the period specified in  
1906 the order or, if a period is not specified, for 7 days after the  
1907 order is signed.

1908       Section 35. Section 397.6819, Florida Statutes, is amended  
1909 to read:

1910       397.6819 Involuntary assessment and stabilization;  
1911 responsibility of licensed service provider.—A licensed service  
1912 provider may admit an individual for involuntary assessment and  
1913 stabilization for a period not to exceed 5 days unless a  
1914 petition for involuntary services has been initiated and the  
1915 individual is being retained pursuant to s. 397.6822(3) or a  
1916 request for an extension of time has been filed with the court  
1917 pursuant to s. 397.6821. The individual must be assessed within  
1918 72 hours ~~without unnecessary delay~~ by a qualified professional.  
1919 If an assessment is performed by a qualified professional who is  
1920 not a physician, the assessment must be reviewed by a physician  
1921 before the end of the assessment period.

1922       Section 36. Section 397.695, Florida Statutes, is amended  
1923 to read:

1924       397.695 Involuntary services ~~treatment~~; persons who may  
1925 petition.—

1926       (1) If the respondent is an adult, a petition for  
1927 involuntary services ~~treatment~~ may be filed by the respondent's  
1928 spouse or legal guardian, any relative, a service provider, or  
1929 an adult ~~any three adults~~ who has direct ~~have~~ personal knowledge  
1930 of the respondent's substance abuse impairment and his or her

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1931 prior course of assessment and treatment.

1932 (2) If the respondent is a minor, a petition for  
1933 involuntary treatment may be filed by a parent, legal guardian,  
1934 or service provider.

1935 Section 37. Section 397.6951, Florida Statutes, is amended  
1936 to read:

1937 397.6951 Contents of petition for involuntary services  
1938 ~~treatment~~.—A petition for involuntary services ~~treatment~~ must  
1939 contain the name of the respondent ~~to be admitted~~; the name of  
1940 the petitioner or petitioners; the relationship between the  
1941 respondent and the petitioner; the name of the respondent's  
1942 attorney, if known, ~~and a statement of the petitioner's~~  
1943 ~~knowledge of the respondent's ability to afford an attorney~~; the  
1944 findings and recommendations of the assessment performed by the  
1945 qualified professional; and the factual allegations presented by  
1946 the petitioner establishing the need for involuntary outpatient  
1947 services. The factual allegations must demonstrate ~~treatment~~,  
1948 ~~including~~:

1949 (1) The reason for the petitioner's belief that the  
1950 respondent is substance abuse impaired; ~~and~~

1951 (2) The reason for the petitioner's belief that because of  
1952 such impairment the respondent has lost the power of self-  
1953 control with respect to substance abuse; and ~~either~~

1954 (3) (a) The reason the petitioner believes that the  
1955 respondent has inflicted or is likely to inflict physical harm  
1956 on himself or herself or others unless the court orders the

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1957 involuntary services ~~admitted~~; or

1958 (b) The reason the petitioner believes that the  
1959 respondent's refusal to voluntarily receive care is based on  
1960 judgment so impaired by reason of substance abuse that the  
1961 respondent is incapable of appreciating his or her need for care  
1962 and of making a rational decision regarding that need for care.

1963 Section 38. Section 397.6955, Florida Statutes, is amended  
1964 to read:

1965 397.6955 Duties of court upon filing of petition for  
1966 involuntary services ~~treatment~~.-

1967 (1) Upon the filing of a petition for ~~the~~ involuntary  
1968 services for treatment of a substance abuse impaired person with  
1969 the clerk of the court, the court shall immediately determine  
1970 whether the respondent is represented by an attorney or whether  
1971 the appointment of counsel for the respondent is appropriate. If  
1972 the court appoints counsel for the person, the clerk of the  
1973 court shall immediately notify the office of criminal conflict  
1974 and civil regional counsel, created pursuant to s. 27.511, of  
1975 the appointment. The office of criminal conflict and civil  
1976 regional counsel shall represent the person until the petition  
1977 is dismissed, the court order expires, or the person is  
1978 discharged from involuntary services. An attorney that  
1979 represents the person named in the petition shall have access to  
1980 the person, witnesses, and records relevant to the presentation  
1981 of the person's case and shall represent the interests of the  
1982 person, regardless of the source of payment to the attorney.

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

1983           (2) The court shall schedule a hearing to be held on the  
1984 petition within 5 ~~10~~ days unless a continuance is granted. The  
1985 court may appoint a magistrate to preside at the hearing.

1986           (3) A copy of the petition and notice of the hearing must  
1987 be provided to the respondent; the respondent's parent,  
1988 guardian, or legal custodian, in the case of a minor; the  
1989 respondent's attorney, if known; the petitioner; the  
1990 respondent's spouse or guardian, if applicable; and such other  
1991 persons as the court may direct. If the respondent is a minor, a  
1992 copy of the petition and notice of the hearing must be ~~and have~~  
1993 ~~such petition and order~~ personally delivered to the respondent  
1994 ~~if he or she is a minor.~~ The court shall also issue a summons to  
1995 the person whose admission is sought.

1996           Section 39. Section 397.6957, Florida Statutes, is amended  
1997 to read:

1998           397.6957 Hearing on petition for involuntary services  
1999 ~~treatment.~~—

2000           (1) At a hearing on a petition for involuntary services  
2001 ~~treatment~~, the court shall hear and review all relevant  
2002 evidence, including the review of results of the assessment  
2003 completed by the qualified professional in connection with the  
2004 respondent's protective custody, emergency admission,  
2005 involuntary assessment, or alternative involuntary admission.  
2006 The respondent must be present unless the court finds that his  
2007 or her presence is likely to be injurious to himself or herself  
2008 or others, in which event the court must appoint a guardian

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

2009 advocate to act in behalf of the respondent throughout the  
2010 proceedings.

2011 (2) The petitioner has the burden of proving by clear and  
2012 convincing evidence that:

2013 (a) The respondent is substance abuse impaired and has a  
2014 history of lack of compliance with treatment for substance  
2015 abuse; and

2016 (b) Because of such impairment the respondent is unlikely  
2017 to voluntarily participate in the recommended services or is  
2018 unable to determine for himself or herself whether services are  
2019 necessary ~~the respondent has lost the power of self-control with~~  
2020 ~~respect to substance abuse;~~ and: either

2021 1. Without services, the respondent is likely to suffer  
2022 from neglect or refuse to care for himself or herself; that such  
2023 neglect or refusal poses a real and present threat of  
2024 substantial harm to his or her well-being; and that there is a  
2025 substantial likelihood that without services the respondent will  
2026 cause serious bodily harm to himself, herself, or another in the  
2027 near future, as evidenced by recent behavior ~~The respondent has~~  
2028 ~~inflicted or is likely to inflict physical harm on himself or~~  
2029 ~~herself or others unless admitted; or~~

2030 2. The respondent's refusal to voluntarily receive care is  
2031 based on judgment so impaired by reason of substance abuse that  
2032 the respondent is incapable of appreciating his or her need for  
2033 care and of making a rational decision regarding that need for  
2034 care.

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

2035 (3) One of the qualified professionals who executed the  
2036 involuntary services certificate must be a witness. The court  
2037 shall allow testimony from individuals, including family  
2038 members, deemed by the court to be relevant under state law,  
2039 regarding the respondent's prior history and how that prior  
2040 history relates to the person's current condition. The testimony  
2041 in the hearing must be under oath, and the proceedings must be  
2042 recorded. The patient may refuse to testify at the hearing.

2043 (4)(3) At the conclusion of the hearing the court shall  
2044 either dismiss the petition or order the respondent to receive  
2045 undergo involuntary services from his or her substance abuse  
2046 treatment, with the respondent's chosen licensed service  
2047 provider if to deliver the involuntary substance abuse treatment  
2048 where possible and appropriate.

2049 Section 40. Section 397.697, Florida Statutes, is amended  
2050 to read:

2051 397.697 Court determination; effect of court order for  
2052 involuntary services ~~substance abuse treatment~~.

2053 (1) When the court finds that the conditions for  
2054 involuntary services ~~substance abuse treatment~~ have been proved  
2055 by clear and convincing evidence, it may order the respondent to  
2056 receive undergo involuntary services from treatment by a  
2057 publicly funded licensed service provider for a period not to  
2058 exceed 90 60 days. The court may also order a respondent to  
2059 undergo treatment through a privately funded licensed service  
2060 provider if the respondent has the ability to pay for the

388449

Approved For Filing: 3/3/2016 4:45:21 PM



Amendment No.

2061 treatment, or if any person on the respondent's behalf  
2062 voluntarily demonstrates a willingness and an ability to pay for  
2063 the treatment. If the court finds it necessary, it may direct  
2064 the sheriff to take the respondent into custody and deliver him  
2065 or her to the licensed service provider specified in the court  
2066 order, or to the nearest appropriate licensed service provider,  
2067 for involuntary services treatment. When the conditions  
2068 justifying involuntary services treatment no longer exist, the  
2069 individual must be released as provided in s. 397.6971. When the  
2070 conditions justifying involuntary services treatment are  
2071 expected to exist after 90 ~~60~~ days of services treatment, a  
2072 renewal of the involuntary services treatment order may be  
2073 requested pursuant to s. 397.6975 before ~~prior to~~ the end of the  
2074 90-day ~~60-day~~ period.

2075 (2) In all cases resulting in an order for involuntary  
2076 services substance abuse treatment, the court shall retain  
2077 jurisdiction over the case and the parties for the entry of such  
2078 further orders as the circumstances may require. The court's  
2079 requirements for notification of proposed release must be  
2080 included in the original ~~treatment~~ order.

2081 (3) An involuntary services treatment order authorizes the  
2082 licensed service provider to require the individual to receive  
2083 services that undergo such treatment as will benefit him or her,  
2084 including services treatment at any licensable service component  
2085 of a licensed service provider.

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

2086        (4) If the court orders involuntary services, a copy of  
2087 the order must be sent to the managing entity within 1 working  
2088 day after it is received from the court. Documents may be  
2089 submitted electronically through existing data systems, if  
2090 applicable.

2091        Section 41. Section 397.6971, Florida Statutes, is amended  
2092 to read:

2093        397.6971 Early release from involuntary services ~~substance~~  
2094 ~~abuse treatment.~~

2095        (1) At any time before ~~prior to~~ the end of the 90-day ~~60-~~  
2096 ~~day~~ involuntary services ~~treatment~~ period, or before ~~prior to~~  
2097 the end of any extension granted pursuant to s. 397.6975, an  
2098 individual receiving ~~admitted for~~ involuntary services ~~treatment~~  
2099 may be determined eligible for discharge to the most appropriate  
2100 referral or disposition for the individual when any of the  
2101 following apply:

2102        (a) The individual no longer meets the criteria for  
2103 involuntary admission and has given his or her informed consent  
2104 to be transferred to voluntary treatment status. †

2105        (b) If the individual was admitted on the grounds of  
2106 likelihood of infliction of physical harm upon himself or  
2107 herself or others, such likelihood no longer exists. † ~~or~~

2108        (c) If the individual was admitted on the grounds of need  
2109 for assessment and stabilization or treatment, accompanied by  
2110 inability to make a determination respecting such need, ~~either:~~

2111        1. Such inability no longer exists; or

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

2112 2. It is evident that further treatment will not bring  
2113 about further significant improvements in the individual's  
2114 condition.~~†~~

2115 (d) The individual is no longer in need of services.~~† or~~

2116 (e) The director of the service provider determines that  
2117 the individual is beyond the safe management capabilities of the  
2118 provider.

2119 (2) Whenever a qualified professional determines that an  
2120 individual admitted for involuntary services ~~treatment~~  
2121 ~~is ready~~ for early release under ~~for any of the reasons listed~~  
2122 ~~in~~ subsection (1), the service provider shall immediately  
2123 discharge the individual~~†~~ and must notify all persons specified  
2124 by the court in the original treatment order.

2125 Section 42. Section 397.6975, Florida Statutes, is amended  
2126 to read:

2127 397.6975 Extension of involuntary services ~~substance abuse~~  
2128 ~~treatment~~ period.-

2129 (1) Whenever a service provider believes that an  
2130 individual who is nearing the scheduled date of his or her  
2131 release from involuntary services ~~treatment~~ continues to meet  
2132 the criteria for involuntary services ~~treatment~~ in s. 397.693, a  
2133 petition for renewal of the involuntary services ~~treatment~~ order  
2134 may be filed with the court at least 10 days before the  
2135 expiration of the court-ordered services ~~treatment~~ period. The  
2136 court shall immediately schedule a hearing to be held not more  
2137 than 15 days after filing of the petition. The court shall

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

2138 provide the copy of the petition for renewal and the notice of  
2139 the hearing to all parties to the proceeding. The hearing is  
2140 conducted pursuant to s. 397.6957.

2141 (2) If the court finds that the petition for renewal of  
2142 the involuntary services ~~treatment~~ order should be granted, it  
2143 may order the respondent to receive ~~undergo~~ involuntary services  
2144 ~~treatment~~ for a period not to exceed an additional 90 days. When  
2145 the conditions justifying involuntary services ~~treatment~~ no  
2146 longer exist, the individual must be released as provided in s.  
2147 397.6971. When the conditions justifying involuntary services  
2148 ~~treatment~~ continue to exist after an additional 90 days of  
2149 service ~~additional treatment~~, a new petition requesting renewal  
2150 of the involuntary services ~~treatment~~ order may be filed  
2151 pursuant to this section.

2152 (3) Within 1 court working day after the filing of a  
2153 petition for continued involuntary services, the court shall  
2154 appoint the office of criminal conflict and civil regional  
2155 counsel to represent the respondent, unless the respondent is  
2156 otherwise represented by counsel. The clerk of the court shall  
2157 immediately notify the office of criminal conflict and civil  
2158 regional counsel of such appointment. The office of criminal  
2159 conflict and civil regional counsel shall represent the  
2160 respondent until the petition is dismissed or the court order  
2161 expires or the respondent is discharged from involuntary  
2162 services. Any attorney representing the respondent shall have  
2163 access to the respondent, witnesses, and records relevant to the

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

2164 presentation of the respondent's case and shall represent the  
2165 interests of the respondent, regardless of the source of payment  
2166 to the attorney.

2167 (4) Hearings on petitions for continued involuntary  
2168 services shall be before the circuit court. The court may  
2169 appoint a magistrate to preside at the hearing. The procedures  
2170 for obtaining an order pursuant to this section shall be in  
2171 accordance with s. 397.697.

2172 (5) Notice of hearing shall be provided to the respondent  
2173 or his or her counsel. The respondent and the respondent's  
2174 counsel may agree to a period of continued involuntary services  
2175 without a court hearing.

2176 (6) The same procedure shall be repeated before the  
2177 expiration of each additional period of involuntary services.

2178 (7) If the respondent has previously been found  
2179 incompetent to consent to treatment, the court shall consider  
2180 testimony and evidence regarding the respondent's competence.

2181 Section 43. Section 397.6977, Florida Statutes, is amended  
2182 to read:

2183 397.6977 Disposition of individual upon completion of  
2184 involuntary services ~~substance abuse treatment~~.—At the  
2185 conclusion of the 90-day ~~60-day~~ period of court-ordered  
2186 involuntary services ~~treatment~~, the respondent ~~individual~~ is  
2187 automatically discharged unless a motion for renewal of the  
2188 involuntary services ~~treatment~~ order has been filed with the  
2189 court pursuant to s. 397.6975.

388449

Approved For Filing: 3/3/2016 4:45:21 PM

Amendment No.

2190 Section 44. Section 397.6978, Florida Statutes, is created  
2191 to read:

2192 397.6978 Guardian advocate; patient incompetent to  
2193 consent; substance abuse disorder.—

2194 (1) The administrator of an addictions receiving facility  
2195 may petition the court for the appointment of a guardian  
2196 advocate based upon the opinion of a qualified professional that  
2197 the patient is incompetent to consent to treatment. If the court  
2198 finds that a patient is incompetent to consent to treatment and  
2199 has not been adjudicated incapacitated and that a guardian with  
2200 the authority to consent to substance abuse treatment has not  
2201 been appointed, it may appoint a guardian advocate. The patient  
2202 has the right to have an attorney represent him or her at the  
2203 hearing. If the person is indigent, the court shall appoint the  
2204 office of criminal conflict and civil regional counsel to  
2205 represent him or her at the hearing. The patient has the right  
2206 to testify, cross-examine witnesses, and present witnesses. The  
2207 proceeding shall be recorded electronically or  
2208 stenographically, and testimony must be provided under oath. One  
2209 of the qualified professionals authorized to give an opinion in  
2210 support of a petition for involuntary services, as described in  
2211 s. 397.693,

388449

Approved For Filing: 3/3/2016 4:45:21 PM