



LEGISLATIVE ACTION

Senate	.	House
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Floor: 1/AE/RM	.	Floor: SENAT/C
03/11/2016 01:58 PM	.	03/11/2016 02:36 PM
	.	

Senator Garcia moved the following:

1 **Senate Amendment to House Amendment (171349) (with title**
2 **amendment)**
3
4 Delete lines 5 - 4950
5 and insert:
6 Section 1. Paragraph (e) is added to subsection (10) of
7 section 29.004, Florida Statutes, to read:
8 29.004 State courts system.—For purposes of implementing s.
9 14, Art. V of the State Constitution, the elements of the state
10 courts system to be provided from state revenues appropriated by
11 general law are as follows:



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

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

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

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

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

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

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

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



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

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

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

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

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

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



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70 findings with the evaluator.

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

73 394.453 Legislative intent.—

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

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

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

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

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

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

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

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



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

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

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

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

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

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



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

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

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

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



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

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

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

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

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

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

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



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186 services, crisis response services, and diversion programs.

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

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

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

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



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

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

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

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



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

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

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

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

260 (g) Outpatient services.

261 (h) Residential services.

262 (i) Hospital inpatient care.

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

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

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



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

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

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

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

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



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

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

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

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

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



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

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

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

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



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360 this part.

361 (4) REPORTING REQUIREMENTS.—

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

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

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

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

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



389 Representatives.

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

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

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

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

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

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



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418 this part or rules adopted under this part.

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

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

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

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

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

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

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

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

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

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



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

454

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

458 (4) The district plan shall:

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

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

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

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

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



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

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

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

482 (2) INVOLUNTARY PATIENTS.—

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

- 490 1. The patient's spouse.
- 491 2. An adult child of the patient.
- 492 3. A parent of the patient.
- 493 4. The adult next of kin of the patient.
- 494 5. An adult friend of the patient.

495 ~~6. The appropriate Florida local advocacy council as~~
496 ~~provided in s. 402.166.~~

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

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



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505 facility providing the examination of the patient.

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

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

510 6. A creditor of the patient.

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

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

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

530 394.4598 Guardian advocate.—

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

533 (a) A professional providing clinical services to the



534 patient under this part.

535 (b) The licensed professional who initiated the involuntary
536 examination of the patient, if the examination was initiated by
537 professional certificate.

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

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

542 (e) A person providing any substantial professional
543 services, excluding public and professional guardians, to the
544 patient, including clinical services.

545 (f) A creditor of the patient.

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

550 (h) A person subject to an injunction for protection
551 against repeat violence, stalking, sexual violence, or dating
552 violence under s. 784.046, whether the order of injunction is
553 temporary or final, and for which the patient was the
554 petitioner.

555 (4) ~~(3)~~ In lieu of the training required of guardians
556 appointed pursuant to chapter 744, ~~Prior to~~ a guardian advocate
557 must, at a minimum, participate in a 4-hour training course
558 approved by the court before exercising his or her authority,
559 ~~the guardian advocate shall attend a training course approved by~~
560 ~~the court. At a minimum, this training course, of not less than~~
561 ~~4 hours,~~ must include, ~~at minimum,~~ information about the patient
562 rights, psychotropic medications, the diagnosis of mental



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

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

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

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



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

607 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

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

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

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



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

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

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

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

639 b. From the person receiving the transportation.

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

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

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



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

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

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

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



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

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

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

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

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



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

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

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

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



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

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

744 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

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

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

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



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

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

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

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

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

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

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



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

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

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

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

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

816 394.467 Involuntary inpatient placement.—

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

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

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



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

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

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

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

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

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



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

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

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



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

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

888 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

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

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

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



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

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

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



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

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

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



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969 documentation.

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

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

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



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

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

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

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

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



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

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

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

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

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

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



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

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

1063 394.4685 Transfer of patients among facilities.—

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

1113 (k) One representative of the Florida Association of



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



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

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

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

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

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

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

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



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

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

1180 394.761 Revenue maximization.—

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

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



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

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

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



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

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

1237 394.879 Rules; enforcement.—

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

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



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

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

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

1274 394.9082 Behavioral health managing entities.-

1275 (1) INTENT AND PURPOSE.-

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



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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

1345 2. The degree of involvement with the criminal justice



1346 system and the risk to public safety posed by the individual.
1347 3. Whether the individual has recently resided in or is
1348 currently awaiting admission to or discharge from a treatment
1349 facility as defined in s. 394.455.
1350 4. The degree of utilization of behavioral health services.
1351 5. Whether the individual is a parent or caregiver who is
1352 involved with the child welfare system.
1353 (d) Support the development and implementation of a
1354 coordinated system of care by requiring each provider that
1355 receives state funds for behavioral health services through a
1356 direct contract with the department to work with the managing
1357 entity in the provider's service area to coordinate the
1358 provision of behavioral health services as part of the contract
1359 with the department.
1360 (e) Provide technical assistance to the managing entities.
1361 (f) Promote the coordination of behavioral health care and
1362 primary care.
1363 (g) Facilitate coordination between the managing entity and
1364 other payors of behavioral health care.
1365 (h) Develop and provide a unique identifier for clients
1366 receiving behavioral health services through the managing entity
1367 to coordinate care.
1368 (i) Coordinate procedures for the referral and admission of
1369 patients to, and the discharge of patients from, treatment
1370 facilities as defined in s. 394.455 and their return to the
1371 community.
1372 (j) Ensure that managing entities comply with state and
1373 federal laws, rules, regulations, and grant requirements.
1374 (k) Develop rules for the operations of, and the



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

1377 (1) Periodically review contract and reporting requirements
1378 and reduce costly, duplicative, and unnecessary administrative
1379 requirements.

1380 (4) CONTRACT WITH MANAGING ENTITIES.-

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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



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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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



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

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

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

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



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

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

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

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

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

1605 (d) The success of strategies to:

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



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

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

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

1615 (e) Consumer and family satisfaction.

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

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



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

1638 (9) FUNDING FOR MANAGING ENTITIES.—

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

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

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



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

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

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

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

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

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



1694 single unit.

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

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

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



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

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

1729 397.305 Legislative findings, intent, and purpose.—

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

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

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

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

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



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

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

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

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



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

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

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

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

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

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

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



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

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

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

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

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

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



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1839 397.6772 Protective custody without consent.—

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

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

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

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



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

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

1873 397.6773 Dispositional alternatives after protective
1874 custody.—

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

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

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

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

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



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1897 to read:

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

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

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

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

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

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

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



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

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

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

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

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

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



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

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

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

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

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

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

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



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1984 Statutes, is amended to read:

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

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

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

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

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



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

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

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

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

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

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

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

2041



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

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

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

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

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

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



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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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



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

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

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

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

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

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



2187 care.

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

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

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

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

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



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

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

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

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

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



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

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

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

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

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

2263 1. Such inability no longer exists; or

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

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

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

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



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

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

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

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

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



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2303 pursuant to this section.

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

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

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

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

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



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2332 evidence regarding the respondent's competence.

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

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

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

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

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



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

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

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

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

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

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

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

2381 (f) A creditor of the individual.

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

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



2390 petitioner.

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

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

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



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

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

- 2440 (a) The spouse of the patient.
- 2441 (b) An adult child of the patient.
- 2442 (c) A parent of the patient.
- 2443 (d) The adult next of kin of the patient.
- 2444 (e) An adult friend of the patient.
- 2445 (f) An adult trained and willing to serve as the guardian
2446 advocate for the patient.

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



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

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

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

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



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

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

2490 409.967 Managed care plan accountability.—

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

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

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



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2506 409.973 Benefits.—

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

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

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

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



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

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

2542 491.0045 Intern registration; requirements.—

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

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

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

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



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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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



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2651 39.524 Safe-harbor placement.—

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

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

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



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2680 provided in s. 212.054.

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

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



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

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

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



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

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



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

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

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

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

2783 394.4599 Notice.—

2784 (2) INVOLUNTARY ADMISSION.—

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



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2796 interest.

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

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

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

2822 (3) Assessments must be performed by:

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



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



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2854 section is amended to read:

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

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

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

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

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

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



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

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

2895 397.407 Licensure process; fees.—

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

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



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

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

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

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



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



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

2974 (6) LOCATION INFORMATION.—

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

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

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

2992 409.966 Eligible plans; selection.—

2993 (3) QUALITY SELECTION CRITERIA.—

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



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

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

3008 409.972 Mandatory and voluntary enrollment.—

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

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

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

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

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

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



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3028 assessment, and resolution of employee drug abuse.

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

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

3042 744.704 Powers and duties.—

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

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

3049 960.065 Eligibility for awards.—

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

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



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

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

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

3077 (2)

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

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

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



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

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

3093 c. Other activities; and

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

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

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

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

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

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

3108 1. To ensure the safety of children.

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



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

3117 4. To support families in recovery.

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

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



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

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

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

3157 39.507 Adjudicatory hearings; orders of adjudication.—

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



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

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

3188 39.521 Disposition hearings; powers of disposition.—

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

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

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



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



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

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

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

3256 394.4655 Involuntary outpatient services placement.—

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

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



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

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

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

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

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

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

3274 (e) The person has:

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

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

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



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

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

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

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

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

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



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

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

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



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



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

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

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



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

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

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



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3434 obtain the requested services.

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

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

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

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

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



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

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

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

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

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



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

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

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



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

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



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

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

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



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

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

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

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

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



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

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

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

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

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



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

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

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

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

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



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

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

3670 394.4599 Notice.—

3671 (2) INVOLUNTARY ADMISSION.—

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

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



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

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

3708 1. Notice that the petition for:

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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

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



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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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



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

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

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

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

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



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

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

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

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

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



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

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

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

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

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

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

4028 394.463 Involuntary examination.-

4029 (2) INVOLUNTARY EXAMINATION.-

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

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



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

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

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



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

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



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

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

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

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



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

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

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



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4159 taken, based on the individual needs of the patient:
4160 1. The patient shall be released, unless he or she is
4161 charged with a crime, in which case the patient shall be
4162 returned to the custody of a law enforcement officer;
4163 2. The patient shall be released, subject to the provisions
4164 of subparagraph 1., for voluntary outpatient treatment;
4165 3. The patient, unless he or she is charged with a crime,
4166 shall be asked to give express and informed consent to placement
4167 as a voluntary patient and, if such consent is given, the
4168 patient shall be admitted as a voluntary patient; or
4169 4. A petition for involuntary services shall be filed in
4170 the circuit court if inpatient treatment is deemed necessary or
4171 with the criminal county court, as defined in s. 394.4655(1), as
4172 applicable. When inpatient treatment is deemed necessary, the
4173 least restrictive treatment consistent with the optimum
4174 improvement of the patient's condition shall be made available.
4175 When a petition is to be filed for involuntary outpatient
4176 placement, it shall be filed by one of the petitioners specified
4177 in s. 394.4655(4) (a). A petition for involuntary inpatient
4178 placement shall be filed by the facility administrator.
4179 (h) ~~(g)~~ A person for whom an involuntary examination has
4180 been initiated who is being evaluated or treated at a hospital
4181 for an emergency medical condition specified in s. 395.002 must
4182 be examined by a ~~receiving~~ facility within 72 hours. The 72-hour
4183 period begins when the patient arrives at the hospital and
4184 ceases when the attending physician documents that the patient
4185 has an emergency medical condition. If the patient is examined
4186 at a hospital providing emergency medical services by a
4187 professional qualified to perform an involuntary examination and



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

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

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

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

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



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

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

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

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

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

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

4238 394.4615 Clinical records; confidentiality.-

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

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



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

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

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

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

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

4272 And the title is amended as follows:

4273 Delete lines 4956 - 5263

4274 and insert:



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



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



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



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



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



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



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4449 providing legislative intent; amending s. 491.0045,
4450 F.S.; revising registration requirements for interns;
4451 repealing s. 394.4674, F.S., relating to the
4452 comprehensive plan and report on the
4453 deinstitutionalization of patients in a treatment
4454 facility; repealing s. 394.4985, F.S., relating to the
4455 implementation of a districtwide information and
4456 referral network; repealing s. 394.745, F.S., relating
4457 to the annual report on the compliance of providers
4458 under contract with the department; repealing s.
4459 397.331, F.S., relating to definitions and legislative
4460 intent; repealing part IX of chapter 397, F.S.,
4461 consisting of ss. 397.801, 397.811, and 397.821, F.S.,
4462 relating to substance abuse impairment coordination,
4463 juvenile substance abuse impairment coordination, and
4464 juvenile substance abuse impairment prevention and
4465 early intervention councils, respectively; repealing
4466 s. 397.901, F.S., relating to prototype juvenile
4467 addictions receiving facilities; repealing s. 397.93,
4468 F.S., relating to target populations for children's
4469 substance abuse services; repealing s. 397.94, F.S.,
4470 relating to the information and referral network for
4471 children's substance abuse services; repealing s.
4472 397.951, F.S., relating to substance abuse treatment
4473 and sanctions; repealing s. 397.97, F.S., relating to
4474 demonstration models for children's substance abuse
4475 services; repealing s. 397.98, F.S., relating to
4476 utilization management for children's substance abuse
4477 services; amending ss. 39.407, 39.524, 212.055,



4478 394.4599, 394.495, 394.496, 394.9085, 397.321,
4479 397.405, 397.407, 397.416, 397.4871, 409.1678,
4480 409.966, 409.972, 440.102, 744.704, and 960.065, F.S.;
4481 conforming cross-references; requiring the Secretary
4482 of Children and Families to appoint a workgroup on the
4483 use of advance directives for substance use disorders;
4484 requiring a report to the Governor and Legislature by
4485 a specified date; providing for expiration of the
4486 workgroup; amending s. 61.13, F.S.; providing that a
4487 parenting plan that provides for shared parental
4488 responsibility over health care decisions must
4489 authorize either parent to consent to mental health
4490 treatment for the child; amending s. 39.001, F.S.;
4491 conforming provisions to changes made by the act;
4492 amending ss. 39.507 and 39.521, F.S.; providing for
4493 consideration of mental health issues and involvement
4494 in mental health programs in adjudicatory hearings and
4495 orders; providing requirements for certain court
4496 orders; revising the qualifications for administrators
4497 of mental health and substance abuse assessments or
4498 evaluations; amending s. 394.4655, F.S.; defining the
4499 terms "court" and "criminal county court"; providing
4500 for involuntary outpatient services; authorizing
4501 certain licensed physicians and psychiatric nurses to
4502 provide a second opinion regarding a recommendation
4503 for involuntary outpatient services under certain
4504 circumstances; requiring a service provider to
4505 document certain inquiries; requiring the managing
4506 entity to document certain efforts; making technical



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4507 changes; amending s. 394.4599, F.S.; conforming
4508 provisions to changes made by the act; amending s.
4509 394.455, F.S.; defining and redefining terms; amending
4510 s. 394.463, F.S.; authorizing circuit or county courts
4511 to enter ex parte orders for involuntary examinations;
4512 requiring a facility to provide copies of ex parte
4513 orders, reports, and certificates to the department,
4514 rather than the Agency for Health Care Administration;
4515 requiring the department to receive certain orders,
4516 certificates, and reports; requiring the department to
4517 receive and maintain copies of certain documents;
4518 prohibiting a person from being held for involuntary
4519 examination for more than a specified period of time;
4520 providing exceptions; requiring certain individuals to
4521 be released to law enforcement custody; providing
4522 exceptions; conforming cross-references; amending s.
4523 394.4615, F.S.; conforming a cross-reference;
4524 providing an appropriation; providing an effective
4525 date.