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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/18/2016	.	
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The Committee on Appropriations (Garcia) recommended the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause  
and insert:

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

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



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

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

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

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

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

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

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

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

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



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40 intact families, when appropriate.

41 4. To support families in recovery.

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

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

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



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

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

80 Section 3. Paragraph (c) of subsection (6) of section  
81 39.407, Florida Statutes, is amended to read:

82 39.407 Medical, psychiatric, and psychological examination  
83 and treatment of child; physical, mental, or substance abuse  
84 examination of person with or requesting child custody.—

85 (6) Children who are in the legal custody of the department  
86 may be placed by the department, without prior approval of the  
87 court, in a residential treatment center licensed under s.  
88 394.875 or a hospital licensed under chapter 395 for residential  
89 mental health treatment only pursuant to this section or may be  
90 placed by the court in accordance with an order of involuntary  
91 examination or involuntary placement entered pursuant to s.  
92 394.463 or s. 394.467. All children placed in a residential  
93 treatment program under this subsection must have a guardian ad  
94 litem appointed.

95 (c) Before a child is admitted under this subsection, the  
96 child shall be assessed for suitability for residential  
97 treatment by a qualified evaluator who has conducted a personal



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98 examination and assessment of the child and has made written  
99 findings that:

100 1. The child appears to have an emotional disturbance  
101 serious enough to require residential treatment and is  
102 reasonably likely to benefit from the treatment.

103 2. The child has been provided with a clinically  
104 appropriate explanation of the nature and purpose of the  
105 treatment.

106 3. All available modalities of treatment less restrictive  
107 than residential treatment have been considered, and a less  
108 restrictive alternative that would offer comparable benefits to  
109 the child is unavailable.

110  
111 A copy of the written findings of the evaluation and suitability  
112 assessment must be provided to the department, ~~and~~ to the  
113 guardian ad litem, and, if the child is a member of a Medicaid  
114 Managed Health Care Plan, to the plan that is financially  
115 responsible for the child's care in residential treatment, any  
116 of whom must be provided ~~who shall have~~ the opportunity to  
117 discuss the findings with the evaluator.

118 Section 4. Subsection (10) of section 39.507, Florida  
119 Statutes, is amended to read:

120 39.507 Adjudicatory hearings; orders of adjudication.-

121 (10) After an adjudication of dependency, or a finding of  
122 dependency in which ~~where~~ adjudication is withheld, the court  
123 may order a person who has, ~~custody~~ or is requesting, custody of  
124 the child to submit to a mental health or substance abuse  
125 disorder assessment or evaluation. The order may be made only  
126 upon good cause shown and pursuant to notice and procedural



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127 requirements provided under the Florida Rules of Juvenile  
128 Procedure. The assessment or evaluation must be administered by  
129 an appropriate a qualified professional, as defined in s.  
130 394.455 or s. 397.311. The court may also require such person to  
131 participate in and comply with treatment and services identified  
132 as necessary, including, when appropriate and available,  
133 participation in and compliance with a mental health program  
134 established under chapter 394 or a treatment-based drug court  
135 program established under s. 397.334. In addition to supervision  
136 by the department, the court, including a treatment-based mental  
137 health court program or a ~~the~~ treatment-based drug court  
138 program, may oversee the progress and compliance with treatment  
139 by a person who has custody or is requesting custody of the  
140 child. The court may impose appropriate available sanctions for  
141 noncompliance upon a person who has custody or is requesting  
142 custody of the child or make a finding of noncompliance for  
143 consideration in determining whether an alternative placement of  
144 the child is in the child's best interests. Any order entered  
145 under this subsection may be made only upon good cause shown.  
146 This subsection does not authorize placement of a child with a  
147 person seeking custody, other than the parent or legal  
148 custodian, who requires mental health or substance abuse  
149 disorder treatment.

150 Section 5. Paragraph (b) of subsection (1) of section  
151 39.521, Florida Statutes, is amended to read:

152 39.521 Disposition hearings; powers of disposition.—

153 (1) A disposition hearing shall be conducted by the court,  
154 if the court finds that the facts alleged in the petition for  
155 dependency were proven in the adjudicatory hearing, or if the



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156 parents or legal custodians have consented to the finding of  
157 dependency or admitted the allegations in the petition, have  
158 failed to appear for the arraignment hearing after proper  
159 notice, or have not been located despite a diligent search  
160 having been conducted.

161 (b) When any child is adjudicated by a court to be  
162 dependent, the court having jurisdiction of the child has the  
163 power by order to:

164 1. Require the parent and, when appropriate, the legal  
165 custodian and the child to participate in treatment and services  
166 identified as necessary. The court may require the person who  
167 has custody or who is requesting custody of the child to submit  
168 to a mental illness or substance abuse disorder assessment or  
169 evaluation. The order may be made only upon good cause shown and  
170 pursuant to notice and procedural requirements provided under  
171 the Florida Rules of Juvenile Procedure. The assessment or  
172 evaluation must be administered by an appropriate a qualified  
173 professional, as defined in s. 394.455 or s. 397.311. The court  
174 may also require such person to participate in and comply with  
175 treatment and services identified as necessary, including, when  
176 appropriate and available, participation in and compliance with  
177 a mental health program established under chapter 394 or a  
178 treatment-based drug court program established under s. 397.334.  
179 In addition to supervision by the department, the court,  
180 including a treatment-based mental health court program or a ~~the~~  
181 treatment-based drug court program, may oversee the progress and  
182 compliance with treatment by a person who has custody or is  
183 requesting custody of the child. The court may impose  
184 appropriate available sanctions for noncompliance upon a person



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185 who has custody or is requesting custody of the child or make a  
186 finding of noncompliance for consideration in determining  
187 whether an alternative placement of the child is in the child's  
188 best interests. Any order entered under this subparagraph may be  
189 made only upon good cause shown. This subparagraph does not  
190 authorize placement of a child with a person seeking custody of  
191 the child, other than the child's parent or legal custodian, who  
192 requires mental health or substance abuse treatment.

193       2. Require, if the court deems necessary, the parties to  
194 participate in dependency mediation.

195       3. Require placement of the child either under the  
196 protective supervision of an authorized agent of the department  
197 in the home of one or both of the child's parents or in the home  
198 of a relative of the child or another adult approved by the  
199 court, or in the custody of the department. Protective  
200 supervision continues until the court terminates it or until the  
201 child reaches the age of 18, whichever date is first. Protective  
202 supervision shall be terminated by the court whenever the court  
203 determines that permanency has been achieved for the child,  
204 whether with a parent, another relative, or a legal custodian,  
205 and that protective supervision is no longer needed. The  
206 termination of supervision may be with or without retaining  
207 jurisdiction, at the court's discretion, and shall in either  
208 case be considered a permanency option for the child. The order  
209 terminating supervision by the department must ~~shall~~ set forth  
210 the powers of the custodian of the child and ~~shall~~ include the  
211 powers ordinarily granted to a guardian of the person of a minor  
212 unless otherwise specified. Upon the court's termination of  
213 supervision by the department, ~~no~~ further judicial reviews are





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214 not required ~~if, so long as~~ permanency has been established for  
215 the child.

216 Section 6. Section 394.455, Florida Statutes, is amended to  
217 read:

218 394.455 Definitions.—As used in this part, ~~unless the~~  
219 ~~context clearly requires otherwise,~~ the term:

220 (1) "Access center" means a facility staffed by medical,  
221 behavioral, and substance abuse professionals which provides  
222 emergency screening and evaluation for mental health or  
223 substance abuse disorders and may provide transportation to an  
224 appropriate facility if an individual is in need of more  
225 intensive services.

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

232 (3) ~~(1)~~ "Administrator" means the chief administrative  
233 officer of a receiving or treatment facility or his or her  
234 designee.

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

238 (5) "Advanced registered nurse practitioner" means any  
239 person licensed in this state to practice professional nursing  
240 who is certified in advanced or specialized nursing practice  
241 under s. 464.012.

242 (6) ~~(2)~~ "Clinical psychologist" means a psychologist as



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243 defined in s. 490.003(7) with 3 years of postdoctoral experience  
244 in the practice of clinical psychology, inclusive of the  
245 experience required for licensure, or a psychologist employed by  
246 a facility operated by the United States Department of Veterans  
247 Affairs that qualifies as a receiving or treatment facility  
248 under this part.

249 (7)~~(3)~~ "Clinical record" means all parts of the record  
250 required to be maintained and includes all medical records,  
251 progress notes, charts, and admission and discharge data, and  
252 all other information recorded by a facility staff which  
253 pertains to the patient's hospitalization or treatment.

254 (8)~~(4)~~ "Clinical social worker" means a person licensed as  
255 a clinical social worker under s. 491.005 or s. 491.006 ~~chapter~~  
256 ~~491~~.

257 (9)~~(5)~~ "Community facility" means a any community service  
258 provider that contracts ~~contracting~~ with the department to  
259 furnish substance abuse or mental health services under part IV  
260 of this chapter.

261 (10)~~(6)~~ "Community mental health center or clinic" means a  
262 publicly funded, not-for-profit center that ~~which~~ contracts with  
263 the department for the provision of inpatient, outpatient, day  
264 treatment, or emergency services.

265 (11)~~(7)~~ "Court," unless otherwise specified, means the  
266 circuit court.

267 (12)~~(8)~~ "Department" means the Department of Children and  
268 Families.

269 (13) "Designated receiving facility" means a facility  
270 approved by the department which may be a public or private  
271 hospital, crisis stabilization unit, addictions receiving



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272 facility and provides, at a minimum, emergency screening,  
273 evaluation, and short-term stabilization for mental health or  
274 substance abuse disorders, and which may have an agreement with  
275 a corresponding facility for transportation and services.

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

278 (15) "Electronic means" is a form of telecommunication  
279 which requires all parties to maintain visual as well as audio  
280 communication when being used to conduct an examination by a  
281 qualified professional.

282 (16)-(9) "Express and informed consent" means consent  
283 voluntarily given in writing, by a competent person, after  
284 sufficient explanation and disclosure of the subject matter  
285 involved to enable the person to make a knowing and willful  
286 decision without any element of force, fraud, deceit, duress, or  
287 other form of constraint or coercion.

288 (17)-(10) "Facility" means any hospital, community facility,  
289 public or private facility, or receiving or treatment facility  
290 providing for the evaluation, diagnosis, care, treatment,  
291 training, or hospitalization of persons who appear to have a  
292 mental illness or who have been diagnosed as having a mental  
293 illness or substance abuse impairment. The term "Facility" does  
294 not include a ~~any~~ program or an entity licensed under pursuant  
295 ~~to~~ chapter 400 or chapter 429.

296 (18) "Governmental facility" means a facility owned,  
297 operated, or administered by the Department of Corrections or  
298 the United States Department of Veterans Affairs.

299 (19)-(11) "Guardian" means the natural guardian of a minor,  
300 or a person appointed by a court to act on behalf of a ward's



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301 person if the ward is a minor or has been adjudicated  
302 incapacitated.

303 (20)~~(12)~~ "Guardian advocate" means a person appointed by a  
304 court to make decisions regarding mental health or substance  
305 abuse treatment on behalf of a patient who has been found  
306 incompetent to consent to treatment pursuant to this part. ~~The~~  
307 ~~guardian advocate may be granted specific additional powers by~~  
308 ~~written order of the court, as provided in this part.~~

309 (21)~~(13)~~ "Hospital" means a hospital ~~facility as defined in~~  
310 ~~s. 395.002 and~~ licensed under chapter 395 and part II of chapter  
311 408.

312 (22)~~(14)~~ "Incapacitated" means that a person has been  
313 adjudicated incapacitated pursuant to part V of chapter 744 and  
314 a guardian of the person has been appointed.

315 (23)~~(15)~~ "Incompetent to consent to treatment" means a  
316 state in which ~~that~~ a person's judgment is so affected by a ~~his~~  
317 ~~or her~~ mental illness or a substance abuse impairment, that he  
318 or she ~~the person~~ lacks the capacity to make a well-reasoned,  
319 willful, and knowing decision concerning his or her medical, ~~or~~  
320 mental health, or substance abuse treatment.

321 (24) "Involuntary examination" means an examination  
322 performed under s. 394.463 or s. 397.675 to determine whether a  
323 person qualifies for involuntary services.

324 (25) "Involuntary services" in this part means court-  
325 ordered outpatient services or inpatient placement for mental  
326 health treatment pursuant to s. 394.4655 or s. 394.467.

327 (26)~~(16)~~ "Law enforcement officer" has the same meaning as  
328 provided ~~means a law enforcement officer as defined in s.~~  
329 943.10.



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330       (27) "Marriage and family therapist" means a person  
331 licensed to practice marriage and family therapy under s.  
332 491.005 or s. 491.006.

333       (28) "Mental health counselor" means a person licensed to  
334 practice mental health counseling under s. 491.005 or s.  
335 491.006.

336       (29)~~(17)~~ "Mental health overlay program" means a mobile  
337 service that ~~which~~ provides an independent examination for  
338 voluntary admission ~~admissions~~ and a range of supplemental  
339 onsite services to persons with a mental illness in a  
340 residential setting such as a nursing home, an assisted living  
341 facility, or an adult family-care home, or a nonresidential  
342 setting such as an adult day care center. Independent  
343 examinations provided ~~pursuant to this part~~ through a mental  
344 health overlay program must only be provided under contract with  
345 the department ~~for this service~~ or be attached to a public  
346 receiving facility that is also a community mental health  
347 center.

348       (30)~~(18)~~ "Mental illness" means an impairment of the mental  
349 or emotional processes that exercise conscious control of one's  
350 actions or of the ability to perceive or understand reality,  
351 which impairment substantially interferes with the person's  
352 ability to meet the ordinary demands of living. For the purposes  
353 of this part, the term does not include a developmental  
354 disability as defined in chapter 393, intoxication, or  
355 conditions manifested only by antisocial behavior or substance  
356 abuse ~~impairment~~.

357       (31) "Minor" means an individual who is 17 years of age or  
358 younger and who has not had the disability of nonage removed



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359 pursuant to s. 743.01 or s. 743.015.

360 (32)-(19) "Mobile crisis response service" means a  
361 nonresidential crisis service attached to a public receiving  
362 facility and available 24 hours a day, 7 days a week, through  
363 which provides immediate intensive assessments and  
364 interventions, including screening for admission into a mental  
365 health receiving facility, an addictions receiving facility, or  
366 a detoxification facility, take place for the purpose of  
367 identifying appropriate treatment services.

368 (33)-(20) "Patient" means any person, with or without a co-  
369 occurring substance abuse disorder who is held or accepted for  
370 mental health treatment.

371 (34)-(21) "Physician" means a medical practitioner licensed  
372 under chapter 458 or chapter 459 who has experience in the  
373 diagnosis and treatment of mental and nervous disorders or a  
374 physician employed by a facility operated by the United States  
375 Department of Veterans Affairs or the United States Department  
376 of Defense which qualifies as a receiving or treatment facility  
377 under this part.

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

381 (36)-(22) "Private facility" means any hospital or facility  
382 operated by a for-profit or not-for-profit corporation or  
383 association which that provides mental health or substance abuse  
384 services and is not a public facility.

385 (37)-(23) "Psychiatric nurse" means an advanced registered  
386 nurse practitioner certified under s. 464.012 who has a master's  
387 or doctoral degree in psychiatric nursing, holds a national



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388 advanced practice certification as a psychiatric mental health  
389 advanced practice nurse, and has 2 years of post-master's  
390 clinical experience under the supervision of a physician.

391 ~~(38)-(24)~~ "Psychiatrist" means a medical practitioner  
392 licensed under chapter 458 or chapter 459 ~~who has primarily~~  
393 ~~diagnosed and treated mental and nervous disorders~~ for at least  
394 ~~a period of not less than~~ 3 years, inclusive of psychiatric  
395 residency.

396 ~~(39)-(25)~~ "Public facility" means a ~~any~~ facility that has  
397 contracted with the department to provide mental health services  
398 to all persons, regardless of ~~their~~ ability to pay, and is  
399 receiving state funds for such purpose.

400 (40) "Qualified professional" means a physician or a  
401 physician assistant licensed under chapter 458 or chapter 459; a  
402 professional licensed under chapter 490.003(7) or chapter 491; a  
403 psychiatrist licensed under chapter 458 or chapter 459; or a  
404 psychiatric nurse as defined in subsection (37).

405 ~~(41)-(26)~~ "Receiving facility" means any public or private  
406 facility or hospital designated by the department to receive and  
407 hold or refer, as appropriate, involuntary patients under  
408 emergency conditions ~~or~~ for mental health or substance abuse  
409 ~~psychiatric~~ evaluation and to provide ~~short-term~~ treatment or  
410 transportation to the appropriate service provider. The term  
411 does not include a county jail.

412 ~~(42)-(27)~~ "Representative" means a person selected to  
413 receive notice of proceedings during the time a patient is held  
414 in or admitted to a receiving or treatment facility.

415 ~~(43)-(28)~~ (a) "Restraint" means: a physical device, method,  
416 ~~or drug used to control behavior.~~



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417           (a) A physical restraint, including ~~is~~ any manual method or  
418 physical or mechanical device, material, or equipment attached  
419 or adjacent to ~~an~~ ~~the~~ individual's body so that he or she cannot  
420 easily remove the restraint and which restricts freedom of  
421 movement or normal access to one's body. Physical restraint  
422 includes the physical holding of a person during a procedure to  
423 forcibly administer psychotropic medication. Physical restraint  
424 does not include physical devices such as orthopedically  
425 prescribed appliances, surgical dressings and bandages,  
426 supportive body bands, or other physical holding when necessary  
427 for routine physical examinations and tests or for purposes of  
428 orthopedic, surgical, or other similar medical treatment, when  
429 used to provide support for the achievement of functional body  
430 position or proper balance, or when used to protect a person  
431 from falling out of bed.

432           (b) A drug or ~~used as a restraint is a~~ medication used to  
433 control a ~~the~~ person's behavior or to restrict his or her  
434 freedom of movement which ~~and~~ is not part of the standard  
435 treatment regimen of a person with a diagnosed mental illness  
436 ~~who is a client of the department. Physically holding a person~~  
437 ~~during a procedure to forcibly administer psychotropic~~  
438 ~~medication is a physical restraint.~~

439           ~~(c) Restraint does not include physical devices, such as~~  
440 ~~orthopedically prescribed appliances, surgical dressings and~~  
441 ~~bandages, supportive body bands, or other physical holding when~~  
442 ~~necessary for routine physical examinations and tests; or for~~  
443 ~~purposes of orthopedic, surgical, or other similar medical~~  
444 ~~treatment; when used to provide support for the achievement of~~  
445 ~~functional body position or proper balance; or when used to~~





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446 ~~protect a person from falling out of bed.~~

447 (44) "School psychologist" has the same meaning as in s.  
448 490.003.

449 (45)~~(29)~~ "Seclusion" means the physical segregation ~~of a~~  
450 ~~person in any fashion~~ or involuntary isolation of a person in a  
451 room or area from which the person is prevented from leaving.  
452 The prevention may be by physical barrier or by a staff member  
453 who is acting in a manner, or who is physically situated, so as  
454 to prevent the person from leaving the room or area. For  
455 purposes of this part ~~chapter~~, the term does not mean isolation  
456 due to a person's medical condition or symptoms.

457 (46)~~(30)~~ "Secretary" means the Secretary of Children and  
458 Families.

459 (47) "Service provider" means a receiving facility, any  
460 facility licensed under chapter 397, a treatment facility, an  
461 entity under contract with the department to provide mental  
462 health or substance abuse services, a community mental health  
463 center or clinic, a psychologist, a clinical social worker, a  
464 marriage and family therapist, a mental health counselor, a  
465 physician, a psychiatrist, an advanced registered nurse  
466 practitioner, a psychiatric nurse, or a qualified professional  
467 as defined in this section.

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

473 (49)~~(31)~~ "Transfer evaluation" means the process by which~~7~~  
474 ~~as approved by the appropriate district office of the~~



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475 ~~department, whereby~~ a person who is being considered for  
476 placement in a state treatment facility is ~~first~~ evaluated for  
477 appropriateness of admission to a state treatment ~~the~~ facility  
478 ~~by a community-based public receiving facility or by a community~~  
479 ~~mental health center or clinic if the public receiving facility~~  
480 ~~is not a community mental health center or clinic.~~

481 (50) ~~(32)~~ "Treatment facility" means a any state-owned,  
482 state-operated, or state-supported hospital, center, or clinic  
483 designated by the department for extended treatment and  
484 hospitalization, beyond that provided for by a receiving  
485 facility, of persons who have a mental illness, including  
486 facilities of the United States Government, and any private  
487 facility designated by the department when rendering such  
488 services to a person pursuant to the provisions of this part.  
489 Patients treated in facilities of the United States Government  
490 shall be solely those whose care is the responsibility of the  
491 United States Department of Veterans Affairs.

492 (51) "Triage center" means a facility that is designated by  
493 the department and has medical, behavioral, and substance abuse  
494 professionals present or on call to provide emergency screening  
495 and evaluation of individuals transported to the center by a law  
496 enforcement officer.

497 ~~(33)~~ "Service provider" means ~~any public or private~~  
498 ~~receiving facility, an entity under contract with the Department~~  
499 ~~of Children and Families to provide mental health services, a~~  
500 ~~clinical psychologist, a clinical social worker, a marriage and~~  
501 ~~family therapist, a mental health counselor, a physician, a~~  
502 ~~psychiatric nurse as defined in subsection (23), or a community~~  
503 ~~mental health center or clinic as defined in this part.~~



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504       ~~(34) "Involuntary examination" means an examination~~  
505 ~~performed under s. 394.463 to determine if an individual~~  
506 ~~qualifies for involuntary inpatient treatment under s.~~  
507 ~~394.467(1) or involuntary outpatient treatment under s.~~  
508 ~~394.4655(1).~~

509       ~~(35) "Involuntary placement" means either involuntary~~  
510 ~~outpatient treatment pursuant to s. 394.4655 or involuntary~~  
511 ~~inpatient treatment pursuant to s. 394.467.~~

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

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

516       ~~(38) "Electronic means" means a form of telecommunication~~  
517 ~~that requires all parties to maintain visual as well as audio~~  
518 ~~communication.~~

519       Section 7. Section 394.4573, Florida Statutes, is amended  
520 to read:

521       394.4573 Coordinated system of care; annual assessment;  
522 essential elements ~~Continuity of care management system;~~  
523 measures of performance; system improvement grants; reports. ~~On~~  
524 or before October 1 of each year, the department shall submit to  
525 the Governor, the President of the Senate, and the Speaker of  
526 the House of Representatives an assessment of the behavioral  
527 health services in this state in the context of the No-Wrong-  
528 Door model and standards set forth in this section. The  
529 department's assessment shall be based on both quantitative and  
530 qualitative data and must identify any significant regional  
531 variations. The assessment must include information gathered  
532 from managing entities; service providers; facilities performing



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533 acute behavioral health care triage functions for the community;  
534 crisis stabilization units; detoxification units; addictions  
535 receiving facilities and hospitals, both public and private; law  
536 enforcement; judicial officials; local governments; behavioral  
537 health consumers and their family members; and the public.

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

539 (a) "Case management" means those direct services provided  
540 to a client in order to assess his or her activities aimed at  
541 assessing client needs, plan or arrange planning services,  
542 coordinate service providers, link linking the service system to  
543 a client, monitor ~~coordinating the various system components,~~  
544 ~~monitoring~~ service delivery, and evaluate patient outcomes  
545 ~~evaluating the effect of service delivery.~~

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

549 (c) "Client manager" means an employee of the managing  
550 entity or entity under contract with the managing entity  
551 ~~department~~ who is assigned to specific provider agencies and  
552 geographic areas to ensure that the full range of needed  
553 services is available to clients.

554 (d) "Coordinated system ~~Continuity of care management~~  
555 ~~system~~" means ~~a system that assures, within available resources,~~  
556 ~~that clients have access to the full array of~~ behavioral and  
557 related services in a region or community offered by all service  
558 providers, whether participating under contract with the  
559 managing entity or another method of community partnership or  
560 mutual agreement ~~within the mental health services delivery~~  
561 ~~system.~~



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562 (e) "No-Wrong-Door model" means a model for the delivery of  
563 acute care services to persons who have mental health or  
564 substance abuse disorders, or both, which optimizes access to  
565 care, regardless of the entry point to the behavioral health  
566 care system.

567 (2) The essential elements of a coordinated system of care  
568 include:

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

572 (b) A designated receiving system shall consist of one or  
573 more facilities serving a defined geographic area and  
574 responsible for assessment and evaluation, both voluntary and  
575 involuntary, and treatment or triage for patients who present  
576 with mental illness, substance abuse disorder, or co-occurring  
577 disorders. A county or several counties shall plan the  
578 designated receiving system through an inclusive process,  
579 approved by the managing entity, and documented through written  
580 memoranda of agreement or other binding arrangements. The  
581 designated receiving system may be organized in any of the  
582 following ways so long as it functions as a No-Wrong-Door model  
583 that responds to individual needs and integrates services among  
584 various providers:

585 1. A central receiving system, which consists of a  
586 designated central receiving facility that serves as a single  
587 entry point for persons with mental health or substance abuse  
588 disorders, or both. The central receiving facility must be  
589 capable of assessment, evaluation, and triage or treatment for  
590 various conditions and circumstances.



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591       2. A coordinated receiving system, which consists of  
592 multiple entry points that are linked by shared data systems,  
593 formal referral agreements, and cooperative arrangements for  
594 care coordination and case management. Each entry point must be  
595 a designated receiving facility and must provide or arrange for  
596 necessary services following an initial assessment and  
597 evaluation.

598       3. A tiered receiving system, which consists of multiple  
599 entry points, some of which offer only specialized or limited  
600 services. Each service provider must be classified according to  
601 its capabilities as either a designated receiving facility, or  
602 another type of service provider such as a residential  
603 detoxification center, triage center, or an access center. All  
604 participating service providers must be linked by methods to  
605 share data that are compliant with both state and federal  
606 patient privacy and confidentiality laws, formal referral  
607 agreements, and cooperative arrangements for care coordination  
608 and case management. An accurate inventory of the participating  
609 service providers which specifies the capabilities and  
610 limitations of each provider must be maintained and made  
611 available at all times to all first responders in the service  
612 area.

613       (c) Transportation in accordance with a plan developed  
614 under s. 394.462.

615       (d) Crisis services, including mobile response teams,  
616 crisis stabilization units, addiction receiving facilities, and  
617 detoxification facilities.

618       (e) Case management, including intensive case management  
619 for individuals determined to be high-need or high-utilization



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620 individuals under s. 394.9082(2)(e).  
621 (f) Outpatient services.  
622 (g) Residential services.  
623 (h) Hospital inpatient care.  
624 (i) Aftercare and other post-discharge services.  
625 (j) Medication Assisted Treatment and medication  
626 management.  
627 (k) Recovery support, including housing assistance and  
628 support for competitive employment, educational attainment,  
629 independent living skills development, family support and  
630 education, and wellness management and self-care.  
631 (3) The department's annual assessment must compare the  
632 status and performance of the extant behavioral health system  
633 with the following standards and any other standards or measures  
634 that the department determines to be applicable.  
635 (a) The capacity of the contracted service providers to  
636 meet estimated need when such estimates are based on credible  
637 evidence and sound methodologies.  
638 (b) The extent to which the behavioral health system uses  
639 evidence-informed practices and broadly disseminates the results  
640 of quality improvement activities to all service providers.  
641 (c) The degree to which services are offered in the least  
642 restrictive and most appropriate therapeutic environment.  
643 (d) The scope of system-wide accountability activities used  
644 to monitor patient outcomes and measure continuous improvement  
645 in the behavioral health system.  
646 (4) Subject to a specific appropriation by the Legislature,  
647 the department may award system improvement grants to managing  
648 entities based on the submission of a detailed plan to enhance



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649 services, coordination, or performance measurement in accordance  
650 with the model and standards specified in this section. Such a  
651 grant must be awarded through a performance-based contract that  
652 links payments to the documented and measurable achievement of  
653 system improvements ~~The department is directed to implement a~~  
654 ~~continuity of care management system for the provision of mental~~  
655 ~~health care, through the provision of client and case~~  
656 ~~management, including clients referred from state treatment~~  
657 ~~facilities to community mental health facilities. Such system~~  
658 ~~shall include a network of client managers and case managers~~  
659 ~~throughout the state designed to:~~

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

662 ~~(b) Provide for the creation or designation of an agency in~~  
663 ~~each county to provide single intake services for each person~~  
664 ~~seeking mental health services. Such agency shall provide~~  
665 ~~information and referral services necessary to ensure that~~  
666 ~~clients receive the most appropriate and least restrictive form~~  
667 ~~of care, based on the individual needs of the person seeking~~  
668 ~~treatment. Such agency shall have a single telephone number,~~  
669 ~~operating 24 hours per day, 7 days per week, where practicable,~~  
670 ~~at a central location, where each client will have a central~~  
671 ~~record.~~

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

675 ~~(d) Require that any public receiving facility initiating a~~  
676 ~~patient transfer to a licensed hospital for acute care mental~~  
677 ~~health services not accessible through the public receiving~~





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678 ~~facility shall notify the hospital of such transfer and send all~~  
679 ~~records relating to the emergency psychiatric or medical~~  
680 ~~condition.~~

681 ~~(3) The department is directed to develop and include in~~  
682 ~~contracts with service providers measures of performance with~~  
683 ~~regard to goals and objectives as specified in the state plan.~~  
684 ~~Such measures shall use, to the extent practical, existing data~~  
685 ~~collection methods and reports and shall not require, as a~~  
686 ~~result of this subsection, additional reports on the part of~~  
687 ~~service providers. The department shall plan monitoring visits~~  
688 ~~of community mental health facilities with other state, federal,~~  
689 ~~and local governmental and private agencies charged with~~  
690 ~~monitoring such facilities.~~

691 Section 8. Paragraphs (d) and (e) of subsection (2) of  
692 section 394.4597, Florida Statutes, are amended to read:

693 394.4597 Persons to be notified; patient's representative.-

694 (2) INVOLUNTARY PATIENTS.-

695 (d) When the receiving or treatment facility selects a  
696 representative, first preference shall be given to a health care  
697 surrogate, if one has been previously selected by the patient.  
698 If the patient has not previously selected a health care  
699 surrogate, the selection, except for good cause documented in  
700 the patient's clinical record, shall be made from the following  
701 list in the order of listing:

- 702 1. The patient's spouse.
- 703 2. An adult child of the patient.
- 704 3. A parent of the patient.
- 705 4. The adult next of kin of the patient.
- 706 5. An adult friend of the patient.



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707 ~~6. The appropriate Florida local advocacy council as~~  
708 ~~provided in s. 402.166.~~

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

711 1. A professional providing clinical services to the  
712 patient under this part.

713 2. The licensed professional who initiated the involuntary  
714 examination of the patient, if the examination was initiated by  
715 professional certificate.

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

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

720 5. A person providing any substantial professional services  
721 to the patient, including clinical services.

722 6. A creditor of the patient.

723 7. A person subject to an injunction for protection against  
724 domestic violence under s. 741.30, whether the order of  
725 injunction is temporary or final, and for which the patient was  
726 the petitioner.

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

731 ~~licensed professional providing services to the patient under~~  
732 ~~this part, an employee of a facility providing direct services~~  
733 ~~to the patient under this part, a department employee, a person~~  
734 ~~providing other substantial services to the patient in a~~  
735 ~~professional or business capacity, or a creditor of the patient~~



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

737       Section 9. Present subsections (2) through (7) of section  
738 394.4598, Florida Statutes, are redesignated as subsections (3)  
739 through (8), respectively, a new subsection (2) is added to that  
740 section, and present subsections (3) and (4) of that section are  
741 amended, to read:

742       394.4598 Guardian advocate.—

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

745       (a) A professional providing clinical services to the  
746 patient under this part.

747       (b) The licensed professional who initiated the involuntary  
748 examination of the patient, if the examination was initiated by  
749 professional certificate.

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

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

754       (e) A person providing any substantial professional  
755 services, excluding public and professional guardians, to the  
756 patient, including clinical services.

757       (f) A creditor of the patient.

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

762       (h) A person subject to an injunction for protection  
763 against repeat violence, stalking, sexual violence, or dating  
764 violence under s. 784.046, whether the order of injunction is



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765 temporary or final, and for which the patient was the  
766 petitioner.

767 (4)(3) In lieu of the training required of guardians  
768 appointed pursuant to chapter 744, Prior to a guardian advocate  
769 must, at a minimum, participate in a 4-hour training course  
770 approved by the court before exercising his or her authority,  
771 the guardian advocate shall attend a training course approved by  
772 the court. At a minimum, this training course, of not less than  
773 4 hours, must include, at minimum, information about the patient  
774 rights, psychotropic medications, the diagnosis of mental  
775 illness, the ethics of medical decisionmaking, and duties of  
776 guardian advocates. This training course shall take the place of  
777 the training required for guardians appointed pursuant to  
778 chapter 744.

779 (5)(4) The required training course and the information to  
780 be supplied to prospective guardian advocates before prior to  
781 their appointment and the training course for guardian advocates  
782 must be developed and completed through a course developed by  
783 the department, and approved by the chief judge of the circuit  
784 court, and taught by a court-approved organization, which-  
785 Court-approved organizations may include, but is are not limited  
786 to, a community college community or junior colleges, a  
787 guardianship organization guardianship organizations, a and the  
788 local bar association, or The Florida Bar. The training course  
789 may be web-based, provided in video format, or other electronic  
790 means but must be capable of ensuring the identity and  
791 participation of the prospective guardian advocate. The court  
792 may, in its discretion, waive some or all of the training  
793 requirements for guardian advocates or impose additional



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794 requirements. The court shall make its decision on a case-by-  
795 case basis and, in making its decision, shall consider the  
796 experience and education of the guardian advocate, the duties  
797 assigned to the guardian advocate, and the needs of the patient.

798 Section 10. Section 394.462, Florida Statutes, is amended  
799 to read:

800 394.462 Transportation.—A transportation plan must be  
801 developed and implemented by each county in accordance with this  
802 section. A county may enter into a memorandum of understanding  
803 with the governing boards of nearby counties to establish a  
804 shared transportation plan. When multiple counties enter into a  
805 memorandum of understanding for this purpose, the managing  
806 entity must be notified and provided a copy of the agreement.  
807 The transportation plan must describe methods of transport to a  
808 facility within the designated receiving system and may identify  
809 responsibility for other transportation to a participating  
810 facility when necessary and agreed to by the facility. The plan  
811 must describe how individuals who meet the criteria for  
812 involuntary assessment and evaluation pursuant to ss. 394.463  
813 and 397.675 will be transported. The plan may rely on emergency  
814 medical transport services or private transport companies as  
815 appropriate.

816 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

817 (a) Each county shall designate a single law enforcement  
818 agency within the county, or portions thereof, to take a person  
819 into custody upon the entry of an ex parte order or the  
820 execution of a certificate for involuntary examination by an  
821 authorized professional and to transport that person to an  
822 appropriate facility within the designated receiving system ~~the~~



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823 ~~nearest receiving facility~~ for examination.

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

826 a.1. The jurisdiction designated by the county has  
827 contracted on an annual basis with an emergency medical  
828 transport service or private transport company for  
829 transportation of persons to receiving facilities pursuant to  
830 this section at the sole cost of the county; and

831 b.2. The law enforcement agency and the emergency medical  
832 transport service or private transport company agree that the  
833 continued presence of law enforcement personnel is not necessary  
834 for the safety of the person or others.

835 2.3. The entity providing transportation jurisdiction  
836 ~~designated by the county~~ may seek reimbursement for  
837 transportation expenses. The party responsible for payment for  
838 such transportation is the person receiving the transportation.  
839 The county shall seek reimbursement from the following sources  
840 in the following order:

841 a. From a private or public third-party payor ~~an insurance~~  
842 ~~company, health care corporation, or other source~~, if the person  
843 receiving the transportation has applicable coverage ~~is covered~~  
844 ~~by an insurance policy or subscribes to a health care~~  
845 ~~corporation or other source for payment of such expenses.~~

846 b. From the person receiving the transportation.

847 c. From a financial settlement for medical care, treatment,  
848 hospitalization, or transportation payable or accruing to the  
849 injured party.

850 (c)(b) A Any company that transports a patient pursuant to  
851 this subsection is considered an independent contractor and is



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852 solely liable for the safe and dignified transport  
853 ~~transportation~~ of the patient. Such company must be insured and  
854 provide no less than \$100,000 in liability insurance with  
855 respect to the transport ~~transportation~~ of patients.

856 (d) ~~(e)~~ Any company that contracts with a governing board of  
857 a county to transport patients shall comply with the applicable  
858 rules of the department to ensure the safety and dignity of ~~the~~  
859 patients.

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

864 (f) ~~(e)~~ When a member of a mental health overlay program or  
865 a mobile crisis response service is a professional authorized to  
866 initiate an involuntary examination pursuant to s. 394.463 or s.  
867 397.675 and that professional evaluates a person and determines  
868 that transportation to a receiving facility is needed, the  
869 service, at its discretion, may transport the person to the  
870 facility or may call on the law enforcement agency or other  
871 transportation arrangement best suited to the needs of the  
872 patient.

873 (g) ~~(f)~~ When any law enforcement officer has custody of a  
874 person based on either noncriminal or minor criminal behavior  
875 that meets the statutory guidelines for involuntary examination  
876 under this part, the law enforcement officer shall transport the  
877 person to an appropriate ~~the nearest receiving~~ facility within  
878 the designated receiving system for examination.

879 (h) ~~(g)~~ When any law enforcement officer has arrested a  
880 person for a felony and it appears that the person meets the



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881 statutory guidelines for involuntary examination or placement  
882 under this part, such person must ~~shall~~ first be processed in  
883 the same manner as any other criminal suspect. The law  
884 enforcement agency shall thereafter immediately notify the  
885 appropriate nearest public receiving facility within the  
886 designated receiving system, which shall be responsible for  
887 promptly arranging for the examination and treatment of the  
888 person. A receiving facility is not required to admit a person  
889 charged with a crime for whom the facility determines and  
890 documents that it is unable to provide adequate security, but  
891 shall provide ~~mental health~~ examination and treatment to the  
892 person where he or she is held.

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

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

903 (k) ~~(j)~~ The ~~nearest receiving facility within the designated~~  
904 receiving system must accept, pursuant to this part, persons  
905 brought by law enforcement officers, an emergency medical  
906 transport service, or a private transport company for  
907 involuntary examination.

908 (l) ~~(k)~~ Each law enforcement agency designated pursuant to  
909 paragraph (a) shall establish a policy that ~~develop a memorandum~~





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910 ~~of understanding with each receiving facility within the law~~  
911 ~~enforcement agency's jurisdiction which~~ reflects a single set of  
912 protocols approved by the managing entity for the safe and  
913 secure transportation ~~of the person~~ and transfer of custody of  
914 the person. ~~These protocols must also address crisis~~  
915 ~~intervention measures.~~

916 (m) ~~(l)~~ When a jurisdiction has entered into a contract with  
917 an emergency medical transport service or a private transport  
918 company for transportation of persons to ~~receiving~~ facilities  
919 within the designated receiving system, such service or company  
920 shall be given preference for transportation of persons from  
921 nursing homes, assisted living facilities, adult day care  
922 centers, or adult family-care homes, unless the behavior of the  
923 person being transported is such that transportation by a law  
924 enforcement officer is necessary.

925 (n) ~~(m)~~ ~~Nothing in~~ This section may not ~~shall~~ be construed  
926 to limit emergency examination and treatment of incapacitated  
927 persons provided in accordance with ~~the provisions of~~ s.  
928 401.445.

929 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

930 (a) If neither the patient nor any person legally obligated  
931 or responsible for the patient is able to pay for the expense of  
932 transporting a voluntary or involuntary patient to a treatment  
933 facility, the transportation plan established by the governing  
934 board of the county or counties must specify how in which the  
935 hospitalized patient will be transported to, from, and between  
936 facilities in a is hospitalized shall arrange for such required  
937 transportation and shall ensure the safe and dignified manner  
938 ~~transportation of the patient. The governing board of each~~



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939 ~~county is authorized to contract with private transport~~  
940 ~~companies for the transportation of such patients to and from a~~  
941 ~~treatment facility.~~

942 (b) A ~~Any~~ company that transports a patient pursuant to  
943 this subsection is considered an independent contractor and is  
944 solely liable for the safe and dignified transportation of the  
945 patient. Such company must be insured and provide no less than  
946 \$100,000 in liability insurance with respect to the transport  
947 ~~transportation~~ of patients.

948 (c) A ~~Any~~ company that contracts with one or more counties  
949 ~~the governing board of a county~~ to transport patients in  
950 accordance with this section shall comply with the applicable  
951 rules of the department to ensure the safety and dignity of ~~the~~  
952 patients.

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

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

963 ~~(4) EXCEPTIONS. An exception to the requirements of this~~  
964 ~~section may be granted by the secretary of the department for~~  
965 ~~the purposes of improving service coordination or better meeting~~  
966 ~~the special needs of individuals. A proposal for an exception~~  
967 ~~must be submitted by the district administrator after being~~



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968 ~~approved by the governing boards of any affected counties, prior~~  
969 ~~to submission to the secretary.~~

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

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

976 ~~1. An arrangement centralizing and improving the provision~~  
977 ~~of services within a district, which may include an exception to~~  
978 ~~the requirement for transportation to the nearest receiving~~  
979 ~~facility;~~

980 ~~2. An arrangement by which a facility may provide, in~~  
981 ~~addition to required psychiatric services, an environment and~~  
982 ~~services which are uniquely tailored to the needs of an~~  
983 ~~identified group of persons with special needs, such as persons~~  
984 ~~with hearing impairments or visual impairments, or elderly~~  
985 ~~persons with physical frailties; or~~

986 ~~3. A specialized transportation system that provides an~~  
987 ~~efficient and humane method of transporting patients to~~  
988 ~~receiving facilities, among receiving facilities, and to~~  
989 ~~treatment facilities.~~

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

992 Section 11. Subsection (2) of section 394.463, Florida  
993 Statutes, is amended to read:

994 394.463 Involuntary examination.—

995 (2) INVOLUNTARY EXAMINATION.—

996 (a) An involuntary examination may be initiated by any one



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997 of the following means:

998 1. A circuit or county court may enter an ex parte order  
999 stating that a person appears to meet the criteria for  
1000 involuntary examination and specifying,~~giving~~ the findings on  
1001 which that conclusion is based. The ex parte order for  
1002 involuntary examination must be based on written or oral sworn  
1003 testimony that includes specific facts that support the  
1004 findings,~~written or oral~~. If other, less restrictive, means are  
1005 not available, such as voluntary appearance for outpatient  
1006 evaluation, a law enforcement officer, or other designated agent  
1007 of the court, shall take the person into custody and deliver him  
1008 or her to an appropriate ~~the nearest receiving~~ facility within  
1009 the designated receiving system for involuntary examination. The  
1010 order of the court shall be made a part of the patient's  
1011 clinical record. A No fee may not ~~shall~~ be charged for the  
1012 filing of an order under this subsection. Any ~~receiving~~ facility  
1013 accepting the patient based on this order must send a copy of  
1014 the order to the managing entity in the region ~~Agency for Health~~  
1015 ~~Care Administration~~ on the next working day. The order may be  
1016 submitted electronically through existing data systems, if  
1017 available. The order shall be valid only until the person is  
1018 delivered to the appropriate facility ~~executed or, if not~~  
1019 ~~executed,~~ for the period specified in the order itself,  
1020 whichever comes first. If no time limit is specified in the  
1021 order, the order shall be valid for 7 days after the date that  
1022 the order was signed.

1023 2. A law enforcement officer shall take a person who  
1024 appears to meet the criteria for involuntary examination into  
1025 custody and deliver the person or have him or her delivered to



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1026 the appropriate nearest receiving facility within the designated  
1027 receiving system for examination. The officer shall execute a  
1028 written report detailing the circumstances under which the  
1029 person was taken into custody, which must ~~and the report shall~~  
1030 be made a part of the patient's clinical record. Any ~~receiving~~  
1031 facility accepting the patient based on this report must send a  
1032 copy of the report to the department and the managing entity  
1033 ~~Agency for Health Care Administration on~~ the next working day.

1034 3. A physician, clinical psychologist, psychiatric nurse,  
1035 mental health counselor, marriage and family therapist, or  
1036 clinical social worker may execute a certificate stating that he  
1037 or she has examined a person within the preceding 48 hours and  
1038 finds that the person appears to meet the criteria for  
1039 involuntary examination and stating the observations upon which  
1040 that conclusion is based. If other, less restrictive means, such  
1041 as voluntary appearance for outpatient evaluation, are not  
1042 available, ~~such as voluntary appearance for outpatient~~  
1043 ~~evaluation,~~ a law enforcement officer shall take into custody  
1044 the person named in the certificate ~~into custody~~ and deliver him  
1045 or her to the appropriate nearest receiving facility within the  
1046 designated receiving system for involuntary examination. The law  
1047 enforcement officer shall execute a written report detailing the  
1048 circumstances under which the person was taken into custody. The  
1049 report and certificate shall be made a part of the patient's  
1050 clinical record. Any ~~receiving~~ facility accepting the patient  
1051 based on this certificate must send a copy of the certificate to  
1052 the managing entity ~~Agency for Health Care Administration on~~ the  
1053 next working day. The document may be submitted electronically  
1054 through existing data systems, if applicable.



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1055 (b) A person may ~~shall~~ not be removed from any program or  
1056 residential placement licensed under chapter 400 or chapter 429  
1057 and transported to a receiving facility for involuntary  
1058 examination unless an ex parte order, a professional  
1059 certificate, or a law enforcement officer's report is first  
1060 prepared. If the condition of the person is such that  
1061 preparation of a law enforcement officer's report is not  
1062 practicable before removal, the report shall be completed as  
1063 soon as possible after removal, but in any case before the  
1064 person is transported to a receiving facility. A ~~receiving~~  
1065 facility admitting a person for involuntary examination who is  
1066 not accompanied by the required ex parte order, professional  
1067 certificate, or law enforcement officer's report shall notify  
1068 the managing entity ~~Agency for Health Care Administration~~ of  
1069 such admission by certified mail or by e-mail, if available, by  
1070 ~~no later than~~ the next working day. The provisions of this  
1071 paragraph do not apply when transportation is provided by the  
1072 patient's family or guardian.

1073 (c) A law enforcement officer acting in accordance with an  
1074 ex parte order issued pursuant to this subsection may serve and  
1075 execute such order on any day of the week, at any time of the  
1076 day or night.

1077 (d) A law enforcement officer acting in accordance with an  
1078 ex parte order issued pursuant to this subsection may use such  
1079 reasonable physical force as is necessary to gain entry to the  
1080 premises, and any dwellings, buildings, or other structures  
1081 located on the premises, and to take custody of the person who  
1082 is the subject of the ex parte order.

1083 (e) The managing entity and the department ~~Agency for~~



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1084 ~~Health Care Administration~~ shall receive and maintain the copies  
1085 of ex parte petitions and orders, involuntary outpatient  
1086 services placement orders issued pursuant to s. 394.4655,  
1087 involuntary inpatient placement orders issued pursuant to s.  
1088 394.467, professional certificates, and law enforcement  
1089 officers' reports. These documents shall be considered part of  
1090 the clinical record, governed by the provisions of s. 394.4615.  
1091 These documents shall be used to ~~The agency shall~~ prepare annual  
1092 reports analyzing the data obtained from these documents,  
1093 without information identifying patients, and shall provide  
1094 copies of reports to the department, the President of the  
1095 Senate, the Speaker of the House of Representatives, and the  
1096 minority leaders of the Senate and the House of Representatives.

1097 (f) A patient shall be examined by a physician or, a  
1098 clinical psychologist, or by a psychiatric nurse performing  
1099 within the framework of an established protocol with a  
1100 psychiatrist at a ~~receiving~~ facility without unnecessary delay  
1101 to determine if the criteria for involuntary services are met.  
1102 Emergency treatment may be provided ~~and may~~, upon the order of a  
1103 physician, if the physician determines ~~be given emergency~~  
1104 ~~treatment if it is determined~~ that such treatment is necessary  
1105 for the safety of the patient or others. The patient may not be  
1106 released by the receiving facility or its contractor without the  
1107 documented approval of a psychiatrist or a clinical psychologist  
1108 or, ~~if the receiving facility is owned or operated by a hospital~~  
1109 ~~or health system, the release may also be approved by a~~  
1110 psychiatric nurse performing within the framework of an  
1111 established protocol with a psychiatrist, or an attending  
1112 emergency department physician with experience in the diagnosis



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1113 and treatment of mental illness ~~and nervous disorders~~ and after  
1114 completion of an involuntary examination pursuant to this  
1115 subsection. A psychiatric nurse may not approve the release of a  
1116 patient if the involuntary examination was initiated by a  
1117 psychiatrist unless the release is approved by the initiating  
1118 psychiatrist. ~~However, a patient may not be held in a receiving~~  
1119 ~~facility for involuntary examination longer than 72 hours.~~

1120 (g) A person may not be held for involuntary examination  
1121 for more than 72 hours from the time of his or her arrival at  
1122 the facility unless one of the following actions is taken at the  
1123 end of the 72-hour examination period or the next business day,  
1124 if the examination period ends on a weekend or holiday:

1125 1. The person must be released with the approval of a  
1126 physician, psychiatrist, psychiatric nurse, or clinical  
1127 psychologist. However, if the examination is conducted in a  
1128 hospital, an attending emergency department physician with  
1129 experience in the diagnosis and treatment of mental illness may  
1130 approve the release.

1131 2. The person must be asked to give express and informed  
1132 consent for voluntary admission if a physician, psychiatrist,  
1133 psychiatric nurse, or clinical psychologist has determined that  
1134 the individual is competent to consent to treatment.

1135 3. A petition for involuntary services must be completed  
1136 and filed in the circuit court by the facility administrator. If  
1137 electronic filing of the petition is not available in the county  
1138 and the 72-hour period ends on a weekend or legal holiday, the  
1139 petition must be filed by the next working day. If involuntary  
1140 services are deemed necessary, the least restrictive treatment  
1141 consistent with the optimum improvement of the person's





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1142 condition must be made available.

1143 (h) An individual discharged from a facility who is  
1144 currently charged with a crime shall be released to the custody  
1145 of a law enforcement officer, unless the individual has been  
1146 released from law enforcement custody by posting of a bond, by a  
1147 pretrial conditional release, or by other judicial release.

1148 (i)~~(g)~~ A person for whom an involuntary examination has  
1149 been initiated who is being evaluated or treated at a hospital  
1150 for an emergency medical condition specified in s. 395.002 must  
1151 be examined by an appropriate ~~a receiving~~ facility within 72  
1152 hours. The 72-hour period begins when the patient arrives at the  
1153 hospital and ceases when the attending physician documents that  
1154 the patient has an emergency medical condition. If the patient  
1155 is examined at a hospital providing emergency medical services  
1156 by a professional qualified to perform an involuntary  
1157 examination and is found as a result of that examination not to  
1158 meet the criteria for involuntary outpatient services ~~placement~~  
1159 pursuant to s. 394.4655(1) or involuntary inpatient placement  
1160 pursuant to s. 394.467(1), the patient may be offered voluntary  
1161 services or placement, if appropriate, or released directly from  
1162 the hospital providing emergency medical services. The finding  
1163 by the professional that the patient has been examined and does  
1164 not meet the criteria for involuntary inpatient placement or  
1165 involuntary outpatient services ~~placement~~ must be entered into  
1166 the patient's clinical record. ~~Nothing in~~ This paragraph is not  
1167 intended to prevent a hospital providing emergency medical  
1168 services from appropriately transferring a patient to another  
1169 hospital before ~~prior to~~ stabilization if, ~~provided~~ the  
1170 requirements of s. 395.1041(3)(c) have been met.



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1171            ~~(j)-(h)~~ One of the following must occur within 12 hours  
1172 after the patient's attending physician documents that the  
1173 patient's medical condition has stabilized or that an emergency  
1174 medical condition does not exist:

1175            1. The patient must be examined by an appropriate a  
1176 ~~designated receiving~~ facility and released; or

1177            2. The patient must be transferred to a designated  
1178 ~~receiving~~ facility in which appropriate medical treatment is  
1179 available. However, the ~~receiving~~ facility must be notified of  
1180 the transfer within 2 hours after the patient's condition has  
1181 been stabilized or after determination that an emergency medical  
1182 condition does not exist.

1183            ~~(i) Within the 72-hour examination period or, if the 72~~  
1184 ~~hours ends on a weekend or holiday, no later than the next~~  
1185 ~~working day thereafter, one of the following actions must be~~  
1186 ~~taken, based on the individual needs of the patient:~~

1187            1. ~~The patient shall be released, unless he or she is~~  
1188 ~~charged with a crime, in which case the patient shall be~~  
1189 ~~returned to the custody of a law enforcement officer;~~

1190            2. ~~The patient shall be released, subject to the provisions~~  
1191 ~~of subparagraph 1., for voluntary outpatient treatment;~~

1192            3. ~~The patient, unless he or she is charged with a crime,~~  
1193 ~~shall be asked to give express and informed consent to placement~~  
1194 ~~as a voluntary patient, and, if such consent is given, the~~  
1195 ~~patient shall be admitted as a voluntary patient; or~~

1196            4. ~~A petition for involuntary placement shall be filed in~~  
1197 ~~the circuit court when outpatient or inpatient treatment is~~  
1198 ~~deemed necessary. When inpatient treatment is deemed necessary,~~  
1199 ~~the least restrictive treatment consistent with the optimum~~



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1200 ~~improvement of the patient's condition shall be made available.~~  
1201 ~~When a petition is to be filed for involuntary outpatient~~  
1202 ~~placement, it shall be filed by one of the petitioners specified~~  
1203 ~~in s. 394.4655(3)(a). A petition for involuntary inpatient~~  
1204 ~~placement shall be filed by the facility administrator.~~

1205 Section 12. Section 394.4655, Florida Statutes, is amended  
1206 to read:

1207 394.4655 Involuntary outpatient services placement.—

1208 (1) CRITERIA FOR INVOLUNTARY OUTPATIENT SERVICES  
1209 PLACEMENT.—A person may be ordered to involuntary outpatient  
1210 services placement upon a finding of the court, by clear and  
1211 convincing evidence, that the person meets all of the following  
1212 criteria by clear and convincing evidence:

1213 (a) The person is 18 years of age or older.†

1214 (b) The person has a mental illness.†

1215 (c) The person is unlikely to survive safely in the  
1216 community without supervision, based on a clinical  
1217 determination.†

1218 (d) The person has a history of lack of compliance with  
1219 treatment for mental illness.†

1220 (e) The person has:

1221 1. At least twice within the immediately preceding 36  
1222 months been involuntarily admitted to a receiving or treatment  
1223 facility as defined in s. 394.455, or has received mental health  
1224 services in a forensic or correctional facility. The 36-month  
1225 period does not include any period during which the person was  
1226 admitted or incarcerated; or

1227 2. Engaged in one or more acts of serious violent behavior  
1228 toward self or others, or attempts at serious bodily harm to



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1229 himself or herself or others, within the preceding 36 months.~~†~~

1230 (f) The person is, as a result of his or her mental  
1231 illness, unlikely to voluntarily participate in the recommended  
1232 treatment plan and ~~either he or she~~ has refused voluntary  
1233 services placement for treatment after sufficient and  
1234 conscientious explanation and disclosure of why the services are  
1235 necessary purpose of placement for treatment or he or she is  
1236 unable to determine for himself or herself whether services are  
1237 placement is necessary.†

1238 (g) In view of the person's treatment history and current  
1239 behavior, the person is in need of involuntary outpatient  
1240 services placement in order to prevent a relapse or  
1241 deterioration that would be likely to result in serious bodily  
1242 harm to himself or herself or others, or a substantial harm to  
1243 his or her well-being as set forth in s. 394.463(1).~~†~~

1244 (h) It is likely that the person will benefit from  
1245 involuntary outpatient services. ~~placement; and~~

1246 (i) All available, less restrictive alternatives that would  
1247 offer an opportunity for improvement of his or her condition  
1248 have been judged to be inappropriate or unavailable.

1249 (2) INVOLUNTARY OUTPATIENT SERVICES PLACEMENT.-

1250 (a)1. A patient who is being recommended for involuntary  
1251 outpatient services placement by the administrator of the  
1252 ~~receiving~~ facility where the patient has been examined may be  
1253 retained by the facility after adherence to the notice  
1254 procedures provided in s. 394.4599. The recommendation must be  
1255 supported by the opinion of two qualified professionals a  
1256 ~~psychiatrist and the second opinion of a clinical psychologist~~  
1257 ~~or another psychiatrist~~, both of whom have personally examined



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1258 the patient within the preceding 72 hours, that the criteria for  
1259 involuntary outpatient services placement are met. ~~However, in a~~  
1260 ~~county having a population of fewer than 50,000, if the~~  
1261 ~~administrator certifies that a psychiatrist or clinical~~  
1262 ~~psychologist is not available to provide the second opinion, the~~  
1263 ~~second opinion may be provided by a licensed physician who has~~  
1264 ~~postgraduate training and experience in diagnosis and treatment~~  
1265 ~~of mental and nervous disorders or by a psychiatric nurse. Any~~  
1266 ~~second opinion authorized in this subparagraph may be conducted~~  
1267 ~~through a face-to-face examination, in person or by electronic~~  
1268 ~~means.~~ Such recommendation must be entered on an involuntary  
1269 outpatient services placement certificate that authorizes the  
1270 ~~receiving~~ facility to retain the patient pending completion of a  
1271 hearing. The certificate must ~~shall~~ be made a part of the  
1272 patient's clinical record.

1273         2. If the patient has been stabilized and no longer meets  
1274 the criteria for involuntary examination pursuant to s.  
1275 394.463(1), the patient must be released from the ~~receiving~~  
1276 facility while awaiting the hearing for involuntary outpatient  
1277 services placement. Before filing a petition for involuntary  
1278 outpatient services treatment, the administrator of the a  
1279 ~~receiving~~ facility or a designated department representative  
1280 must identify the service provider that will have primary  
1281 responsibility for service provision under an order for  
1282 involuntary outpatient services placement, unless the person is  
1283 otherwise participating in outpatient psychiatric treatment and  
1284 is not in need of public financing for that treatment, in which  
1285 case the individual, if eligible, may be ordered to involuntary  
1286 treatment pursuant to the existing psychiatric treatment



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1287 relationship.

1288           3. The service provider shall prepare a written proposed  
1289 treatment plan in consultation with the patient or the patient's  
1290 guardian advocate, if appointed, for the court's consideration  
1291 for inclusion in the involuntary outpatient services placement  
1292 order. The service provider shall also provide a copy of the  
1293 treatment plan that addresses the nature and extent of the  
1294 mental illness and any co-occurring substance abuse disorders  
1295 that necessitate involuntary outpatient services. The treatment  
1296 plan must specify the likely level of care, including the use of  
1297 medication, and anticipated discharge criteria for terminating  
1298 involuntary outpatient services. The service provider shall also  
1299 provide a copy of the proposed treatment plan to the patient and  
1300 the administrator of the receiving facility. The treatment plan  
1301 must specify the nature and extent of the patient's mental  
1302 illness, address the reduction of symptoms that necessitate  
1303 involuntary outpatient placement, and include measurable goals  
1304 and objectives for the services and treatment that are provided  
1305 to treat the person's mental illness and assist the person in  
1306 living and functioning in the community or to prevent a relapse  
1307 or deterioration. Service providers may select and supervise  
1308 other individuals to implement specific aspects of the treatment  
1309 plan. The services in the ~~treatment~~ plan must be deemed  
1310 clinically appropriate by a physician, clinical psychologist,  
1311 psychiatric nurse, mental health counselor, marriage and family  
1312 therapist, or clinical social worker who consults with, or is  
1313 employed or contracted by, the service provider. The service  
1314 provider must certify to the court in the proposed ~~treatment~~  
1315 plan whether sufficient services for improvement and



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1316 stabilization are currently available and whether the service  
1317 provider agrees to provide those services. If the service  
1318 provider certifies that the services in the proposed treatment  
1319 plan are not available, the petitioner may not file the  
1320 petition. The service provider must notify the managing entity  
1321 as to the availability of the requested services. The managing  
1322 entity must document such efforts to obtain the requested  
1323 services.

1324 (b) If a patient in involuntary inpatient placement meets  
1325 the criteria for involuntary outpatient services placement, the  
1326 administrator of the ~~treatment~~ facility may, before the  
1327 expiration of the period during which the ~~treatment~~ facility is  
1328 authorized to retain the patient, recommend involuntary  
1329 outpatient services placement. The recommendation must be  
1330 supported by the opinion of two qualified professionals a  
1331 ~~psychiatrist and the second opinion of a clinical psychologist~~  
1332 ~~or another psychiatrist~~, both of whom have personally examined  
1333 the patient within the preceding 72 hours, that the criteria for  
1334 involuntary outpatient services placement are met. ~~However, in a~~  
1335 ~~county having a population of fewer than 50,000, if the~~  
1336 ~~administrator certifies that a psychiatrist or clinical~~  
1337 ~~psychologist is not available to provide the second opinion, the~~  
1338 ~~second opinion may be provided by a licensed physician who has~~  
1339 ~~postgraduate training and experience in diagnosis and treatment~~  
1340 ~~of mental and nervous disorders or by a psychiatric nurse. Any~~  
1341 ~~second opinion authorized in this subparagraph may be conducted~~  
1342 ~~through a face-to-face examination, in person or by electronic~~  
1343 ~~means.~~ Such recommendation must be entered on an involuntary  
1344 outpatient services placement certificate, and the certificate



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1345 must be made a part of the patient's clinical record.

1346 (c)1. The administrator of the treatment facility shall  
1347 provide a copy of the involuntary outpatient services placement  
1348 certificate and a copy of the state mental health discharge form  
1349 to the managing entity ~~a department representative~~ in the county  
1350 where the patient will be residing. For persons who are leaving  
1351 a state mental health treatment facility, the petition for  
1352 involuntary outpatient services placement must be filed in the  
1353 county where the patient will be residing.

1354 2. The service provider that will have primary  
1355 responsibility for service provision shall be identified by the  
1356 designated department representative before ~~prior to~~ the order  
1357 for involuntary outpatient services placement and must, before  
1358 ~~prior to~~ filing a petition for involuntary outpatient services  
1359 placement, certify to the court whether the services recommended  
1360 in the patient's discharge plan are available ~~in the local~~  
1361 ~~community~~ and whether the service provider agrees to provide  
1362 those services. The service provider must develop with the  
1363 patient, or the patient's guardian advocate, if appointed, a  
1364 treatment or service plan that addresses the needs identified in  
1365 the discharge plan. The plan must be deemed to be clinically  
1366 appropriate by a physician, clinical psychologist, psychiatric  
1367 nurse, mental health counselor, marriage and family therapist,  
1368 or clinical social worker, as defined in this chapter, who  
1369 consults with, or is employed or contracted by, the service  
1370 provider.

1371 3. If the service provider certifies that the services in  
1372 the proposed treatment or service plan are not available, the  
1373 petitioner may not file the petition. The service provider must





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1374 notify the managing entity as to the availability of the  
1375 requested services. The managing entity must document such  
1376 efforts to obtain the requested services.

1377 (3) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES  
1378 PLACEMENT.—

1379 (a) A petition for involuntary outpatient services  
1380 placement may be filed by:

- 1381 1. The administrator of a receiving facility; or  
1382 2. The administrator of a treatment facility.

1383 (b) Each required criterion for involuntary outpatient  
1384 services placement must be alleged and substantiated in the  
1385 petition for involuntary outpatient services placement. A copy  
1386 of the certificate recommending involuntary outpatient services  
1387 placement completed by two ~~a~~ qualified professionals  
1388 ~~professional specified in subsection (2)~~ must be attached to the  
1389 petition. A copy of the proposed treatment plan must be attached  
1390 to the petition. Before the petition is filed, the service  
1391 provider shall certify that the services in the proposed  
1392 ~~treatment~~ plan are available. If the necessary services are not  
1393 available ~~in the patient's local community to respond to the~~  
1394 ~~person's individual needs~~, the petition may not be filed. The  
1395 service provider must notify the managing entity as to the  
1396 availability of the requested services. The managing entity must  
1397 document such efforts to obtain the requested services.

1398 (c) The petition for involuntary outpatient services  
1399 placement must be filed in the county where the patient is  
1400 located, unless the patient is being placed from a state  
1401 treatment facility, in which case the petition must be filed in  
1402 the county where the patient will reside. When the petition has



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1403 been filed, the clerk of the court shall provide copies of the  
1404 petition and the proposed treatment plan to the department, the  
1405 managing entity, the patient, the patient's guardian or  
1406 representative, the state attorney, and the public defender or  
1407 the patient's private counsel. A fee may not be charged for  
1408 filing a petition under this subsection.

1409 (4) APPOINTMENT OF COUNSEL.—

1410 (a) Within 1 court working day after the filing of a  
1411 petition for involuntary outpatient services placement, the  
1412 court shall appoint the public defender to represent the person  
1413 who is the subject of the petition, unless the person is  
1414 otherwise represented by counsel. The clerk of the court shall  
1415 immediately notify the public defender of the appointment. The  
1416 public defender shall represent the person until the petition is  
1417 dismissed, the court order expires, or the patient is discharged  
1418 from involuntary outpatient services placement. An attorney who  
1419 represents the patient must be provided ~~shall have~~ access to the  
1420 patient, witnesses, and records relevant to the presentation of  
1421 the patient's case and shall represent the interests of the  
1422 patient, regardless of the source of payment to the attorney.

1423 (b) The state attorney for the circuit in which the patient  
1424 is located shall represent the state as the real party in  
1425 interest in the proceeding and must be provided access to the  
1426 patient's clinical records and witnesses. The state attorney is  
1427 authorized to independently evaluate the sufficiency and  
1428 appropriateness of the petition for involuntary outpatient  
1429 services.

1430 (5) CONTINUANCE OF HEARING.—The patient is entitled, with  
1431 the concurrence of the patient's counsel, to at least one



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1432 continuance of the hearing. The continuance shall be for a  
1433 period of up to 4 weeks.

1434 (6) HEARING ON INVOLUNTARY OUTPATIENT SERVICES ~~PLACEMENT~~.—

1435 (a)1. The court shall hold the hearing on involuntary  
1436 outpatient services ~~placement~~ within 5 working days after the  
1437 filing of the petition, unless a continuance is granted. The  
1438 hearing must ~~shall~~ be held in the county where the petition is  
1439 filed, must ~~shall~~ be as convenient to the patient as is  
1440 consistent with orderly procedure, and must ~~shall~~ be conducted  
1441 in physical settings not likely to be injurious to the patient's  
1442 condition. If the court finds that the patient's attendance at  
1443 the hearing is not consistent with the best interests of the  
1444 patient and if the patient's counsel does not object, the court  
1445 may waive the presence of the patient from all or any portion of  
1446 the hearing. The state attorney for the circuit in which the  
1447 patient is located shall represent the state, rather than the  
1448 petitioner, as the real party in interest in the proceeding.

1449 2. The court may appoint a magistrate ~~master~~ to preside at  
1450 the hearing. One of the professionals who executed the  
1451 involuntary outpatient services ~~placement~~ certificate shall be a  
1452 witness. The patient and the patient's guardian or  
1453 representative shall be informed by the court of the right to an  
1454 independent expert examination. If the patient cannot afford  
1455 such an examination, the court shall ensure that one is  
1456 provided, as otherwise provided by law ~~provide for one~~. The  
1457 independent expert's report is ~~shall be~~ confidential and not  
1458 discoverable, unless the expert is to be called as a witness for  
1459 the patient at the hearing. The court shall allow testimony from  
1460 individuals, including family members, deemed by the court to be



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1461 relevant under state law, regarding the person's prior history  
1462 and how that prior history relates to the person's current  
1463 condition. The testimony in the hearing must be given under  
1464 oath, and the proceedings must be recorded. The patient may  
1465 refuse to testify at the hearing.

1466 (b)1. If the court concludes that the patient meets the  
1467 criteria for involuntary outpatient services placement pursuant  
1468 to subsection (1), the court shall issue an order for  
1469 involuntary outpatient services placement. The court order shall  
1470 be for a period of up to 90 days ~~6 months~~. The order must  
1471 specify the nature and extent of the patient's mental illness.  
1472 The order of the court and the treatment plan must ~~shall~~ be made  
1473 part of the patient's clinical record. The service provider  
1474 shall discharge a patient from involuntary outpatient services  
1475 ~~placement~~ when the order expires or any time the patient no  
1476 longer meets the criteria for involuntary services placement.  
1477 Upon discharge, the service provider shall send a certificate of  
1478 discharge to the court.

1479 2. The court may not order the department or the service  
1480 provider to provide services if the program or service is not  
1481 available in the patient's local community, if there is no space  
1482 available in the program or service for the patient, or if  
1483 funding is not available for the program or service. The service  
1484 provider must notify the managing entity as to the availability  
1485 of the requested services. The managing entity must document  
1486 such efforts to obtain the requested services. A copy of the  
1487 order must be sent to the managing entity ~~Agency for Health Care~~  
1488 ~~Administration~~ by the service provider within 1 working day  
1489 after it is received from the court. The order may be submitted



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1490 electronically through existing data systems. After the  
1491 ~~placement~~ order for involuntary services is issued, the service  
1492 provider and the patient may modify ~~provisions of~~ the treatment  
1493 plan. For any material modification of the treatment plan to  
1494 which the patient or, if one is appointed, the patient's  
1495 guardian advocate agrees, ~~if appointed, does agree,~~ the service  
1496 provider shall send notice of the modification to the court. Any  
1497 material modifications of the treatment plan which are contested  
1498 by the patient or the patient's guardian advocate, if applicable  
1499 ~~appointed,~~ must be approved or disapproved by the court  
1500 consistent with subsection (2).

1501 3. If, in the clinical judgment of a physician, the patient  
1502 has failed or ~~has~~ refused to comply with the treatment ordered  
1503 by the court, and, in the clinical judgment of the physician,  
1504 efforts were made to solicit compliance and the patient may meet  
1505 the criteria for involuntary examination, a person may be  
1506 brought to a receiving facility pursuant to s. 394.463. If,  
1507 after examination, the patient does not meet the criteria for  
1508 involuntary inpatient placement pursuant to s. 394.467, the  
1509 patient must be discharged from the ~~receiving~~ facility. The  
1510 involuntary outpatient services ~~placement~~ order shall remain in  
1511 effect unless the service provider determines that the patient  
1512 no longer meets the criteria for involuntary outpatient services  
1513 ~~placement~~ or until the order expires. The service provider must  
1514 determine whether modifications should be made to the existing  
1515 treatment plan and must attempt to continue to engage the  
1516 patient in treatment. For any material modification of the  
1517 treatment plan to which the patient or the patient's guardian  
1518 advocate, if applicable ~~appointed,~~ agrees ~~does agree,~~ the



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1519 service provider shall send notice of the modification to the  
1520 court. Any material modifications of the treatment plan which  
1521 are contested by the patient or the patient's guardian advocate,  
1522 if applicable ~~appointed~~, must be approved or disapproved by the  
1523 court consistent with subsection (2).

1524 (c) If, at any time before the conclusion of the initial  
1525 hearing on involuntary outpatient services placement, it appears  
1526 to the court that the person does not meet the criteria for  
1527 involuntary outpatient services placement under this section  
1528 but, instead, meets the criteria for involuntary inpatient  
1529 placement, the court may order the person admitted for  
1530 involuntary inpatient examination under s. 394.463. If the  
1531 person instead meets the criteria for involuntary assessment,  
1532 protective custody, or involuntary admission pursuant to s.  
1533 397.675, the court may order the person to be admitted for  
1534 involuntary assessment for a period of 5 days pursuant to s.  
1535 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by  
1536 chapter 397.

1537 (d) At the hearing on involuntary outpatient services  
1538 ~~placement~~, the court shall consider testimony and evidence  
1539 regarding the patient's competence to consent to treatment. If  
1540 the court finds that the patient is incompetent to consent to  
1541 treatment, it shall appoint a guardian advocate as provided in  
1542 s. 394.4598. The guardian advocate shall be appointed or  
1543 discharged in accordance with s. 394.4598.

1544 (e) The administrator of the receiving facility or the  
1545 designated department representative shall provide a copy of the  
1546 court order and adequate documentation of a patient's mental  
1547 illness to the service provider for involuntary outpatient



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1548 ~~services placement~~. Such documentation must include any advance  
1549 directives made by the patient, a psychiatric evaluation of the  
1550 patient, and any evaluations of the patient performed by a  
1551 ~~elinical~~ psychologist or a clinical social worker.

1552 (7) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT SERVICES  
1553 PLACEMENT.—

1554 (a)1. If the person continues to meet the criteria for  
1555 involuntary outpatient services placement, the service provider  
1556 shall, at least 10 days before the expiration of the period  
1557 during which the treatment is ordered for the person, file in  
1558 the circuit court a petition for continued involuntary  
1559 outpatient services placement. The court shall immediately  
1560 schedule a hearing on the petition to be held within 15 days  
1561 after the petition is filed.

1562 2. The existing involuntary outpatient services placement  
1563 order remains in effect until disposition on the petition for  
1564 continued involuntary outpatient services placement.

1565 3. A certificate shall be attached to the petition which  
1566 includes a statement from the person's physician or clinical  
1567 psychologist justifying the request, a brief description of the  
1568 patient's treatment during the time he or she was receiving  
1569 involuntarily services placed, and an individualized plan of  
1570 continued treatment.

1571 4. The service provider shall develop the individualized  
1572 plan of continued treatment in consultation with the patient or  
1573 the patient's guardian advocate, if applicable appointed. When  
1574 the petition has been filed, the clerk of the court shall  
1575 provide copies of the certificate and the individualized plan of  
1576 continued treatment to the department, the patient, the



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1577 patient's guardian advocate, the state attorney, and the  
1578 patient's private counsel or the public defender.

1579 (b) Within 1 court working day after the filing of a  
1580 petition for continued involuntary outpatient services  
1581 ~~placement~~, the court shall appoint the public defender to  
1582 represent the person who is the subject of the petition, unless  
1583 the person is otherwise represented by counsel. The clerk of the  
1584 court shall immediately notify the public defender of such  
1585 appointment. The public defender shall represent the person  
1586 until the petition is dismissed or the court order expires or  
1587 the patient is discharged from involuntary outpatient services  
1588 ~~placement~~. Any attorney representing the patient shall have  
1589 access to the patient, witnesses, and records relevant to the  
1590 presentation of the patient's case and shall represent the  
1591 interests of the patient, regardless of the source of payment to  
1592 the attorney.

1593 (c) Hearings on petitions for continued involuntary  
1594 outpatient services must ~~placement shall~~ be before the circuit  
1595 court. The court may appoint a magistrate ~~master~~ to preside at  
1596 the hearing. The procedures for obtaining an order pursuant to  
1597 this paragraph must meet the requirements of ~~shall be in~~  
1598 ~~accordance with~~ subsection (6), except that the time period  
1599 included in paragraph (1) (e) does not apply when is not  
1600 ~~applicable in~~ determining the appropriateness of additional  
1601 periods of involuntary outpatient services ~~placement~~.

1602 (d) Notice of the hearing must ~~shall~~ be provided as set  
1603 forth in s. 394.4599. The patient and the patient's attorney may  
1604 agree to a period of continued outpatient services ~~placement~~  
1605 without a court hearing.





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1606 (e) The same procedure must ~~shall~~ be repeated before the  
1607 expiration of each additional period the patient is placed in  
1608 treatment.

1609 (f) If the patient has previously been found incompetent to  
1610 consent to treatment, the court shall consider testimony and  
1611 evidence regarding the patient's competence. Section 394.4598  
1612 governs the discharge of the guardian advocate if the patient's  
1613 competency to consent to treatment has been restored.

1614 Section 13. Section 394.467, Florida Statutes, is amended  
1615 to read:

1616 394.467 Involuntary inpatient placement.—

1617 (1) CRITERIA.—A person may be ordered for ~~placed in~~  
1618 involuntary inpatient placement for treatment upon a finding of  
1619 the court by clear and convincing evidence that:

1620 (a) He or she has a mental illness ~~is mentally ill~~ and  
1621 because of his or her mental illness:

1622 1.a. He or she has refused voluntary inpatient placement  
1623 for treatment after sufficient and conscientious explanation and  
1624 disclosure of the purpose of inpatient placement for treatment;  
1625 or

1626 b. He or she is unable to determine for himself or herself  
1627 whether inpatient placement is necessary; and

1628 2.a. He or she is ~~manifestly~~ incapable of surviving alone  
1629 or with the help of willing and responsible family or friends,  
1630 including available alternative services, and, without  
1631 treatment, is likely to suffer from neglect or refuse to care  
1632 for himself or herself, and such neglect or refusal poses a real  
1633 and present threat of substantial harm to his or her well-being;  
1634 or



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1635           b. There is substantial likelihood that in the near future  
1636 he or she will inflict serious bodily harm on self or others  
1637 ~~himself or herself or another person~~, as evidenced by recent  
1638 behavior causing, attempting, or threatening such harm; and

1639           (b) All available less restrictive treatment alternatives  
1640 that ~~which~~ would offer an opportunity for improvement of his or  
1641 her condition have been judged to be inappropriate.

1642           (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be  
1643 retained by a ~~receiving~~ facility or involuntarily placed in a  
1644 treatment facility upon the recommendation of the administrator  
1645 of the ~~receiving~~ facility where the patient has been examined  
1646 and after adherence to the notice and hearing procedures  
1647 provided in s. 394.4599. The recommendation must be supported by  
1648 the opinion two qualified professionals ~~of a psychiatrist and~~  
1649 ~~the second opinion of a clinical psychologist or another~~  
1650 ~~psychiatrist~~, both of whom have personally examined the patient  
1651 within the preceding 72 hours, that the criteria for involuntary  
1652 inpatient placement are met. ~~However, in a county that has a~~  
1653 ~~population of fewer than 50,000, if the administrator certifies~~  
1654 ~~that a psychiatrist or clinical psychologist is not available to~~  
1655 ~~provide the second opinion, the second opinion may be provided~~  
1656 ~~by a licensed physician who has postgraduate training and~~  
1657 ~~experience in diagnosis and treatment of mental and nervous~~  
1658 ~~disorders or by a psychiatric nurse. Any second opinion~~  
1659 ~~authorized in this subsection may be conducted through a face-~~  
1660 ~~to-face examination, in person or by electronic means. Such~~  
1661 recommendation shall be entered on a petition for ~~an~~ involuntary  
1662 inpatient placement certificate that authorizes the ~~receiving~~  
1663 facility to retain the patient pending transfer to a treatment



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1664 facility or completion of a hearing.

1665 (3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT.—

1666 (a) The administrator of the facility shall file a petition  
1667 for involuntary inpatient placement in the court in the county  
1668 where the patient is located. Upon filing, the clerk of the  
1669 court shall provide copies to the department, the patient, the  
1670 patient's guardian or representative, and the state attorney and  
1671 public defender of the judicial circuit in which the patient is  
1672 located. A ~~No~~ fee may not ~~shall~~ be charged for the filing of a  
1673 petition under this subsection.

1674 (b) A facility filing a petition under this subsection for  
1675 involuntary inpatient placement shall send a copy of the  
1676 petition to the managing entity in its area.

1677 (4) APPOINTMENT OF COUNSEL.—

1678 (a) Within 1 court working day after the filing of a  
1679 petition for involuntary inpatient placement, the court shall  
1680 appoint the public defender to represent the person who is the  
1681 subject of the petition, unless the person is otherwise  
1682 represented by counsel. The clerk of the court shall immediately  
1683 notify the public defender of such appointment. Any attorney  
1684 representing the patient shall have access to the patient,  
1685 witnesses, and records relevant to the presentation of the  
1686 patient's case and shall represent the interests of the patient,  
1687 regardless of the source of payment to the attorney.

1688 (b) The state attorney for the circuit in which the patient  
1689 is located shall represent the state as the real party in  
1690 interest in the proceeding and must be provided access to the  
1691 patient's clinical records and witnesses. The state attorney is  
1692 authorized to independently evaluate the sufficiency and



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1693 appropriateness of the petition for involuntary inpatient  
1694 placement.

1695 (5) CONTINUANCE OF HEARING.—The patient is entitled, with  
1696 the concurrence of the patient's counsel, to at least one  
1697 continuance of the hearing. ~~The continuance shall be for a~~  
1698 ~~period of~~ up to 4 weeks.

1699 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

1700 (a)1. The court shall hold the hearing on involuntary  
1701 inpatient placement within 5 court working days, unless a  
1702 continuance is granted.

1703 2. Except for good cause documented in the court file, the  
1704 hearing must ~~shall~~ be held in the county or the facility, as  
1705 appropriate, where the patient is located, must ~~and shall~~ be as  
1706 convenient to the patient as is ~~may~~ be consistent with orderly  
1707 procedure, and shall be conducted in physical settings not  
1708 likely to be injurious to the patient's condition. If the court  
1709 finds that the patient's attendance at the hearing is not  
1710 consistent with the best interests of the patient, and the  
1711 patient's counsel does not object, the court may waive the  
1712 presence of the patient from all or any portion of the hearing.  
1713 The state attorney for the circuit in which the patient is  
1714 located shall represent the state, rather than the petitioning  
1715 facility administrator, as the real party in interest in the  
1716 proceeding.

1717 3.2. The court may appoint a ~~general or special~~ magistrate  
1718 to preside at the hearing. One of the two professionals who  
1719 executed the petition for involuntary inpatient placement  
1720 certificate shall be a witness. The patient and the patient's  
1721 guardian or representative shall be informed by the court of the



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1722 right to an independent expert examination. If the patient  
1723 cannot afford such an examination, the court shall ensure that  
1724 one is provided, as otherwise provided for by law ~~provide for~~  
1725 ~~one~~. The independent expert's report is ~~shall be~~ confidential  
1726 and not discoverable, unless the expert is to be called as a  
1727 witness for the patient at the hearing. The testimony in the  
1728 hearing must be given under oath, and the proceedings must be  
1729 recorded. The patient may refuse to testify at the hearing.

1730 (b) If the court concludes that the patient meets the  
1731 criteria for involuntary inpatient placement, it may ~~shall~~ order  
1732 that the patient be transferred to a treatment facility or, if  
1733 the patient is at a treatment facility, that the patient be  
1734 retained there or be treated at any other appropriate ~~receiving~~  
1735 ~~or treatment~~ facility, or that the patient receive services from  
1736 such a receiving or treatment facility or service provider, on  
1737 an involuntary basis, for a period of up to 90 days ~~6 months~~.  
1738 However, any order for involuntary mental health services in a  
1739 treatment facility may be for up to 6 months. The order shall  
1740 specify the nature and extent of the patient's mental illness.  
1741 The facility shall discharge a patient any time the patient no  
1742 longer meets the criteria for involuntary inpatient placement,  
1743 unless the patient has transferred to voluntary status.

1744 (c) If at any time before ~~prior to~~ the conclusion of the  
1745 hearing on involuntary inpatient placement it appears to the  
1746 court that the person does not meet the criteria for involuntary  
1747 inpatient placement under this section, but instead meets the  
1748 criteria for involuntary outpatient services ~~placement~~, the  
1749 court may order the person evaluated for involuntary outpatient  
1750 services ~~placement~~ pursuant to s. 394.4655. The petition and



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1751 hearing procedures set forth in s. 394.4655 shall apply. If the  
1752 person instead meets the criteria for involuntary assessment,  
1753 protective custody, or involuntary admission pursuant to s.  
1754 397.675, then the court may order the person to be admitted for  
1755 involuntary assessment for a period of 5 days pursuant to s.  
1756 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by  
1757 chapter 397.

1758 (d) At the hearing on involuntary inpatient placement, the  
1759 court shall consider testimony and evidence regarding the  
1760 patient's competence to consent to treatment. If the court finds  
1761 that the patient is incompetent to consent to treatment, it  
1762 shall appoint a guardian advocate as provided in s. 394.4598.

1763 (e) The administrator of the petitioning ~~receiving~~ facility  
1764 shall provide a copy of the court order and adequate  
1765 documentation of a patient's mental illness to the administrator  
1766 of a treatment facility if the ~~whenever a~~ patient is ordered for  
1767 involuntary inpatient placement, whether by civil or criminal  
1768 court. The documentation must ~~shall~~ include any advance  
1769 directives made by the patient, a psychiatric evaluation of the  
1770 patient, and any evaluations of the patient performed by a  
1771 psychiatric nurse, clinical psychologist, a marriage and family  
1772 therapist, a mental health counselor, or a clinical social  
1773 worker. The administrator of a treatment facility may refuse  
1774 admission to any patient directed to its facilities on an  
1775 involuntary basis, whether by civil or criminal court order, who  
1776 is not accompanied ~~at the same time~~ by adequate orders and  
1777 documentation.

1778 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT  
1779 PLACEMENT.—



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1780 (a) Hearings on petitions for continued involuntary  
1781 inpatient placement of an individual placed at any treatment  
1782 facility are ~~shall be~~ administrative hearings and must ~~shall~~ be  
1783 conducted in accordance with ~~the provisions of~~ s. 120.57(1),  
1784 except that any order entered by the administrative law judge is  
1785 ~~shall be~~ final and subject to judicial review in accordance with  
1786 s. 120.68. Orders concerning patients committed after  
1787 successfully pleading not guilty by reason of insanity are ~~shall~~  
1788 ~~be~~ governed by ~~the provisions of~~ s. 916.15.

1789 (b) If the patient continues to meet the criteria for  
1790 involuntary inpatient placement and is being treated at a  
1791 treatment facility, the administrator shall, before ~~prior to~~ the  
1792 expiration of the period ~~during which~~ the treatment facility is  
1793 authorized to retain the patient, file a petition requesting  
1794 authorization for continued involuntary inpatient placement. The  
1795 request must ~~shall~~ be accompanied by a statement from the  
1796 patient's physician, psychiatrist, psychiatric nurse, or  
1797 clinical psychologist justifying the request, a brief  
1798 description of the patient's treatment during the time he or she  
1799 was involuntarily placed, and an individualized plan of  
1800 continued treatment. Notice of the hearing must ~~shall~~ be  
1801 provided as provided ~~set forth~~ in s. 394.4599. If a patient's  
1802 attendance at the hearing is voluntarily waived, the  
1803 administrative law judge must determine that the waiver is  
1804 knowing and voluntary before waiving the presence of the patient  
1805 from all or a portion of the hearing. Alternatively, if at the  
1806 hearing the administrative law judge finds that attendance at  
1807 the hearing is not consistent with the best interests of the  
1808 patient, the administrative law judge may waive the presence of



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1809 the patient from all or any portion of the hearing, unless the  
1810 patient, through counsel, objects to the waiver of presence. The  
1811 testimony in the hearing must be under oath, and the proceedings  
1812 must be recorded.

1813 (c) Unless the patient is otherwise represented or is  
1814 ineligible, he or she shall be represented at the hearing on the  
1815 petition for continued involuntary inpatient placement by the  
1816 public defender of the circuit in which the facility is located.

1817 (d) If at a hearing it is shown that the patient continues  
1818 to meet the criteria for involuntary inpatient placement, the  
1819 administrative law judge shall sign the order for continued  
1820 involuntary inpatient placement for a period of up to 90 days  
1821 ~~not to exceed 6 months~~. However, any order for involuntary  
1822 mental health services in a treatment facility may be for up to  
1823 6 months. The same procedure shall be repeated prior to the  
1824 expiration of each additional period the patient is retained.

1825 (e) If continued involuntary inpatient placement is  
1826 necessary for a patient admitted while serving a criminal  
1827 sentence, but his or her ~~whose~~ sentence is about to expire, or  
1828 for a minor patient involuntarily placed, ~~while a minor~~ but who  
1829 is about to reach the age of 18, the administrator shall  
1830 petition the administrative law judge for an order authorizing  
1831 continued involuntary inpatient placement.

1832 (f) If the patient has been previously found incompetent to  
1833 consent to treatment, the administrative law judge shall  
1834 consider testimony and evidence regarding the patient's  
1835 competence. If the administrative law judge finds evidence that  
1836 the patient is now competent to consent to treatment, the  
1837 administrative law judge may issue a recommended order to the





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1838 court that found the patient incompetent to consent to treatment  
1839 that the patient's competence be restored and that any guardian  
1840 advocate previously appointed be discharged.

1841 (g) If the patient has been ordered to undergo involuntary  
1842 inpatient placement and has previously been found incompetent to  
1843 consent to treatment, the court shall consider testimony and  
1844 evidence regarding the patient's incompetence. If the patient's  
1845 competency to consent to treatment is restored, the discharge of  
1846 the guardian advocate shall be governed by the provisions of s.  
1847 394.4598.

1848  
1849 The procedure required in this subsection must be followed  
1850 before the expiration of each additional period the patient is  
1851 involuntarily receiving services.

1852 (8) RETURN TO FACILITY OF PATIENTS.—If a patient  
1853 involuntarily held ~~When a patient~~ at a treatment facility under  
1854 this part leaves the facility without the administrator's  
1855 authorization, the administrator may authorize a search for the  
1856 patient and his or her ~~the return of the patient~~ to the  
1857 facility. The administrator may request the assistance of a law  
1858 enforcement agency in this regard ~~the search for and return of~~  
1859 ~~the patient.~~

1860 Section 14. Section 394.46715, Florida Statutes, is amended  
1861 to read:

1862 394.46715 Rulemaking authority.—The department may adopt  
1863 rules to administer this part ~~Department of Children and~~  
1864 ~~Families shall have rulemaking authority to implement the~~  
1865 ~~provisions of ss. 394.455, 394.4598, 394.4615, 394.463,~~  
1866 ~~394.4655, and 394.467 as amended or created by this act. These~~



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1867 ~~rules shall be for the purpose of protecting the health, safety,~~  
1868 ~~and well-being of persons examined, treated, or placed under~~  
1869 ~~this act.~~

1870 Section 15. Section 394.656, Florida Statutes, is amended  
1871 to read:

1872 394.656 Criminal Justice, Mental Health, and Substance  
1873 Abuse Reinvestment Grant Program.—

1874 (1) There is created within the Department of Children and  
1875 Families the Criminal Justice, Mental Health, and Substance  
1876 Abuse Reinvestment Grant Program. The purpose of the program is  
1877 to provide funding to counties ~~with~~ which they may use to ~~can~~  
1878 plan, implement, or expand initiatives that increase public  
1879 safety, avert increased spending on criminal justice, and  
1880 improve the accessibility and effectiveness of treatment  
1881 services for adults and juveniles who have a mental illness,  
1882 substance abuse disorder, or co-occurring mental health and  
1883 substance abuse disorders and who are in, or at risk of  
1884 entering, the criminal or juvenile justice systems.

1885 (2) The department shall establish a Criminal Justice,  
1886 Mental Health, and Substance Abuse Statewide Grant Review  
1887 Committee. The committee shall include:

1888 (a) One representative of the Department of Children and  
1889 Families;

1890 (b) One representative of the Department of Corrections;

1891 (c) One representative of the Department of Juvenile  
1892 Justice;

1893 (d) One representative of the Department of Elderly  
1894 Affairs; ~~and~~

1895 (e) One representative of the Office of the State Courts



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1896 Administrator;  
1897 (f) One representative of the Department of Veterans'  
1898 Affairs;  
1899 (g) One representative of the Florida Sheriffs Association;  
1900 (h) One representative of the Florida Police Chiefs  
1901 Association;  
1902 (i) One representative of the Florida Association of  
1903 Counties;  
1904 (j) One representative of the Florida Alcohol and Drug  
1905 Abuse Association;  
1906 (k) One representative of the Florida Association of  
1907 Managing Entities;  
1908 (l) One representative of the Florida Council for Community  
1909 Mental Health;  
1910 (m) One representative of the Florida Prosecuting Attorneys  
1911 Association;  
1912 (n) One representative of the Florida Public Defender  
1913 Association; and  
1914 (o) One administrator of an assisted living facility that  
1915 holds a limited mental health license.  
1916 (3) The committee shall serve as the advisory body to  
1917 review policy and funding issues that help reduce the impact of  
1918 persons with mental illness and substance abuse disorders on  
1919 communities, criminal justice agencies, and the court system.  
1920 The committee shall advise the department in selecting  
1921 priorities for grants and investing awarded grant moneys.  
1922 (4) The committee must have experience in substance use and  
1923 mental health disorders, community corrections, and law  
1924 enforcement. To the extent possible, the ~~members of the~~



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1925 committee shall have expertise in grant review writing, ~~grant~~  
1926 ~~reviewing~~, and grant application scoring.

1927 (5) (a) ~~(3) (a)~~ A county, or a not-for-profit community  
1928 provider or managing entity designated by the county planning  
1929 council or committee, as described in s. 394.657, may apply for  
1930 a 1-year planning grant or a 3-year implementation or expansion  
1931 grant. The purpose of the grants is to demonstrate that  
1932 investment in treatment efforts related to mental illness,  
1933 substance abuse disorders, or co-occurring mental health and  
1934 substance abuse disorders results in a reduced demand on the  
1935 resources of the judicial, corrections, juvenile detention, and  
1936 health and social services systems.

1937 (b) To be eligible to receive a 1-year planning grant or a  
1938 3-year implementation or expansion grant:7

1939 1. A county applicant must have a ~~county~~ planning council  
1940 or committee that is in compliance with the membership  
1941 requirements set forth in this section.

1942 2. A not-for-profit community provider or managing entity  
1943 must be designated by the county planning council or committee  
1944 and have written authorization to submit an application. A not-  
1945 for-profit community provider or managing entity must have  
1946 written authorization for each submitted application.

1947 (c) The department may award a 3-year implementation or  
1948 expansion grant to an applicant who has not received a 1-year  
1949 planning grant.

1950 (d) The department may require an applicant to conduct  
1951 sequential intercept mapping for a project. For purposes of this  
1952 paragraph, the term "sequential intercept mapping" means a  
1953 process for reviewing a local community's mental health,



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1954 substance abuse, criminal justice, and related systems and  
1955 identifying points of interceptions where interventions may be  
1956 made to prevent an individual with a substance abuse disorder or  
1957 mental illness from deeper involvement in the criminal justice  
1958 system.

1959 (6) ~~(4)~~ The grant review and selection committee shall  
1960 select the grant recipients and notify the department of  
1961 Children and Families in writing of the recipients' names of the  
1962 applicants who have been selected by the committee to receive a  
1963 grant. Contingent upon the availability of funds and upon  
1964 notification by the grant review and selection committee of  
1965 those applicants approved to receive planning, implementation,  
1966 or expansion grants, the department of Children and Families may  
1967 transfer funds appropriated for the grant program to a selected  
1968 grant recipient to any county awarded a grant.

1969 Section 16. Section 394.761, Florida Statutes, is created  
1970 to read:

1971 394.761 Revenue maximization.—The department, in  
1972 coordination with the Agency for Health Care and the managing  
1973 entities, shall compile detailed documentation of the cost and  
1974 reimbursements for Medicaid covered services provided to  
1975 Medicaid eligible individuals by providers of behavioral health  
1976 services that are also funded for programs authorized by this  
1977 chapter and chapter 397. The department's documentation, along  
1978 with a report of general revenue funds supporting behavioral  
1979 health services that are not counted as maintenance of effort or  
1980 match for any other federal program, will be submitted to the  
1981 Agency for Health Care Administration by December 31, 2016.  
1982 Copies of the report must also be provided to the Governor, the



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1983 President of the Senate, and the Speaker of the House of  
1984 Representatives. If this report presents clear evidence that  
1985 Medicaid reimbursements are less than the costs of providing the  
1986 services, the Agency for Health Care Administration and the  
1987 Department of Children and Families will prepare and submit any  
1988 budget amendments necessary to use unmatched general revenue  
1989 funds in the 2016-2017 fiscal year to draw additional federal  
1990 funding to increase Medicaid funding to behavioral health  
1991 service providers receiving the unmatched general revenue.  
1992 Payments shall be made to providers in such manner as is allowed  
1993 by federal law and regulations.

1994 Section 17. Subsection (11) is added to section 394.875,  
1995 Florida Statutes, to read:

1996 394.875 Crisis stabilization units, residential treatment  
1997 facilities, and residential treatment centers for children and  
1998 adolescents; authorized services; license required.—

1999 (11) By January 1, 2017, the department and the agency  
2000 shall modify licensure rules and procedures to create an option  
2001 for a single, consolidated license for a provider who offers  
2002 multiple types of mental health and substance abuse services  
2003 regulated under this chapter and chapter 397. Providers eligible  
2004 for a consolidated license shall operate these services through  
2005 a single corporate entity and a unified management structure.  
2006 Any provider serving adults and children must meet department  
2007 standards for separate facilities and other requirements  
2008 necessary to ensure children's safety and promote therapeutic  
2009 efficacy.

2010 Section 18. Section 394.9082, Florida Statutes, is amended  
2011 to read:



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2012           (Substantial rewording of section. See  
2013           s. 394.9082, F.S., for present text.)  
2014           394.9082 Behavioral health managing entities' purpose;  
2015 definitions; duties; contracting; accountability.-  
2016           (1) PURPOSE.-The purpose of the behavioral health managing  
2017 entities is to plan, coordinate and contract for the delivery of  
2018 community mental health and substance abuse services, to improve  
2019 access to care, to promote service continuity, to purchase  
2020 services, and to support efficient and effective delivery of  
2021 services.  
2022           (2) DEFINITIONS.-As used in this section, the term:  
2023           (a) "Behavioral health services" means mental health  
2024 services and substance abuse prevention and treatment services  
2025 as described in this chapter and chapter 397.  
2026           (b) "Case management" means those direct services provided  
2027 to a client in order to assess needs, plan or arrange services,  
2028 coordinate service providers, monitor service delivery, and  
2029 evaluate outcomes.  
2030           (c) "Coordinated system of care" means the full array of  
2031 behavioral health and related services in a region or a  
2032 community offered by all service providers, whether  
2033 participating under contract with the managing entity or through  
2034 another method of community partnership or mutual agreement.  
2035           (d) "Geographic area" means one or more contiguous  
2036 counties, circuits, or regions as described in s. 409.966.  
2037           (e) "High-need or high-utilization individual" means a  
2038 recipient who meets one or more of the following criteria and  
2039 may be eligible for intensive case management services:  
2040           1. Has resided in a state mental health facility for at



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2041 least 6 months in the last 36 months;

2042 2. Has had two or more admissions to a state mental health  
2043 facility in the last 36 months; or

2044 3. Has had three or more admissions to a crisis  
2045 stabilization unit, an addictions receiving facility, a short-  
2046 term residential detoxification facility, or an inpatient  
2047 psychiatric unit within the last 12 months.

2048 (f) "Managed behavioral health organization" means a  
2049 Medicaid managed care organization currently under contract with  
2050 the statewide Medicaid managed medical assistance program in  
2051 this state pursuant to part IV of chapter 409, including a  
2052 managed care organization operating as a behavioral health  
2053 specialty plan.

2054 (g) "Managing entity" means a corporation designated or  
2055 filed as a nonprofit organization under s. 501(c)(3) of the  
2056 Internal Revenue Code which is selected by, and is under  
2057 contract with, the department to manage the daily operational  
2058 delivery of behavioral health services through a coordinated  
2059 system of care.

2060 (h) "Provider network" means the group of direct service  
2061 providers, facilities, and organizations under contract with a  
2062 managing entity to provide a comprehensive array of emergency,  
2063 acute care, residential, outpatient, recovery support, and  
2064 consumer support services, including prevention services.

2065 (i) "Receiving facility" means any public or private  
2066 facility designated by the department to receive and hold or to  
2067 refer, as appropriate, involuntary patients under emergency  
2068 conditions for mental health or substance abuse evaluation and  
2069 to provide treatment or transportation to the appropriate





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2070 service provider. County jails may not be used or designated as  
2071 a receiving facility, a triage center, or an access center.

2072 (3) DEPARTMENT DUTIES.—The department shall:

2073 (a) Designate, with input from the managing entity,  
2074 facilities that meet the definitions in s. 394.455(1), (2),  
2075 (13), and (41) and the receiving system developed by one or more  
2076 counties pursuant to s. 394.4573(2) (b).

2077 (b) Contract with organizations to serve as the managing  
2078 entity in accordance with the requirements of this section.

2079 (c) Specify the geographic area served.

2080 (d) Specify data reporting and use of shared data systems.

2081 (e) Develop strategies to divert persons with mental  
2082 illness or substance abuse disorders from the criminal and  
2083 juvenile justice systems.

2084 (f) Support the development and implementation of a  
2085 coordinated system of care by requiring each provider that  
2086 receives state funds for behavioral health services through a  
2087 direct contract with the department to work with the managing  
2088 entity in the provider's service area to coordinate the  
2089 provision of behavioral health services, as part of the contract  
2090 with the department.

2091 (g) Require that any public receiving facility initiating a  
2092 patient transfer to a licensed hospital for acute care mental  
2093 health services not accessible through the public receiving  
2094 facility notify the hospital of such transfer and provide all  
2095 records relating to the emergency psychiatric or medical  
2096 condition.

2097 (h) Set performance measures and performance standards for  
2098 managing entities based on nationally recognized standards, such



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2099 as those developed by the National Quality Forum, the National  
2100 Committee for Quality Assurance, or similar credible sources.

2101 Performance standards must include all of the following:

2102 1. Annual improvement in the extent to which the need for  
2103 behavioral health services is met by the coordinated system of  
2104 care in the geographic area served.

2105 2. Annual improvement in the percentage of patients who  
2106 receive services through the coordinated system of care and who  
2107 achieve improved functional status as indicated by health  
2108 condition, employment status, and housing stability.

2109 3. Annual reduction in the rates of readmissions to acute  
2110 care facilities, jails, prisons, and forensic facilities for  
2111 persons receiving care coordination.

2112 4. Annual improvement in consumer and family satisfaction.

2113 (i) Provide technical assistance to the managing entities.

2114 (j) Promote the integration of behavioral health care and  
2115 primary care.

2116 (k) Facilitate the coordination between the managing entity  
2117 and other payors of behavioral health care.

2118 (l) Develop and provide a unique identifier for clients  
2119 receiving services under the managing entity to coordinate care.

2120 (m) Coordinate procedures for the referral and admission of  
2121 patients to, and the discharge of patients from, state treatment  
2122 facilities and their return to the community.

2123 (n) Ensure that managing entities comply with state and  
2124 federal laws, rules, and regulations.

2125 (o) Develop rules for the operations of, and the  
2126 requirements that must be met by, the managing entity, if  
2127 necessary.



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2128       (4) CONTRACT FOR SERVICES.-  
2129       (a) In contracting for services with managing entities  
2130 under this section, the department must first attempt to  
2131 contract with not-for-profit, community-based organizations that  
2132 have competence in managing networks of providers serving  
2133 persons with mental health and substance abuse disorders.  
2134       (b) The department shall issue an invitation to negotiate  
2135 under s. 287.057 to select an organization to serve as a  
2136 managing entity. If the department receives fewer than two  
2137 responsive bids to the solicitation, the department shall  
2138 reissue the invitation to negotiate, in which case managed  
2139 behavioral health organizations shall be eligible to bid and be  
2140 awarded a contract.  
2141       (c) If the managing entity is a not-for-profit, community-  
2142 based organization, it must have a governing board that is  
2143 representative. At a minimum, the governing board must include  
2144 consumers and their family members; representatives of local  
2145 government, area law enforcement agencies, health care  
2146 facilities, and community-based care lead agencies; business  
2147 leaders; and providers of substance abuse and mental health  
2148 services as defined in this chapter and chapter 397.  
2149       (d) If the managing entity is a managed behavioral health  
2150 organization, it must establish an advisory board that meets the  
2151 same requirements specified in paragraph (c) for a governing  
2152 board.  
2153       (e) If the department issues an invitation to negotiate  
2154 pursuant to paragraph (b), the department shall consider the  
2155 advice and recommendations of the provider network and community  
2156 stakeholders in determining the criteria and relative weight of



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2157 the criteria that will be used in the solicitation of the new  
2158 contractor. The department shall consider all of the following  
2159 factors:

2160 1. Experience serving persons with mental health and  
2161 substance abuse disorders.

2162 2. Establishment of community partnerships with behavioral  
2163 health providers.

2164 3. Demonstrated organizational capabilities for network  
2165 management functions.

2166 4. Capability to coordinate behavioral health with primary  
2167 care services.

2168 (f) The department's contracts with managing entities must  
2169 support efficient and effective administration of the behavioral  
2170 health system and ensure accountability for performance.

2171 (g) A contractor serving as a managing entity shall operate  
2172 under the same data reporting, administrative, and  
2173 administrative rate requirements, regardless of whether it is a  
2174 for-profit or a not-for-profit entity.

2175 (h) The contract must designate the geographic area that  
2176 will be served by the managing entity, which area must be of  
2177 sufficient size in population, funding, and services to allow  
2178 for flexibility and efficiency.

2179 (i) The contract must require that, when there is a change  
2180 in the managing entity in a geographic area, a transition plan  
2181 be developed and implemented by the department which ensures  
2182 continuity of care for patients receiving behavioral health  
2183 services.

2184 (j) As of October 31, 2019, if all other contract  
2185 requirements and performance standards are met and the



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2186 department determines that the managing entity has made progress  
2187 toward the implementation of a coordinated system of care in its  
2188 geographic region, the department may continue its contract with  
2189 the managing entity for up to, but not exceeding, 5 years,  
2190 including any and all renewals and extensions. Thereafter, the  
2191 department must issue a competitive solicitation pursuant to  
2192 paragraph (b).

2193 (5) MANAGING ENTITIES DUTIES.—A managing entity shall:

2194 (a) Maintain a board of directors that is representative of  
2195 the community and that, at a minimum, includes consumers and  
2196 family members, community stakeholders and organizations, and  
2197 providers of mental health and substance abuse services,  
2198 including public and private receiving facilities.

2199 (b) Conduct a community behavioral health care needs  
2200 assessment in the geographic area served by the managing entity.  
2201 The needs assessment must be updated annually and provided to  
2202 the department. The assessment must include, at a minimum, the  
2203 information the department needs for its annual report to the  
2204 Governor and Legislature pursuant to s. 394.4573.

2205 (c) Develop local resources by pursuing third-party  
2206 payments for services, applying for grants, assisting providers  
2207 in securing local matching funds and in-kind services, and any  
2208 other methods needed to ensure services are available and  
2209 accessible.

2210 (d) Provide assistance to counties to develop a designated  
2211 receiving system pursuant to s. 394.4573(2)(b) and a  
2212 transportation plan pursuant to s. 394.462.

2213 (e) Promote the development and effective implementation of  
2214 a coordinated system of care pursuant to s. 394.4573.



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2215 (f) Develop a comprehensive network of qualified providers  
2216 to deliver behavioral health services. The managing entity is  
2217 not required to competitively procure network providers, but  
2218 must have a process in place to publicize opportunities to join  
2219 the network and to evaluate providers in the network to  
2220 determine if they can remain in the network. These processes  
2221 must be published on the website of the managing entity. The  
2222 managing entity must ensure continuity of care for clients if a  
2223 provider ceases to provide a service or leaves the network.

2224 (g) Enter into cooperative agreements with local homeless  
2225 councils and organizations to allow the sharing of available  
2226 resource information, shared client information, client referral  
2227 services, and any other data or information that may be useful  
2228 in addressing the homelessness of persons suffering from a  
2229 behavioral health crisis. All information sharing must comply  
2230 with federal and state privacy and confidentiality laws,  
2231 statutes and regulations.

2232 (h) Monitor network providers' performance and their  
2233 compliance with contract requirements and federal and state  
2234 laws, rules, and regulations.

2235 (i) Provide or contract for case management services.

2236 (j) Manage and allocate funds for services to meet the  
2237 requirements of law or rule.

2238 (k) Promote integration of behavioral health with primary  
2239 care.

2240 (l) Implement shared data systems necessary for the  
2241 delivery of coordinated care and integrated services, the  
2242 assessment of managing entity performance and provider  
2243 performance, and the reporting of outcomes and costs of



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2244 services.

2245 (m) Operate in a transparent manner, providing public  
2246 access to information, notice of meetings, and opportunities for  
2247 public participation in managing entity decision-making.

2248 (n) Establish and maintain effective relationships with  
2249 community stakeholders, including local governments and other  
2250 organizations that serve individuals with behavioral health  
2251 needs.

2252 (o) Collaborate with local criminal and juvenile justice  
2253 systems to divert persons with mental illness or substance abuse  
2254 disorders, or both, from the criminal and juvenile justice  
2255 systems.

2256 (p) Collaborate with the local court system to develop  
2257 procedures to maximize the use of involuntary outpatient  
2258 services; reduce involuntary inpatient treatment; and increase  
2259 diversion from the criminal and juvenile justice systems.

2260 (6) FUNDING FOR MANAGING ENTITIES.-

2261 (a) A contract established between the department and a  
2262 managing entity under this section must be funded by general  
2263 revenue, other applicable state funds, or applicable federal  
2264 funding sources. A managing entity may carry forward documented  
2265 unexpended state funds from one fiscal year to the next, but the  
2266 cumulative amount carried forward may not exceed 8 percent of  
2267 the total value of the contract. Any unexpended state funds in  
2268 excess of that percentage must be returned to the department.  
2269 The funds carried forward may not be used in a way that would  
2270 increase future recurring obligations or for any program or  
2271 service that was not authorized as of July 1, 2016, under the  
2272 existing contract with the department. Expenditures of funds



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2273 carried forward must be separately reported to the department.  
2274 Any unexpended funds that remain at the end of the contract  
2275 period must be returned to the department. Funds carried forward  
2276 may be retained through contract renewals and new contract  
2277 procurements as long as the same managing entity is retained by  
2278 the department.

2279 (b) The method of payment for a fixed-price contract with a  
2280 managing entity must provide for a 2-month advance payment at  
2281 the beginning of each fiscal year and equal monthly payments  
2282 thereafter.

2283 (7) CRISIS STABILIZATION SERVICES UTILIZATION DATABASE.—The  
2284 department shall develop, implement, and maintain standards  
2285 under which a managing entity shall collect utilization data  
2286 from all public receiving facilities situated within its  
2287 geographic service area. As used in this subsection, the term  
2288 “public receiving facility” means an entity that meets the  
2289 licensure requirements of, and is designated by, the department  
2290 to operate as a public receiving facility under s. 394.875 and  
2291 that is operating as a licensed crisis stabilization unit.

2292 (a) The department shall develop standards and protocols  
2293 for managing entities and public receiving facilities to be used  
2294 for data collection, storage, transmittal, and analysis. The  
2295 standards and protocols must allow for compatibility of data and  
2296 data transmittal between public receiving facilities, managing  
2297 entities, and the department for the implementation and  
2298 requirements of this subsection.

2299 (b) A managing entity shall require a public receiving  
2300 facility within its provider network to submit data, in real  
2301 time or at least daily, to the managing entity for:





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2302       1. All admissions and discharges of clients receiving  
2303 public receiving facility services who qualify as indigent, as  
2304 defined in s. 394.4787; and

2305       2. The current active census of total licensed beds, the  
2306 number of beds purchased by the department, the number of  
2307 clients qualifying as indigent who occupy those beds, and the  
2308 total number of unoccupied licensed beds regardless of funding.

2309       (c) A managing entity shall require a public receiving  
2310 facility within its provider network to submit data, on a  
2311 monthly basis, to the managing entity which aggregates the daily  
2312 data submitted under paragraph (b). The managing entity shall  
2313 reconcile the data in the monthly submission to the data  
2314 received by the managing entity under paragraph (b) to check for  
2315 consistency. If the monthly aggregate data submitted by a public  
2316 receiving facility under this paragraph are inconsistent with  
2317 the daily data submitted under paragraph (b), the managing  
2318 entity shall consult with the public receiving facility to make  
2319 corrections necessary to ensure accurate data.

2320       (d) A managing entity shall require a public receiving  
2321 facility within its provider network to submit data, on an  
2322 annual basis, to the managing entity which aggregates the data  
2323 submitted and reconciled under paragraph (c). The managing  
2324 entity shall reconcile the data in the annual submission to the  
2325 data received and reconciled by the managing entity under  
2326 paragraph (c) to check for consistency. If the annual aggregate  
2327 data submitted by a public receiving facility under this  
2328 paragraph are inconsistent with the data received and reconciled  
2329 under paragraph (c), the managing entity shall consult with the  
2330 public receiving facility to make corrections necessary to



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2331 ensure accurate data.

2332 (e) After ensuring the accuracy of data pursuant to  
2333 paragraphs (c) and (d), the managing entity shall submit the  
2334 data to the department on a monthly and an annual basis. The  
2335 department shall create a statewide database for the data  
2336 described under paragraph (b) and submitted under this paragraph  
2337 for the purpose of analyzing the payments for and the use of  
2338 crisis stabilization services funded by the Baker Act on a  
2339 statewide basis and on an individual public receiving facility  
2340 basis.

2341 Section 19. Present subsections (20) through (45) of  
2342 section 397.311, Florida Statutes, are redesignated as  
2343 subsections (22) through (47), respectively, new subsections  
2344 (20) and (21) are added to that section, and present subsections  
2345 (30) and (38) of that section are amended, to read:

2346 397.311 Definitions.—As used in this chapter, except part  
2347 VIII, the term:

2348 (20) "Informed consent" means consent voluntarily given in  
2349 writing by a competent person after sufficient explanation and  
2350 disclosure of the subject matter involved to enable the person  
2351 to make a knowing and willful decision without any element of  
2352 force, fraud, deceit, duress, or other form of constraint or  
2353 coercion.

2354 (21) "Involuntary services" means an array of behavioral  
2355 health services that may be ordered by the court for persons  
2356 with substance abuse or co-occurring mental health disorders.

2357 ~~(31)~~(30) "Qualified professional" means a physician or a  
2358 physician assistant licensed under chapter 458 or chapter 459; a  
2359 professional licensed under chapter 490 or chapter 491; an



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2360 advanced registered nurse practitioner ~~having a specialty in~~  
2361 ~~psychiatry~~ licensed under part I of chapter 464; or a person who  
2362 is certified through a department-recognized certification  
2363 process for substance abuse treatment services and who holds, at  
2364 a minimum, a bachelor's degree. A person who is certified in  
2365 substance abuse treatment services by a state-recognized  
2366 certification process in another state at the time of employment  
2367 with a licensed substance abuse provider in this state may  
2368 perform the functions of a qualified professional as defined in  
2369 this chapter but must meet certification requirements contained  
2370 in this subsection no later than 1 year after his or her date of  
2371 employment.

2372 ~~(39)-(38)~~ "Service component" or "component" means a  
2373 discrete operational entity within a service provider which is  
2374 subject to licensing as defined by rule. Service components  
2375 include prevention, intervention, and clinical treatment  
2376 described in subsection (24) ~~(22)~~.

2377 Section 20. Section 397.675, Florida Statutes, is amended  
2378 to read:

2379 397.675 Criteria for involuntary admissions, including  
2380 protective custody, emergency admission, and other involuntary  
2381 assessment, involuntary treatment, and alternative involuntary  
2382 assessment for minors, for purposes of assessment and  
2383 stabilization, and for involuntary treatment.—A person meets the  
2384 criteria for involuntary admission if there is good faith reason  
2385 to believe that the person has a substance abuse or co-occurring  
2386 mental health disorder ~~is substance abuse impaired~~ and, because  
2387 of such disorder ~~impairment~~:

2388 (1) Has lost the power of self-control with respect to



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2389 substance abuse use; and ~~either~~  
2390 (2) (a) ~~Has inflicted, or threatened or attempted to~~  
2391 ~~inflict, or unless admitted is likely to inflict, physical harm~~  
2392 ~~on himself or herself or another; or~~  
2393 ~~(b)~~ Is in need of substance abuse services and, by reason  
2394 of substance abuse impairment, his or her judgment has been so  
2395 impaired that he or she ~~the person~~ is incapable of appreciating  
2396 his or her need for such services and of making a rational  
2397 decision in that regard, although ~~thereto; however,~~ mere refusal  
2398 to receive such services does not constitute evidence of lack of  
2399 judgment with respect to his or her need for such services.  
2400 (b) Without care or treatment, is likely to suffer from  
2401 neglect or to refuse to care for himself or herself, that such  
2402 neglect or refusal poses a real and present threat of  
2403 substantial harm to his or her well-being and that it is not  
2404 apparent that such harm may be avoided through the help of  
2405 willing family members or friends or the provision of other  
2406 services, or there is substantial likelihood that the person has  
2407 inflicted, or threatened to or attempted to inflict, or, unless  
2408 admitted, is likely to inflict, physical harm on himself,  
2409 herself, or another.  
2410 Section 21. Section 397.679, Florida Statutes, is amended  
2411 to read:  
2412 397.679 Emergency admission; circumstances justifying.—A  
2413 person who meets the criteria for involuntary admission in s.  
2414 397.675 may be admitted to a hospital or to a licensed  
2415 detoxification facility or addictions receiving facility for  
2416 emergency assessment and stabilization, or to a less intensive  
2417 component of a licensed service provider for assessment only,



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2418 upon receipt by the facility of a ~~the physician's~~ certificate by  
2419 a physician, an advanced registered nurse practitioner, a  
2420 clinical psychologist, a licensed clinical social worker, a  
2421 licensed marriage and family therapist, a licensed mental health  
2422 counselor, a physician assistant working under the scope of  
2423 practice of the supervising physician, or a master's-level-  
2424 certified addictions professional, if the certificate is  
2425 specific to substance abuse disorders, and the completion of an  
2426 application for emergency admission.

2427 Section 22. Section 397.6791, Florida Statutes, is amended  
2428 to read:

2429 397.6791 Emergency admission; persons who may initiate.—The  
2430 following professionals ~~persons~~ may request a certificate for an  
2431 emergency assessment or admission:

2432 (1) In the case of an adult, physicians, advanced  
2433 registered nurse practitioners, clinical psychologists, licensed  
2434 clinical social workers, licensed marriage and family  
2435 therapists, licensed mental health counselors, physician  
2436 assistants working under the scope of practice of the  
2437 supervising physician, and a master's-level-certified addictions  
2438 professional, if the certificate is specific to substance abuse  
2439 disorders ~~the certifying physician,~~ the person's spouse or legal  
2440 guardian, any relative of the person, or any other responsible  
2441 adult who has personal knowledge of the person's substance abuse  
2442 impairment.

2443 (2) In the case of a minor, the minor's parent, legal  
2444 guardian, or legal custodian.

2445 Section 23. Section 397.6793, Florida Statutes, is amended  
2446 to read:



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2447           397.6793 Professional's ~~Physician's~~ certificate for  
2448 emergency admission.—

2449           (1) The professional's ~~physician's~~ certificate must include  
2450 the name of the person to be admitted, the relationship between  
2451 the person and the professional executing the certificate  
2452 ~~physician~~, the relationship between the applicant and the  
2453 professional ~~physician~~, any relationship between the  
2454 professional ~~physician~~ and the licensed service provider, and a  
2455 statement that the person has been examined and assessed within  
2456 the preceding 5 days of the application date, and ~~must include~~  
2457 factual allegations with respect to the need for emergency  
2458 admission, including:

2459           (a) The reason for the ~~physician's~~ belief that the person  
2460 is substance abuse impaired; and

2461           (b) The reason for the ~~physician's~~ belief that because of  
2462 such impairment the person has lost the power of self-control  
2463 with respect to substance abuse; and ~~either~~

2464           (c)1. The reason for the belief ~~physician believes~~ that,  
2465 without care or treatment, the person is likely to suffer from  
2466 neglect or refuse to care for himself or herself; that such  
2467 neglect or refusal poses a real and present threat of  
2468 substantial harm to his or her well-being; and that it is not  
2469 apparent that such harm may be avoided through the help of  
2470 willing family members or friends or the provision of other  
2471 services or there is substantial likelihood that the person has  
2472 inflicted or is likely to inflict physical harm on himself or  
2473 herself or others unless admitted; or

2474           2. The reason for the belief ~~physician believes~~ that the  
2475 person's refusal to voluntarily receive care is based on



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2476 judgment so impaired by reason of substance abuse that the  
2477 person is incapable of appreciating his or her need for care and  
2478 of making a rational decision regarding his or her need for  
2479 care.

2480 (2) The professional's ~~physician's~~ certificate must  
2481 recommend the least restrictive type of service that is  
2482 appropriate for the person. The certificate must be signed by  
2483 the professional ~~physician~~. If other less restrictive means are  
2484 not available, such as voluntary appearance for outpatient  
2485 evaluation, a law enforcement officer shall take the person  
2486 named in the certificate into custody and deliver him or her to  
2487 the appropriate facility for involuntary examination.

2488 (3) A signed copy of the professional's ~~physician's~~  
2489 certificate shall accompany the person, and shall be made a part  
2490 of the person's clinical record, together with a signed copy of  
2491 the application. The application and the professional's  
2492 ~~physician's~~ certificate authorize the involuntary admission of  
2493 the person pursuant to, and subject to the provisions of, ss.  
2494 397.679-397.6797.

2495 (4) The professional's certificate is valid for 7 days  
2496 after issuance.

2497 (5) The professional's ~~physician's~~ certificate must  
2498 indicate whether the person requires transportation assistance  
2499 for delivery for emergency admission and specify, pursuant to s.  
2500 397.6795, the type of transportation assistance necessary.

2501 Section 24. Section 397.6795, Florida Statutes, is amended  
2502 to read:

2503 397.6795 Transportation-assisted delivery of persons for  
2504 emergency assessment.—An applicant for a person's emergency



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2505 admission, ~~or~~ the person's spouse or guardian, or a law  
2506 enforcement officer, ~~or a health officer~~ may deliver a person  
2507 named in the professional's physician's certificate for  
2508 emergency admission to a hospital or a licensed detoxification  
2509 facility or addictions receiving facility for emergency  
2510 assessment and stabilization.

2511 Section 25. Subsection (1) of section 397.681, Florida  
2512 Statutes, is amended to read:

2513 397.681 Involuntary petitions; general provisions; court  
2514 jurisdiction and right to counsel.—

2515 (1) JURISDICTION.—The courts have jurisdiction of  
2516 involuntary assessment and stabilization petitions and  
2517 involuntary treatment petitions for substance abuse impaired  
2518 persons, and such petitions must be filed with the clerk of the  
2519 court in the county where the person is located. The clerk of  
2520 the court may not charge a fee for the filing of a petition  
2521 under this section. The chief judge may appoint a general or  
2522 special magistrate to preside over all or part of the  
2523 proceedings. The alleged impaired person is named as the  
2524 respondent.

2525 Section 26. Subsection (1) of section 397.6811, Florida  
2526 Statutes, is amended to read:

2527 397.6811 Involuntary assessment and stabilization.—A person  
2528 determined by the court to appear to meet the criteria for  
2529 involuntary admission under s. 397.675 may be admitted for a  
2530 period of 5 days to a hospital or to a licensed detoxification  
2531 facility or addictions receiving facility, for involuntary  
2532 assessment and stabilization or to a less restrictive component  
2533 of a licensed service provider for assessment only upon entry of





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2534 a court order or upon receipt by the licensed service provider  
2535 of a petition. Involuntary assessment and stabilization may be  
2536 initiated by the submission of a petition to the court.

2537 (1) If the person upon whose behalf the petition is being  
2538 filed is an adult, a petition for involuntary assessment and  
2539 stabilization may be filed by the respondent's spouse, or legal  
2540 guardian, any relative, a private practitioner, the director of  
2541 a licensed service provider or the director's designee, or any  
2542 individual ~~three adults~~ who has direct ~~have~~ personal knowledge  
2543 of the respondent's substance abuse impairment.

2544 Section 27. Section 397.6814, Florida Statutes, is amended  
2545 to read:

2546 397.6814 Involuntary assessment and stabilization; contents  
2547 of petition.—A petition for involuntary assessment and  
2548 stabilization must contain the name of the respondent, the ~~the~~ name  
2549 of the applicant or applicants, the ~~the~~ relationship between the  
2550 respondent and the applicant, and ~~and~~ the name of the respondent's  
2551 attorney, if known, ~~and a statement of the respondent's ability~~  
2552 ~~to afford an attorney;~~ and must state facts to support the need  
2553 for involuntary assessment and stabilization, including:

2554 (1) The reason for the petitioner's belief that the  
2555 respondent is substance abuse impaired; ~~and~~

2556 (2) The reason for the petitioner's belief that because of  
2557 such impairment the respondent has lost the power of self-  
2558 control with respect to substance abuse; ~~and either~~

2559 (3) (a) The reason the petitioner believes that the  
2560 respondent has inflicted or is likely to inflict physical harm  
2561 on himself or herself or others unless admitted; or

2562 (b) The reason the petitioner believes that the



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2563 respondent's refusal to voluntarily receive care is based on  
2564 judgment so impaired by reason of substance abuse that the  
2565 respondent is incapable of appreciating his or her need for care  
2566 and of making a rational decision regarding that need for care.  
2567 If the respondent has refused to submit to an assessment, such  
2568 refusal must be alleged in the petition.

2569  
2570 A fee may not be charged for the filing of a petition pursuant  
2571 to this section.

2572 Section 28. Section 397.6819, Florida Statutes, is amended  
2573 to read:

2574 397.6819 Involuntary assessment and stabilization;  
2575 responsibility of licensed service provider.—

2576 (1) A licensed service provider may admit an individual for  
2577 involuntary assessment and stabilization for a period not to  
2578 exceed 5 days unless a petition has been filed pursuant to s.  
2579 397.6821 or s. 397.6822. The individual must be assessed within  
2580 72 hours ~~without unnecessary delay~~ by a qualified professional.  
2581 If an assessment is performed by a qualified professional who is  
2582 not a physician, the assessment must be reviewed by a physician  
2583 before the end of the assessment period.

2584 (2) The managing entity must be notified of the  
2585 recommendation for involuntary services so that it may assist in  
2586 locating and providing the requested services, if such services  
2587 are available. The managing entity shall document its efforts to  
2588 obtain the recommended services.

2589 Section 29. Section 397.695, Florida Statutes, is amended  
2590 to read:

2591 397.695 Involuntary services ~~treatment~~; persons who may



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2592 petition.-

2593       (1) (a) If the respondent is an adult, a petition for  
2594 involuntary services ~~treatment~~ may be filed by the respondent's  
2595 spouse or legal guardian, any relative, a service provider, or  
2596 any individual ~~three adults~~ who has direct ~~have~~ personal  
2597 knowledge of the respondent's substance abuse impairment and his  
2598 or her prior course of assessment and treatment.

2599       (2) If the respondent is a minor, a petition for  
2600 involuntary treatment may be filed by a parent, legal guardian,  
2601 or service provider.

2602       Section 30. Section 397.6951, Florida Statutes, is amended  
2603 to read:

2604       397.6951 Contents of petition for involuntary services  
2605 ~~treatment~~.-A petition for involuntary services ~~treatment~~ must  
2606 contain the name of the respondent ~~to be admitted~~; the name of  
2607 the petitioner or petitioners; the relationship between the  
2608 respondent and the petitioner; the name of the respondent's  
2609 attorney, if known, ~~and a statement of the petitioner's~~  
2610 ~~knowledge of the respondent's ability to afford an attorney~~; the  
2611 findings and recommendations of the assessment performed by the  
2612 qualified professional; and the factual allegations presented by  
2613 the petitioner establishing the need for involuntary outpatient  
2614 services. The factual allegations must demonstrate treatment,  
2615 including:

2616       (1) The reason for the petitioner's belief that the  
2617 respondent is substance abuse impaired; ~~and~~

2618       (2) The reason for the petitioner's belief that because of  
2619 such impairment the respondent has lost the power of self-  
2620 control with respect to substance abuse; and either



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2621 (3) (a) The reason the petitioner believes that the  
2622 respondent has inflicted or is likely to inflict physical harm  
2623 on himself or herself or others unless the court orders the  
2624 involuntary services admitted; or

2625 (b) The reason the petitioner believes that the  
2626 respondent's refusal to voluntarily receive care is based on  
2627 judgment so impaired by reason of substance abuse that the  
2628 respondent is incapable of appreciating his or her need for care  
2629 and of making a rational decision regarding that need for care.

2630 Section 31. Section 397.6955, Florida Statutes, is amended  
2631 to read:

2632 397.6955 Duties of court upon filing of petition for  
2633 involuntary services treatment.-

2634 (1) Upon the filing of a petition for ~~the~~ involuntary  
2635 services for treatment of a substance abuse impaired person with  
2636 the clerk of the court, the court shall immediately determine  
2637 whether the respondent is represented by an attorney or whether  
2638 the appointment of counsel for the respondent is appropriate. If  
2639 the court appoints counsel for the person, the clerk of the  
2640 court shall immediately notify the regional conflict counsel,  
2641 created pursuant to s. 27.511, of the appointment. The regional  
2642 conflict counsel shall represent the person until the petition  
2643 is dismissed, the court order expires, or the person is  
2644 discharged from involuntary services. An attorney that  
2645 represents the person named in the petition shall have access to  
2646 the person, witnesses, and records relevant to the presentation  
2647 of the person's case and shall represent the interests of the  
2648 person, regardless of the source of payment to the attorney.

2649 (2) The court shall schedule a hearing to be held on the



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2650 petition within 5 ~~10~~ days unless a continuance is granted. The  
2651 court may appoint a magistrate to preside at the hearing.

2652 (3) A copy of the petition and notice of the hearing must  
2653 be provided to the respondent; the respondent's parent,  
2654 guardian, or legal custodian, in the case of a minor; the  
2655 respondent's attorney, if known; the petitioner; the  
2656 respondent's spouse or guardian, if applicable; and such other  
2657 persons as the court may direct. If the respondent is a minor, a  
2658 copy of the petition and notice of the hearing must be and have  
2659 such petition and order personally delivered to the respondent  
2660 if he or she is a minor. The court shall also issue a summons to  
2661 the person whose admission is sought.

2662 Section 32. Section 397.6957, Florida Statutes, is amended  
2663 to read:

2664 397.6957 Hearing on petition for involuntary services  
2665 ~~treatment.~~—

2666 (1) At a hearing on a petition for involuntary services  
2667 ~~treatment~~, the court shall hear and review all relevant  
2668 evidence, including the review of results of the assessment  
2669 completed by the qualified professional in connection with the  
2670 respondent's protective custody, emergency admission,  
2671 involuntary assessment, or alternative involuntary admission.  
2672 The respondent must be present unless the court finds that his  
2673 or her presence is likely to be injurious to himself or herself  
2674 or others, in which event the court must appoint a guardian  
2675 advocate to act in behalf of the respondent throughout the  
2676 proceedings.

2677 (2) The petitioner has the burden of proving by clear and  
2678 convincing evidence that:



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2679           (a) The respondent is substance abuse impaired and has a  
2680 history of lack of compliance with treatment for substance  
2681 abuse; ~~and~~

2682           (b) Because of such impairment the respondent is unlikely  
2683 to voluntarily participate in the recommended services or is  
2684 unable to determine for himself or herself whether services are  
2685 necessary ~~the respondent has lost the power of self-control with~~  
2686 ~~respect to substance abuse; and either~~

2687           1. Without services, the respondent is likely to suffer  
2688 from neglect or to refuse to care for himself or herself; that  
2689 such neglect or refusal poses a real and present threat of  
2690 substantial harm to his or her well-being; and that there is a  
2691 substantial likelihood that without services the respondent will  
2692 cause serious bodily harm to himself or herself or others in the  
2693 near future, as evidenced by recent behavior ~~The respondent has~~  
2694 ~~inflicted or is likely to inflict physical harm on himself or~~  
2695 ~~herself or others unless admitted; or~~

2696           2. The respondent's refusal to voluntarily receive care is  
2697 based on judgment so impaired by reason of substance abuse that  
2698 the respondent is incapable of appreciating his or her need for  
2699 care and of making a rational decision regarding that need for  
2700 care.

2701           (3) One of the qualified professionals who executed the  
2702 involuntary services certificate must be a witness. The court  
2703 shall allow testimony from individuals, including family  
2704 members, deemed by the court to be relevant under state law,  
2705 regarding the respondent's prior history and how that prior  
2706 history relates to the person's current condition. The testimony  
2707 in the hearing must be under oath, and the proceedings must be



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2708 recorded. The patient may refuse to testify at the hearing.

2709 (4)~~(3)~~ At the conclusion of the hearing the court shall  
2710 ~~either~~ dismiss the petition or order the respondent to receive  
2711 ~~undergo~~ involuntary services from his or her ~~substance abuse~~  
2712 ~~treatment, with the respondent's~~ chosen licensed service  
2713 provider if to deliver the involuntary substance abuse treatment  
2714 ~~where~~ possible and appropriate.

2715 Section 33. Section 397.697, Florida Statutes, is amended  
2716 to read:

2717 397.697 Court determination; effect of court order for  
2718 involuntary services ~~substance abuse treatment~~.

2719 (1) When the court finds that the conditions for  
2720 involuntary services ~~substance abuse treatment~~ have been proved  
2721 by clear and convincing evidence, it may order the respondent to  
2722 receive ~~undergo~~ involuntary services from ~~treatment by a~~  
2723 licensed service provider for a period not to exceed 90 ~~60~~ days.  
2724 The court may order a respondent to undergo treatment through a  
2725 privately funded licensed service provider if the respondent has  
2726 the ability to pay for the treatment, or if any person on the  
2727 respondent's behalf voluntarily demonstrates a willingness and  
2728 an ability to pay for the treatment. If the court finds it  
2729 necessary, it may direct the sheriff to take the respondent into  
2730 custody and deliver him or her to the licensed service provider  
2731 specified in the court order, or to the nearest appropriate  
2732 licensed service provider, for involuntary services ~~treatment~~.  
2733 When the conditions justifying involuntary services ~~treatment~~ no  
2734 longer exist, the individual must be released as provided in s.  
2735 397.6971. When the conditions justifying involuntary services  
2736 ~~treatment~~ are expected to exist after 90 ~~60~~ days of services



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2737 ~~treatment~~, a renewal of the involuntary services ~~treatment~~ order  
2738 may be requested pursuant to s. 397.6975 before ~~prior to~~ the end  
2739 of the 90 ~~60~~-day period.

2740 (2) In all cases resulting in an order for involuntary  
2741 services ~~substance abuse treatment~~, the court shall retain  
2742 jurisdiction over the case and the parties for the entry of such  
2743 further orders as the circumstances may require. The court's  
2744 requirements for notification of proposed release must be  
2745 included in the original ~~treatment~~ order.

2746 (3) An involuntary services ~~treatment~~ order authorizes the  
2747 licensed service provider to require the individual to receive  
2748 services that undergo such treatment as will benefit him or her,  
2749 including services ~~treatment~~ at any licensable service component  
2750 of a licensed service provider.

2751 (4) If the court orders involuntary services, a copy of the  
2752 order must be sent to the managing entity within 1 working day  
2753 after it is received from the court. Documents may be submitted  
2754 electronically through existing data systems, if applicable.

2755 Section 34. Section 397.6971, Florida Statutes, is amended  
2756 to read:

2757 397.6971 Early release from involuntary services ~~substance~~  
2758 ~~abuse treatment~~.—

2759 (1) At any time before ~~prior to~~ the end of the 90 ~~60~~-day  
2760 involuntary services ~~treatment~~ period, or ~~prior to~~ the end of  
2761 any extension granted pursuant to s. 397.6975, an individual  
2762 receiving ~~admitted for~~ involuntary services ~~treatment~~ may be  
2763 determined eligible for discharge to the most appropriate  
2764 referral or disposition for the individual when any of the  
2765 following apply:





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2766 (a) The individual no longer meets the criteria for  
2767 involuntary admission and has given his or her informed consent  
2768 to be transferred to voluntary treatment status.~~†~~

2769 (b) If the individual was admitted on the grounds of  
2770 likelihood of infliction of physical harm upon himself or  
2771 herself or others, such likelihood no longer exists.~~†~~~~or~~

2772 (c) If the individual was admitted on the grounds of need  
2773 for assessment and stabilization or treatment, accompanied by  
2774 inability to make a determination respecting such need,~~either~~:

2775 1. Such inability no longer exists; or

2776 2. It is evident that further treatment will not bring  
2777 about further significant improvements in the individual's  
2778 condition.~~†~~

2779 (d) The individual is no longer in need of services.~~†~~~~or~~

2780 (e) The director of the service provider determines that  
2781 the individual is beyond the safe management capabilities of the  
2782 provider.

2783 (2) Whenever a qualified professional determines that an  
2784 individual admitted for involuntary services ~~qualifies treatment~~  
2785 ~~is ready~~ for early release under ~~for any of the reasons listed~~  
2786 ~~in~~ subsection (1), the service provider shall immediately  
2787 discharge the individual, and must notify all persons specified  
2788 by the court in the original treatment order.

2789 Section 35. Section 397.6975, Florida Statutes, is amended  
2790 to read:

2791 397.6975 Extension of involuntary services ~~substance abuse~~  
2792 ~~treatment~~ period.—

2793 (1) Whenever a service provider believes that an individual  
2794 who is nearing the scheduled date of his or her release from



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2795 involuntary services ~~treatment~~ continues to meet the criteria  
2796 for involuntary services ~~treatment~~ in s. 397.693, a petition for  
2797 renewal of the involuntary services ~~treatment~~ order may be filed  
2798 with the court at least 10 days before the expiration of the  
2799 court-ordered services ~~treatment~~ period. The court shall  
2800 immediately schedule a hearing to be held not more than 15 days  
2801 after filing of the petition. The court shall provide the copy  
2802 of the petition for renewal and the notice of the hearing to all  
2803 parties to the proceeding. The hearing is conducted pursuant to  
2804 s. 397.6957.

2805 (2) If the court finds that the petition for renewal of the  
2806 involuntary services ~~treatment~~ order should be granted, it may  
2807 order the respondent to receive ~~undergo~~ involuntary services  
2808 ~~treatment~~ for a period not to exceed an additional 90 days. When  
2809 the conditions justifying involuntary services ~~treatment~~ no  
2810 longer exist, the individual must be released as provided in s.  
2811 397.6971. When the conditions justifying involuntary services  
2812 ~~treatment~~ continue to exist after an additional 90 days of  
2813 service ~~additional treatment~~, a new petition requesting renewal  
2814 of the involuntary services ~~treatment~~ order may be filed  
2815 pursuant to this section.

2816 (3) Within 1 court working day after the filing of a  
2817 petition for continued involuntary services, the court shall  
2818 appoint the regional conflict counsel to represent the  
2819 respondent, unless the respondent is otherwise represented by  
2820 counsel. The clerk of the court shall immediately notify the  
2821 regional conflict counsel of such appointment. The regional  
2822 conflict counsel shall represent the respondent until the  
2823 petition is dismissed or the court order expires or the



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2824 respondent is discharged from involuntary services. Any attorney  
2825 representing the respondent shall have access to the respondent,  
2826 witnesses, and records relevant to the presentation of the  
2827 respondent's case and shall represent the interests of the  
2828 respondent, regardless of the source of payment to the attorney.

2829 (4) Hearings on petitions for continued involuntary  
2830 services shall be before the circuit court. The court may  
2831 appoint a magistrate to preside at the hearing. The procedures  
2832 for obtaining an order pursuant to this section shall be in  
2833 accordance with s. 397.697.

2834 (5) Notice of hearing shall be provided to the respondent  
2835 or his or her counsel. The respondent and the respondent's  
2836 counsel may agree to a period of continued involuntary services  
2837 without a court hearing.

2838 (6) The same procedure shall be repeated before the  
2839 expiration of each additional period of involuntary services.

2840 (7) If the respondent has previously been found incompetent  
2841 to consent to treatment, the court shall consider testimony and  
2842 evidence regarding the respondent's competence.

2843 Section 36. Section 397.6977, Florida Statutes, is amended  
2844 to read:

2845 397.6977 Disposition of individual upon completion of  
2846 involuntary services ~~substance abuse treatment~~.-At the  
2847 conclusion of the 90 ~~60~~-day period of court-ordered involuntary  
2848 services ~~treatment~~, the respondent ~~individual~~ is automatically  
2849 discharged unless a motion for renewal of the involuntary  
2850 services ~~treatment~~ order has been filed with the court pursuant  
2851 to s. 397.6975.

2852 Section 37. Section 397.6978, Florida Statutes, is created



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2853 to read:

2854 397.6978 Guardian advocate; patient incompetent to consent;  
2855 substance abuse disorder.—

2856 (1) The administrator of a receiving facility or addictions  
2857 receiving facility may petition the court for the appointment of  
2858 a guardian advocate based upon the opinion of a qualified  
2859 professional that the patient is incompetent to consent to  
2860 treatment. If the court finds that a patient is incompetent to  
2861 consent to treatment and has not been adjudicated incapacitated  
2862 and that a guardian with the authority to consent to mental  
2863 health treatment has not been appointed, it may appoint a  
2864 guardian advocate. The patient has the right to have an attorney  
2865 represent him or her at the hearing. If the person is indigent,  
2866 the court shall appoint the office of the regional conflict  
2867 counsel to represent him or her at the hearing. The patient has  
2868 the right to testify, cross-examine witnesses, and present  
2869 witnesses. The proceeding shall be recorded electronically or  
2870 stenographically, and testimony must be provided under oath. One  
2871 of the qualified professionals authorized to give an opinion in  
2872 support of a petition for involuntary placement, as described in  
2873 s. 397.675 or s. 397.6981, must testify. A guardian advocate  
2874 must meet the qualifications of a guardian contained in part IV  
2875 of chapter 744. The person who is appointed as a guardian  
2876 advocate must agree to the appointment.

2877 (2) The following persons are prohibited from appointment  
2878 as a patient's guardian advocate:

2879 (a) A professional providing clinical services to the  
2880 individual under this part.

2881 (b) The qualified professional who initiated the



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2882 involuntary examination of the individual, if the examination  
2883 was initiated by a qualified professional's certificate.

2884 (c) An employee, an administrator, or a board member of the  
2885 facility providing the examination of the individual.

2886 (d) An employee, an administrator, or a board member of the  
2887 treatment facility providing treatment of the individual.

2888 (e) A person providing any substantial professional  
2889 services, excluding public guardians or professional guardians,  
2890 to the individual, including clinical services.

2891 (f) A creditor of the individual.

2892 (g) A person subject to an injunction for protection  
2893 against domestic violence under s. 741.30, whether the order of  
2894 injunction is temporary or final, and for which the individual  
2895 was the petitioner.

2896 (h) A person subject to an injunction for protection  
2897 against repeat violence, stalking, sexual violence, or dating  
2898 violence under s. 784.046, whether the order of injunction is  
2899 temporary or final, and for which the individual was the  
2900 petitioner.

2901 (3) A facility requesting appointment of a guardian  
2902 advocate must, before the appointment, provide the prospective  
2903 guardian advocate with information about the duties and  
2904 responsibilities of guardian advocates, including information  
2905 about the ethics of medical decision-making. Before asking a  
2906 guardian advocate to give consent to treatment for a patient,  
2907 the facility must provide to the guardian advocate sufficient  
2908 information so that the guardian advocate can decide whether to  
2909 give express and informed consent to the treatment. Such  
2910 information must include information that demonstrates that the



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2911 treatment is essential to the care of the patient and does not  
2912 present an unreasonable risk of serious, hazardous, or  
2913 irreversible side effects. If possible, before giving consent to  
2914 treatment, the guardian advocate must personally meet and talk  
2915 with the patient and the patient's physician. If that is not  
2916 possible, the discussion may be conducted by telephone. The  
2917 decision of the guardian advocate may be reviewed by the court,  
2918 upon petition of the patient's attorney, the patient's family,  
2919 or the facility administrator.

2920 (4) In lieu of the training required for guardians  
2921 appointed pursuant to chapter 744, a guardian advocate shall  
2922 attend at least a 4-hour training course approved by the court  
2923 before exercising his or her authority. At a minimum, the  
2924 training course must include information about patient rights,  
2925 the diagnosis of substance abuse disorders, the ethics of  
2926 medical decision-making, and the duties of guardian advocates.

2927 (5) The required training course and the information to be  
2928 supplied to prospective guardian advocates before their  
2929 appointment must be developed by the department, approved by the  
2930 chief judge of the circuit court, and taught by a court-approved  
2931 organization, which may include, but need not be limited to, a  
2932 community college, a guardianship organization, a local bar  
2933 association, or The Florida Bar. The training course may be web-  
2934 based, provided in video format, or other electronic means but  
2935 must be capable of ensuring the identity and participation of  
2936 the prospective guardian advocate. The court may waive some or  
2937 all of the training requirements for guardian advocates or  
2938 impose additional requirements. The court shall make its  
2939 decision on a case-by-case basis and, in making its decision,



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2940 shall consider the experience and education of the guardian  
2941 advocate, the duties assigned to the guardian advocate, and the  
2942 needs of the patient.

2943 (6) In selecting a guardian advocate, the court shall give  
2944 preference to the patient's health care surrogate, if one has  
2945 already been designated by the patient. If the patient has not  
2946 previously designated a health care surrogate, the selection  
2947 shall be made, except for good cause documented in the court  
2948 record, from among the following persons, listed in order of  
2949 priority:

2950 (a) The patient's spouse.

2951 (b) An adult child of the patient.

2952 (c) A parent of the patient.

2953 (d) The adult next of kin of the patient.

2954 (e) An adult friend of the patient.

2955 (f) An adult trained and willing to serve as the guardian  
2956 advocate for the patient.

2957 (7) If a guardian with the authority to consent to medical  
2958 treatment has not already been appointed, or if the patient has  
2959 not already designated a health care surrogate, the court may  
2960 authorize the guardian advocate to consent to medical treatment  
2961 as well as substance abuse disorder treatment. Unless otherwise  
2962 limited by the court, a guardian advocate with authority to  
2963 consent to medical treatment has the same authority to make  
2964 health care decisions and is subject to the same restrictions as  
2965 a proxy appointed under part IV of chapter 765. Unless the  
2966 guardian advocate has sought and received express court approval  
2967 in a proceeding separate from the proceeding to determine the  
2968 competence of the patient to consent to medical treatment, the



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2969 guardian advocate may not consent to:

2970 (a) Abortion.

2971 (b) Sterilization.

2972 (c) Electroshock therapy.

2973 (d) Psychosurgery.

2974 (e) Experimental treatments that have not been approved by  
2975 a federally approved institutional review board in accordance  
2976 with 45 C.F.R. part 46 or 21 C.F.R. part 56.

2977

2978 The court must base its authorization on evidence that the  
2979 treatment or procedure is essential to the care of the patient  
2980 and that the treatment does not present an unreasonable risk of  
2981 serious, hazardous, or irreversible side effects. In complying  
2982 with this subsection, the court shall follow the procedures set  
2983 forth in subsection (1).

2984 (8) The guardian advocate shall be discharged when the  
2985 patient is discharged from an order for involuntary services or  
2986 when the patient is transferred from involuntary to voluntary  
2987 status. The court or a hearing officer shall consider the  
2988 competence of the patient as provided in subsection (1) and may  
2989 consider an involuntarily placed patient's competence to consent  
2990 to services at any hearing. Upon sufficient evidence, the court  
2991 may restore, or the magistrate may recommend that the court  
2992 restore, the patient's competence. A copy of the order restoring  
2993 competence or the certificate of discharge containing the  
2994 restoration of competence shall be provided to the patient and  
2995 the guardian advocate.

2996 Section 38. Present paragraphs (d) through (m) of  
2997 subsection (2) of section 409.967, are redesignated as





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2998 paragraphs (e) through (n), respectively, and a new paragraph  
2999 (d) is added to that subsection, to read:

3000 409.967 Managed care plan accountability.—

3001 (2) The agency shall establish such contract requirements  
3002 as are necessary for the operation of the statewide managed care  
3003 program. In addition to any other provisions the agency may deem  
3004 necessary, the contract must require:

3005 (d) Quality care.—Managed care plans shall provide, or  
3006 contract for the provision of, care coordination to facilitate  
3007 the appropriate delivery of behavioral health care services in  
3008 the least restrictive setting with treatment and recovery  
3009 capabilities that address the needs of the patient. Services  
3010 shall be provided in a manner that integrates behavioral health  
3011 services and primary care. Plans shall be required to achieve  
3012 specific behavioral health outcome standards, established by the  
3013 agency in consultation with the department.

3014 Section 39. Subsection (5) is added to section 409.973,  
3015 Florida Statutes, to read:

3016 409.973 Benefits.—

3017 (5) INTEGRATED BEHAVIORAL HEALTH INITIATIVE.—Each plan  
3018 operating in the managed medical assistance program shall work  
3019 with the managing entity in its service area to establish  
3020 specific organizational supports and protocols that enhance the  
3021 integration and coordination of primary care and behavioral  
3022 health services for Medicaid recipients. Progress in this  
3023 initiative shall be measured using the integration framework and  
3024 core measures developed by the Agency for Healthcare Research  
3025 and Quality.

3026 Section 40. Section 491.0045, Florida Statutes, is amended



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3027 to read:

3028 491.0045 Intern registration; requirements.—

3029 (1) ~~Effective January 1, 1998,~~ An individual who has not  
3030 satisfied ~~intends to practice in Florida to satisfy the~~  
3031 postgraduate or post-master's level experience requirements, as  
3032 specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register  
3033 as an intern in the profession for which he or she is seeking  
3034 licensure prior to commencing the post-master's experience  
3035 requirement or an individual who intends to satisfy part of the  
3036 required graduate-level practicum, internship, or field  
3037 experience, outside the academic arena for any profession, must  
3038 register as an intern in the profession for which he or she is  
3039 seeking licensure prior to commencing the practicum, internship,  
3040 or field experience.

3041 (2) The department shall register as a clinical social  
3042 worker intern, marriage and family therapist intern, or mental  
3043 health counselor intern each applicant who the board certifies  
3044 has:

3045 (a) Completed the application form and remitted a  
3046 nonrefundable application fee not to exceed \$200, as set by  
3047 board rule;

3048 (b)1. Completed the education requirements as specified in  
3049 s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for which  
3050 he or she is applying for licensure, if needed; and

3051 2. Submitted an acceptable supervision plan, as determined  
3052 by the board, for meeting the practicum, internship, or field  
3053 work required for licensure that was not satisfied in his or her  
3054 graduate program.

3055 (c) Identified a qualified supervisor.



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3056           (3) An individual registered under this section must remain  
3057 under supervision while practicing under registered intern  
3058 status until he or she is in receipt of a license or a letter  
3059 from the department stating that he or she is licensed to  
3060 practice the profession for which he or she applied.

3061           ~~(4) An individual who has applied for intern registration~~  
3062 ~~on or before December 31, 2001, and has satisfied the education~~  
3063 ~~requirements of s. 491.005 that are in effect through December~~  
3064 ~~31, 2000, will have met the educational requirements for~~  
3065 ~~licensure for the profession for which he or she has applied.~~

3066           (4)(5) An individual who fails ~~Individuals who have~~  
3067 ~~commenced the experience requirement as specified in s.~~  
3068 ~~491.005(1)(c), (3)(c), or (4)(c) but failed to register as~~  
3069 ~~required by subsection (1) shall register with the department~~  
3070 ~~before January 1, 2000. Individuals who fail to comply with this~~  
3071 section may subsection shall not be granted a license under this  
3072 chapter, and any time spent by the individual completing the  
3073 experience requirement as specified in s. 491.005(1)(c), (3)(c),  
3074 or (4)(c) before ~~prior to~~ registering as an intern does shall  
3075 not count toward completion of the such requirement.

3076           (5) An intern registration is valid for 5 years.

3077           (6) A registration issued on or before March 31, 2017,  
3078 expires March 31, 2022, and may not be renewed or reissued. Any  
3079 registration issued after March 31, 2017, expires 60 months  
3080 after the date it is issued. A subsequent intern registration  
3081 may not be issued unless the candidate has passed the theory and  
3082 practice examination described in s. 491.005(1)(d), (3)(d), and  
3083 (4)(d).

3084           (7) An individual who has held a provisional license issued



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3085 by the board may not apply for an intern registration in the  
3086 same profession.

3087 Section 41. Section 394.4674, Florida Statutes, is  
3088 repealed.

3089 Section 42. Section 394.4985, Florida Statutes, is  
3090 repealed.

3091 Section 43. Section 394.745, Florida Statutes, is repealed.

3092 Section 44. Section 397.331, Florida Statutes, is repealed.

3093 Section 45. Section 397.801, Florida Statutes, is repealed.

3094 Section 46. Section 397.811, Florida Statutes, is repealed.

3095 Section 47. Section 397.821, Florida Statutes, is repealed.

3096 Section 48. Section 397.901, Florida Statutes, is repealed.

3097 Section 49. Section 397.93, Florida Statutes, is repealed.

3098 Section 50. Section 397.94, Florida Statutes, is repealed.

3099 Section 51. Section 397.951, Florida Statutes, is repealed.

3100 Section 52. Section 397.97, Florida Statutes, is repealed.

3101 Section 53. Section 397.98, Florida Statutes, is repealed.

3102 Section 54. Paragraph (a) of subsection (3) of section  
3103 39.407, Florida Statutes, is amended to read:

3104 39.407 Medical, psychiatric, and psychological examination  
3105 and treatment of child; physical, mental, or substance abuse  
3106 examination of person with or requesting child custody.—

3107 (3) (a) 1. Except as otherwise provided in subparagraph (b) 1.  
3108 or paragraph (e), before the department provides psychotropic  
3109 medications to a child in its custody, the prescribing physician  
3110 shall attempt to obtain express and informed consent, as defined  
3111 in s. 394.455(16) ~~s. 394.455(9)~~ and as described in s.  
3112 394.459(3) (a), from the child's parent or legal guardian. The  
3113 department must take steps necessary to facilitate the inclusion



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3114 of the parent in the child's consultation with the physician.  
3115 However, if the parental rights of the parent have been  
3116 terminated, the parent's location or identity is unknown or  
3117 cannot reasonably be ascertained, or the parent declines to give  
3118 express and informed consent, the department may, after  
3119 consultation with the prescribing physician, seek court  
3120 authorization to provide the psychotropic medications to the  
3121 child. Unless parental rights have been terminated and if it is  
3122 possible to do so, the department shall continue to involve the  
3123 parent in the decisionmaking process regarding the provision of  
3124 psychotropic medications. If, at any time, a parent whose  
3125 parental rights have not been terminated provides express and  
3126 informed consent to the provision of a psychotropic medication,  
3127 the requirements of this section that the department seek court  
3128 authorization do not apply to that medication until such time as  
3129 the parent no longer consents.

3130 2. Any time the department seeks a medical evaluation to  
3131 determine the need to initiate or continue a psychotropic  
3132 medication for a child, the department must provide to the  
3133 evaluating physician all pertinent medical information known to  
3134 the department concerning that child.

3135 Section 55. Paragraph (e) of subsection (5) of section  
3136 212.055, Florida Statutes, is amended to read:

3137 212.055 Discretionary sales surtaxes; legislative intent;  
3138 authorization and use of proceeds.—It is the legislative intent  
3139 that any authorization for imposition of a discretionary sales  
3140 surtax shall be published in the Florida Statutes as a  
3141 subsection of this section, irrespective of the duration of the  
3142 levy. Each enactment shall specify the types of counties



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3143 authorized to levy; the rate or rates which may be imposed; the  
3144 maximum length of time the surtax may be imposed, if any; the  
3145 procedure which must be followed to secure voter approval, if  
3146 required; the purpose for which the proceeds may be expended;  
3147 and such other requirements as the Legislature may provide.  
3148 Taxable transactions and administrative procedures shall be as  
3149 provided in s. 212.054.

3150 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined in  
3151 s. 125.011(1) may levy the surtax authorized in this subsection  
3152 pursuant to an ordinance either approved by extraordinary vote  
3153 of the county commission or conditioned to take effect only upon  
3154 approval by a majority vote of the electors of the county voting  
3155 in a referendum. In a county as defined in s. 125.011(1), for  
3156 the purposes of this subsection, “county public general  
3157 hospital” means a general hospital as defined in s. 395.002  
3158 which is owned, operated, maintained, or governed by the county  
3159 or its agency, authority, or public health trust.

3160 (e) A governing board, agency, or authority shall be  
3161 chartered by the county commission upon this act becoming law.  
3162 The governing board, agency, or authority shall adopt and  
3163 implement a health care plan for indigent health care services.  
3164 The governing board, agency, or authority shall consist of no  
3165 more than seven and no fewer than five members appointed by the  
3166 county commission. The members of the governing board, agency,  
3167 or authority shall be at least 18 years of age and residents of  
3168 the county. No member may be employed by or affiliated with a  
3169 health care provider or the public health trust, agency, or  
3170 authority responsible for the county public general hospital.  
3171 The following community organizations shall each appoint a



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3172 representative to a nominating committee: the South Florida  
3173 Hospital and Healthcare Association, the Miami-Dade County  
3174 Public Health Trust, the Dade County Medical Association, the  
3175 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade  
3176 County. This committee shall nominate between 10 and 14 county  
3177 citizens for the governing board, agency, or authority. The  
3178 slate shall be presented to the county commission and the county  
3179 commission shall confirm the top five to seven nominees,  
3180 depending on the size of the governing board. Until such time as  
3181 the governing board, agency, or authority is created, the funds  
3182 provided for in subparagraph (d)2. shall be placed in a  
3183 restricted account set aside from other county funds and not  
3184 disbursed by the county for any other purpose.

3185 1. The plan shall divide the county into a minimum of four  
3186 and maximum of six service areas, with no more than one  
3187 participant hospital per service area. The county public general  
3188 hospital shall be designated as the provider for one of the  
3189 service areas. Services shall be provided through participants'  
3190 primary acute care facilities.

3191 2. The plan and subsequent amendments to it shall fund a  
3192 defined range of health care services for both indigent persons  
3193 and the medically poor, including primary care, preventive care,  
3194 hospital emergency room care, and hospital care necessary to  
3195 stabilize the patient. For the purposes of this section,  
3196 "stabilization" means stabilization as defined in s. 397.311(43)  
3197 ~~s. 397.311(41)~~. Where consistent with these objectives, the plan  
3198 may include services rendered by physicians, clinics, community  
3199 hospitals, and alternative delivery sites, as well as at least  
3200 one regional referral hospital per service area. The plan shall



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3201 provide that agreements negotiated between the governing board,  
3202 agency, or authority and providers shall recognize hospitals  
3203 that render a disproportionate share of indigent care, provide  
3204 other incentives to promote the delivery of charity care to draw  
3205 down federal funds where appropriate, and require cost  
3206 containment, including, but not limited to, case management.  
3207 From the funds specified in subparagraphs (d)1. and 2. for  
3208 indigent health care services, service providers shall receive  
3209 reimbursement at a Medicaid rate to be determined by the  
3210 governing board, agency, or authority created pursuant to this  
3211 paragraph for the initial emergency room visit, and a per-member  
3212 per-month fee or capitation for those members enrolled in their  
3213 service area, as compensation for the services rendered  
3214 following the initial emergency visit. Except for provisions of  
3215 emergency services, upon determination of eligibility,  
3216 enrollment shall be deemed to have occurred at the time services  
3217 were rendered. The provisions for specific reimbursement of  
3218 emergency services shall be repealed on July 1, 2001, unless  
3219 otherwise reenacted by the Legislature. The capitation amount or  
3220 rate shall be determined before ~~prior to~~ program implementation  
3221 by an independent actuarial consultant. In no event shall such  
3222 reimbursement rates exceed the Medicaid rate. The plan must also  
3223 provide that any hospitals owned and operated by government  
3224 entities on or after the effective date of this act must, as a  
3225 condition of receiving funds under this subsection, afford  
3226 public access equal to that provided under s. 286.011 as to any  
3227 meeting of the governing board, agency, or authority the subject  
3228 of which is budgeting resources for the retention of charity  
3229 care, as that term is defined in the rules of the Agency for





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3230 Health Care Administration. The plan shall also include  
3231 innovative health care programs that provide cost-effective  
3232 alternatives to traditional methods of service and delivery  
3233 funding.

3234 3. The plan's benefits shall be made available to all  
3235 county residents currently eligible to receive health care  
3236 services as indigents or medically poor as defined in paragraph  
3237 (4) (d).

3238 4. Eligible residents who participate in the health care  
3239 plan shall receive coverage for a period of 12 months or the  
3240 period extending from the time of enrollment to the end of the  
3241 current fiscal year, per enrollment period, whichever is less.

3242 5. At the end of each fiscal year, the governing board,  
3243 agency, or authority shall prepare an audit that reviews the  
3244 budget of the plan, delivery of services, and quality of  
3245 services, and makes recommendations to increase the plan's  
3246 efficiency. The audit shall take into account participant  
3247 hospital satisfaction with the plan and assess the amount of  
3248 poststabilization patient transfers requested, and accepted or  
3249 denied, by the county public general hospital.

3250 Section 56. Paragraph (c) of subsection (2) of section  
3251 394.4599, Florida Statutes, is amended to read:

3252 394.4599 Notice.—

3253 (2) INVOLUNTARY ADMISSION.—

3254 (c)1. A receiving facility shall give notice of the  
3255 whereabouts of a minor who is being involuntarily held for  
3256 examination pursuant to s. 394.463 to the minor's parent,  
3257 guardian, caregiver, or guardian advocate, in person or by  
3258 telephone or other form of electronic communication, immediately



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3259 after the minor's arrival at the facility. The facility may  
3260 delay notification for no more than 24 hours after the minor's  
3261 arrival if the facility has submitted a report to the central  
3262 abuse hotline, pursuant to s. 39.201, based upon knowledge or  
3263 suspicion of abuse, abandonment, or neglect and if the facility  
3264 deems a delay in notification to be in the minor's best  
3265 interest.

3266         2. The receiving facility shall attempt to notify the  
3267 minor's parent, guardian, caregiver, or guardian advocate until  
3268 the receiving facility receives confirmation from the parent,  
3269 guardian, caregiver, or guardian advocate, verbally, by  
3270 telephone or other form of electronic communication, or by  
3271 recorded message, that notification has been received. Attempts  
3272 to notify the parent, guardian, caregiver, or guardian advocate  
3273 must be repeated at least once every hour during the first 12  
3274 hours after the minor's arrival and once every 24 hours  
3275 thereafter and must continue until such confirmation is  
3276 received, unless the minor is released at the end of the 72-hour  
3277 examination period, or until a petition for involuntary services  
3278 ~~placement~~ is filed with the court pursuant to s. 394.463(2)(g)  
3279 ~~s. 394.463(2)(i)~~. The receiving facility may seek assistance  
3280 from a law enforcement agency to notify the minor's parent,  
3281 guardian, caregiver, or guardian advocate if the facility has  
3282 not received within the first 24 hours after the minor's arrival  
3283 a confirmation by the parent, guardian, caregiver, or guardian  
3284 advocate that notification has been received. The receiving  
3285 facility must document notification attempts in the minor's  
3286 clinical record.

3287         Section 57. Subsection (3) of section 394.495, Florida



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3288 Statutes, is amended to read:

3289       394.495 Child and adolescent mental health system of care;  
3290 programs and services.—

3291       (3) Assessments must be performed by:

3292       (a) A professional as defined in s. 394.455(6), (8), (34),  
3293 (37), or (38) ~~s. 394.455(2), (4), (21), (23), or (24);~~

3294       (b) A professional licensed under chapter 491; or

3295       (c) A person who is under the direct supervision of a  
3296 professional as defined in s. 394.455(6), (8), (34), (37), or  
3297 (38) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a professional  
3298 licensed under chapter 491.

3299       Section 58. Subsection (5) of section 394.496, Florida  
3300 Statutes, is amended to read:

3301       394.496 Service planning.—

3302       (5) A professional as defined in s. 394.455(6), (8), (34),  
3303 (37), or (38) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a  
3304 professional licensed under chapter 491 must be included among  
3305 those persons developing the services plan.

3306       Section 59. Subsection (6) of section 394.9085, Florida  
3307 Statutes, is amended to read:

3308       394.9085 Behavioral provider liability.—

3309       (6) For purposes of this section, the terms "detoxification  
3310 services," "addictions receiving facility," and "receiving  
3311 facility" have the same meanings as those provided in ss.  
3312 397.311(24)(a)4., 397.311(24)(a)1., and 394.455(41) ss.  
3313 ~~397.311(22)(a)4., 397.311(22)(a)1., and 394.455(26),~~  
3314 respectively.

3315       Section 60. Subsection (15) of section 397.321, Florida  
3316 Statutes, is amended to read:



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3317 397.321 Duties of the department.—The department shall:  
3318 ~~(15) Appoint a substance abuse impairment coordinator to~~  
3319 ~~represent the department in efforts initiated by the statewide~~  
3320 ~~substance abuse impairment prevention and treatment coordinator~~  
3321 ~~established in s. 397.801 and to assist the statewide~~  
3322 ~~coordinator in fulfilling the responsibilities of that position.~~

3323 Section 61. Subsection (8) of section 397.405, Florida  
3324 Statutes, is amended to read:

3325 397.405 Exemptions from licensure.—The following are exempt  
3326 from the licensing provisions of this chapter:

3327 (8) A legally cognizable church or nonprofit religious  
3328 organization or denomination providing substance abuse services,  
3329 including prevention services, which are solely religious,  
3330 spiritual, or ecclesiastical in nature. A church or nonprofit  
3331 religious organization or denomination providing any of the  
3332 licensed service components itemized under s. 397.311(24) ~~s.~~  
3333 ~~397.311(22)~~ is not exempt from substance abuse licensure but  
3334 retains its exemption with respect to all services which are  
3335 solely religious, spiritual, or ecclesiastical in nature.

3336  
3337 The exemptions from licensure in this section do not apply to  
3338 any service provider that receives an appropriation, grant, or  
3339 contract from the state to operate as a service provider as  
3340 defined in this chapter or to any substance abuse program  
3341 regulated pursuant to s. 397.406. Furthermore, this chapter may  
3342 not be construed to limit the practice of a physician or  
3343 physician assistant licensed under chapter 458 or chapter 459, a  
3344 psychologist licensed under chapter 490, a psychotherapist  
3345 licensed under chapter 491, or an advanced registered nurse



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3346 practitioner licensed under part I of chapter 464, who provides  
3347 substance abuse treatment, so long as the physician, physician  
3348 assistant, psychologist, psychotherapist, or advanced registered  
3349 nurse practitioner does not represent to the public that he or  
3350 she is a licensed service provider and does not provide services  
3351 to individuals pursuant to part V of this chapter. Failure to  
3352 comply with any requirement necessary to maintain an exempt  
3353 status under this section is a misdemeanor of the first degree,  
3354 punishable as provided in s. 775.082 or s. 775.083.

3355 Section 62. Subsections (1) and (5) of section 397.407,  
3356 Florida Statutes, are amended to read:

3357 397.407 Licensure process; fees.-

3358 (1) The department shall establish the licensure process to  
3359 include fees and categories of licenses and must prescribe a fee  
3360 range that is based, at least in part, on the number and  
3361 complexity of programs listed in s. 397.311(24) ~~s. 397.311(22)~~  
3362 which are operated by a licensee. The fees from the licensure of  
3363 service components are sufficient to cover at least 50 percent  
3364 of the costs of regulating the service components. The  
3365 department shall specify a fee range for public and privately  
3366 funded licensed service providers. Fees for privately funded  
3367 licensed service providers must exceed the fees for publicly  
3368 funded licensed service providers.

3369 (5) The department may issue probationary, regular, and  
3370 interim licenses. The department shall issue one license for  
3371 each service component that is operated by a service provider  
3372 and defined pursuant to s. 397.311(24) ~~s. 397.311(22)~~. The  
3373 license is valid only for the specific service components listed  
3374 for each specific location identified on the license. The



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3375 licensed service provider shall apply for a new license at least  
3376 60 days before the addition of any service components or 30 days  
3377 before the relocation of any of its service sites. Provision of  
3378 service components or delivery of services at a location not  
3379 identified on the license may be considered an unlicensed  
3380 operation that authorizes the department to seek an injunction  
3381 against operation as provided in s. 397.401, in addition to  
3382 other sanctions authorized by s. 397.415. Probationary and  
3383 regular licenses may be issued only after all required  
3384 information has been submitted. A license may not be  
3385 transferred. As used in this subsection, the term "transfer"  
3386 includes, but is not limited to, the transfer of a majority of  
3387 the ownership interest in the licensed entity or transfer of  
3388 responsibilities under the license to another entity by  
3389 contractual arrangement.

3390 Section 63. Section 397.416, Florida Statutes, is amended  
3391 to read:

3392 397.416 Substance abuse treatment services; qualified  
3393 professional.—Notwithstanding any other provision of law, a  
3394 person who was certified through a certification process  
3395 recognized by the former Department of Health and Rehabilitative  
3396 Services before January 1, 1995, may perform the duties of a  
3397 qualified professional with respect to substance abuse treatment  
3398 services as defined in this chapter, and need not meet the  
3399 certification requirements contained in s. 397.311(32) ~~s.~~  
3400 ~~397.311(30)~~.

3401 Section 64. Subsection (2) of section 397.4871, Florida  
3402 Statutes, is amended to read:

3403 397.4871 Recovery residence administrator certification.—



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3404 (2) The department shall approve at least one credentialing  
3405 entity by December 1, 2015, for the purpose of developing and  
3406 administering a voluntary credentialing program for  
3407 administrators. The department shall approve any credentialing  
3408 entity that the department endorses pursuant to s. 397.321(15)  
3409 ~~s. 397.321(16)~~ if the credentialing entity also meets the  
3410 requirements of this section. The approved credentialing entity  
3411 shall:

3412 (a) Establish recovery residence administrator core  
3413 competencies, certification requirements, testing instruments,  
3414 and recertification requirements.

3415 (b) Establish a process to administer the certification  
3416 application, award, and maintenance processes.

3417 (c) Develop and administer:

3418 1. A code of ethics and disciplinary process.

3419 2. Biennial continuing education requirements and annual  
3420 certification renewal requirements.

3421 3. An education provider program to approve training  
3422 entities that are qualified to provide precertification training  
3423 to applicants and continuing education opportunities to  
3424 certified persons.

3425 Section 65. Paragraph (e) of subsection (3) of section  
3426 409.966, Florida Statutes, is amended to read:

3427 409.966 Eligible plans; selection.—

3428 (3) QUALITY SELECTION CRITERIA.—

3429 (e) To ensure managed care plan participation in Regions 1  
3430 and 2, the agency shall award an additional contract to each  
3431 plan with a contract award in Region 1 or Region 2. Such  
3432 contract shall be in any other region in which the plan



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3433 submitted a responsive bid and negotiates a rate acceptable to  
3434 the agency. If a plan that is awarded an additional contract  
3435 pursuant to this paragraph is subject to penalties pursuant to  
3436 s. 409.967(2)(i) ~~s. 409.967(2)(h)~~ for activities in Region 1 or  
3437 Region 2, the additional contract is automatically terminated  
3438 180 days after the imposition of the penalties. The plan must  
3439 reimburse the agency for the cost of enrollment changes and  
3440 other transition activities.

3441 Section 66. Paragraph (b) of subsection (1) of section  
3442 409.972, Florida Statutes, is amended to read:

3443 409.972 Mandatory and voluntary enrollment.—

3444 (1) The following Medicaid-eligible persons are exempt from  
3445 mandatory managed care enrollment required by s. 409.965, and  
3446 may voluntarily choose to participate in the managed medical  
3447 assistance program:

3448 (b) Medicaid recipients residing in residential commitment  
3449 facilities operated through the Department of Juvenile Justice  
3450 or a mental health treatment facility ~~facilities~~ as defined in  
3451 s. 394.455(50) ~~by s. 394.455(32)~~.

3452 Section 67. Paragraphs (d) and (g) of subsection (1) of  
3453 section 440.102, Florida Statutes, are amended to read:

3454 440.102 Drug-free workplace program requirements.—The  
3455 following provisions apply to a drug-free workplace program  
3456 implemented pursuant to law or to rules adopted by the Agency  
3457 for Health Care Administration:

3458 (1) DEFINITIONS.—Except where the context otherwise  
3459 requires, as used in this act:

3460 (d) "Drug rehabilitation program" means a service provider,  
3461 established pursuant to s. 397.311(41) ~~s. 397.311(39)~~, that





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3462 provides confidential, timely, and expert identification,  
3463 assessment, and resolution of employee drug abuse.

3464 (g) "Employee assistance program" means an established  
3465 program capable of providing expert assessment of employee  
3466 personal concerns; confidential and timely identification  
3467 services with regard to employee drug abuse; referrals of  
3468 employees for appropriate diagnosis, treatment, and assistance;  
3469 and followup services for employees who participate in the  
3470 program or require monitoring after returning to work. If, in  
3471 addition to the above activities, an employee assistance program  
3472 provides diagnostic and treatment services, these services shall  
3473 in all cases be provided by service providers pursuant to s.  
3474 397.311(41) ~~s. 397.311(39)~~.

3475 Section 68. Subsection (7) of section 744.704, Florida  
3476 Statutes, is amended to read:

3477 744.704 Powers and duties.—

3478 (7) A public guardian may ~~shall~~ not commit a ward to a  
3479 ~~mental health~~ treatment facility, as defined in s. 394.455(50)  
3480 ~~s. 394.455(32)~~, without an involuntary placement proceeding as  
3481 provided by law.

3482 Section 69. Paragraph (a) of subsection (2) of section  
3483 790.065, Florida Statutes, is amended to read:

3484 790.065 Sale and delivery of firearms.—

3485 (2) Upon receipt of a request for a criminal history record  
3486 check, the Department of Law Enforcement shall, during the  
3487 licensee's call or by return call, forthwith:

3488 (a) Review any records available to determine if the  
3489 potential buyer or transferee:

3490 1. Has been convicted of a felony and is prohibited from



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3491 receipt or possession of a firearm pursuant to s. 790.23;  
3492         2. Has been convicted of a misdemeanor crime of domestic  
3493 violence, and therefore is prohibited from purchasing a firearm;  
3494         3. Has had adjudication of guilt withheld or imposition of  
3495 sentence suspended on any felony or misdemeanor crime of  
3496 domestic violence unless 3 years have elapsed since probation or  
3497 any other conditions set by the court have been fulfilled or  
3498 expunction has occurred; or  
3499         4. Has been adjudicated mentally defective or has been  
3500 committed to a mental institution by a court or as provided in  
3501 sub-sub-subparagraph b.(II), and as a result is prohibited by  
3502 state or federal law from purchasing a firearm.  
3503         a. As used in this subparagraph, "adjudicated mentally  
3504 defective" means a determination by a court that a person, as a  
3505 result of marked subnormal intelligence, or mental illness,  
3506 incompetency, condition, or disease, is a danger to himself or  
3507 herself or to others or lacks the mental capacity to contract or  
3508 manage his or her own affairs. The phrase includes a judicial  
3509 finding of incapacity under s. 744.331(6)(a), an acquittal by  
3510 reason of insanity of a person charged with a criminal offense,  
3511 and a judicial finding that a criminal defendant is not  
3512 competent to stand trial.  
3513         b. As used in this subparagraph, "committed to a mental  
3514 institution" means:  
3515         (I) Involuntary commitment, commitment for mental  
3516 defectiveness or mental illness, and commitment for substance  
3517 abuse. The phrase includes involuntary inpatient placement as  
3518 defined in s. 394.467, involuntary outpatient services ~~placement~~  
3519 as defined in s. 394.4655, involuntary assessment and



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3520 stabilization under s. 397.6818, and involuntary substance abuse  
3521 treatment under s. 397.6957, but does not include a person in a  
3522 mental institution for observation or discharged from a mental  
3523 institution based upon the initial review by the physician or a  
3524 voluntary admission to a mental institution; or

3525 (II) Notwithstanding sub-sub-subparagraph (I), voluntary  
3526 admission to a mental institution for outpatient or inpatient  
3527 treatment of a person who had an involuntary examination under  
3528 s. 394.463, where each of the following conditions have been  
3529 met:

3530 (A) An examining physician found that the person is an  
3531 imminent danger to himself or herself or others.

3532 (B) The examining physician certified that if the person  
3533 did not agree to voluntary treatment, a petition for involuntary  
3534 outpatient or inpatient services ~~treatment~~ would have been filed  
3535 under s. 394.463(2)(g) ~~s. 394.463(2)(i)4.~~, or the examining  
3536 physician certified that a petition was filed and the person  
3537 subsequently agreed to voluntary treatment before ~~prior to~~ a  
3538 court hearing on the petition.

3539 (C) Before agreeing to voluntary treatment, the person  
3540 received written notice of that finding and certification, and  
3541 written notice that as a result of such finding, he or she may  
3542 be prohibited from purchasing a firearm, and may not be eligible  
3543 to apply for or retain a concealed weapon or firearms license  
3544 under s. 790.06 and the person acknowledged such notice in  
3545 writing, in substantially the following form:

3546  
3547 "I understand that the doctor who examined me believes  
3548 I am a danger to myself or to others. I understand



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3549 that if I do not agree to voluntary treatment, a  
3550 petition will be filed in court to require me to  
3551 receive involuntary treatment. I understand that if  
3552 that petition is filed, I have the right to contest  
3553 it. In the event a petition has been filed, I  
3554 understand that I can subsequently agree to voluntary  
3555 treatment prior to a court hearing. I understand that  
3556 by agreeing to voluntary treatment in either of these  
3557 situations, I may be prohibited from buying firearms  
3558 and from applying for or retaining a concealed weapons  
3559 or firearms license until I apply for and receive  
3560 relief from that restriction under Florida law.”  
3561

3562 (D) A judge or a magistrate has, pursuant to sub-sub-  
3563 subparagraph c.(II), reviewed the record of the finding,  
3564 certification, notice, and written acknowledgment classifying  
3565 the person as an imminent danger to himself or herself or  
3566 others, and ordered that such record be submitted to the  
3567 department.

3568 c. In order to check for these conditions, the department  
3569 shall compile and maintain an automated database of persons who  
3570 are prohibited from purchasing a firearm based on court records  
3571 of adjudications of mental defectiveness or commitments to  
3572 mental institutions.

3573 (I) Except as provided in sub-sub-subparagraph (II), clerks  
3574 of court shall submit these records to the department within 1  
3575 month after the rendition of the adjudication or commitment.  
3576 Reports shall be submitted in an automated format. The reports  
3577 must, at a minimum, include the name, along with any known alias



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3578 or former name, the sex, and the date of birth of the subject.

3579 (II) For persons committed to a mental institution pursuant  
3580 to sub-sub-subparagraph b.(II), within 24 hours after the  
3581 person's agreement to voluntary admission, a record of the  
3582 finding, certification, notice, and written acknowledgment must  
3583 be filed by the administrator of the receiving or treatment  
3584 facility, as defined in s. 394.455, with the clerk of the court  
3585 for the county in which the involuntary examination under s.  
3586 394.463 occurred. No fee shall be charged for the filing under  
3587 this sub-sub-subparagraph. The clerk must present the records to  
3588 a judge or magistrate within 24 hours after receipt of the  
3589 records. A judge or magistrate is required and has the lawful  
3590 authority to review the records ex parte and, if the judge or  
3591 magistrate determines that the record supports the classifying  
3592 of the person as an imminent danger to himself or herself or  
3593 others, to order that the record be submitted to the department.  
3594 If a judge or magistrate orders the submittal of the record to  
3595 the department, the record must be submitted to the department  
3596 within 24 hours.

3597 d. A person who has been adjudicated mentally defective or  
3598 committed to a mental institution, as those terms are defined in  
3599 this paragraph, may petition the circuit court that made the  
3600 adjudication or commitment, or the court that ordered that the  
3601 record be submitted to the department pursuant to sub-sub-  
3602 subparagraph c.(II), for relief from the firearm disabilities  
3603 imposed by such adjudication or commitment. A copy of the  
3604 petition shall be served on the state attorney for the county in  
3605 which the person was adjudicated or committed. The state  
3606 attorney may object to and present evidence relevant to the



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3607 relief sought by the petition. The hearing on the petition may  
3608 be open or closed as the petitioner may choose. The petitioner  
3609 may present evidence and subpoena witnesses to appear at the  
3610 hearing on the petition. The petitioner may confront and cross-  
3611 examine witnesses called by the state attorney. A record of the  
3612 hearing shall be made by a certified court reporter or by court-  
3613 approved electronic means. The court shall make written findings  
3614 of fact and conclusions of law on the issues before it and issue  
3615 a final order. The court shall grant the relief requested in the  
3616 petition if the court finds, based on the evidence presented  
3617 with respect to the petitioner's reputation, the petitioner's  
3618 mental health record and, if applicable, criminal history  
3619 record, the circumstances surrounding the firearm disability,  
3620 and any other evidence in the record, that the petitioner will  
3621 not be likely to act in a manner that is dangerous to public  
3622 safety and that granting the relief would not be contrary to the  
3623 public interest. If the final order denies relief, the  
3624 petitioner may not petition again for relief from firearm  
3625 disabilities until 1 year after the date of the final order. The  
3626 petitioner may seek judicial review of a final order denying  
3627 relief in the district court of appeal having jurisdiction over  
3628 the court that issued the order. The review shall be conducted  
3629 de novo. Relief from a firearm disability granted under this  
3630 sub-subparagraph has no effect on the loss of civil rights,  
3631 including firearm rights, for any reason other than the  
3632 particular adjudication of mental defectiveness or commitment to  
3633 a mental institution from which relief is granted.

3634 e. Upon receipt of proper notice of relief from firearm  
3635 disabilities granted under sub-subparagraph d., the department



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3636 shall delete any mental health record of the person granted  
3637 relief from the automated database of persons who are prohibited  
3638 from purchasing a firearm based on court records of  
3639 adjudications of mental defectiveness or commitments to mental  
3640 institutions.

3641 f. The department is authorized to disclose data collected  
3642 pursuant to this subparagraph to agencies of the Federal  
3643 Government and other states for use exclusively in determining  
3644 the lawfulness of a firearm sale or transfer. The department is  
3645 also authorized to disclose this data to the Department of  
3646 Agriculture and Consumer Services for purposes of determining  
3647 eligibility for issuance of a concealed weapons or concealed  
3648 firearms license and for determining whether a basis exists for  
3649 revoking or suspending a previously issued license pursuant to  
3650 s. 790.06(10). When a potential buyer or transferee appeals a  
3651 nonapproval based on these records, the clerks of court and  
3652 mental institutions shall, upon request by the department,  
3653 provide information to help determine whether the potential  
3654 buyer or transferee is the same person as the subject of the  
3655 record. Photographs and any other data that could confirm or  
3656 negate identity must be made available to the department for  
3657 such purposes, notwithstanding any other provision of state law  
3658 to the contrary. Any such information that is made confidential  
3659 or exempt from disclosure by law shall retain such confidential  
3660 or exempt status when transferred to the department.

3661 Section 70. This act shall take effect July 1, 2016.

3662  
3663 ===== T I T L E A M E N D M E N T =====

3664 And the title is amended as follows:



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3665 Delete everything before the enacting clause  
3666 and insert:

3667 A bill to be entitled  
3668 An act relating to mental health and substance abuse;  
3669 amending s. 29.004, F.S.; including services provided  
3670 to treatment-based mental health programs within case  
3671 management funded from state revenues as an element of  
3672 the state courts system; amending s. 39.001, F.S.;  
3673 providing legislative intent regarding mental illness  
3674 for purposes of the child welfare system; amending s.  
3675 39.407, F.S.; requiring assessment findings to be  
3676 provided to the plan that is financially responsible  
3677 for a child's care in residential treatment under  
3678 certain circumstances; amending s. 39.507, F.S.;  
3679 providing for consideration of mental health issues  
3680 and involvement in treatment-based mental health  
3681 programs in adjudicatory hearings and orders;  
3682 providing requirements for certain court orders;  
3683 amending s. 39.521, F.S.; providing for consideration  
3684 of mental health issues and involvement in treatment-  
3685 based mental health programs in disposition hearings;  
3686 providing requirements for certain court orders;  
3687 amending s. 394.455, F.S.; defining terms; revising  
3688 definitions; amending s. 394.4573, F.S.; requiring the  
3689 Department of Children and Families to submit a  
3690 certain assessment to the Governor and the Legislature  
3691 by a specified date; redefining terms; providing  
3692 essential elements of a coordinated system of care;  
3693 providing requirements for the department's annual





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3694 assessment; authorizing the department to award  
3695 certain grants; deleting duties and measures of the  
3696 department regarding continuity of care management  
3697 systems; amending s. 394.4597, F.S.; revising the  
3698 prioritization of health care surrogates to be  
3699 selected for involuntary patients; specifying certain  
3700 persons who are prohibited from being selected as an  
3701 individual's representative; amending s. 394.4598,  
3702 F.S.; specifying certain persons who are prohibited  
3703 from being appointed as a person's guardian advocate;  
3704 amending s. 394.462, F.S.; requiring that counties  
3705 develop and implement transportation plans; providing  
3706 requirements for the plans; revising requirements for  
3707 transportation to receiving facilities and treatment  
3708 facilities; deleting exceptions to such requirements;  
3709 amending s. 394.463, F.S.; authorizing county or  
3710 circuit courts to enter ex parte orders for  
3711 involuntary examinations; requiring a facility to  
3712 provide copies of ex parte orders, reports, and  
3713 certifications to managing entities and the  
3714 department, rather than the Agency for Health Care  
3715 Administration; requiring the managing entity and  
3716 department to receive certain orders, certificates,  
3717 and reports; requiring the managing entity and the  
3718 department to receive and maintain copies of certain  
3719 documents; prohibiting a person from being held for  
3720 involuntary examination for more than a specified  
3721 period of time; providing exceptions; requiring  
3722 certain individuals to be released to law enforcement



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3723 custody; providing exceptions; amending s. 394.4655,  
3724 F.S.; providing for involuntary outpatient services;  
3725 requiring a service provider to document certain  
3726 inquiries; requiring the managing entity to document  
3727 certain efforts; providing requirements for the  
3728 appointment of state counsel; making technical  
3729 changes; amending s. 394.467, F.S.; revising criteria  
3730 for involuntary inpatient placement; requiring a  
3731 facility filing a petition for involuntary inpatient  
3732 placement to send a copy to the department and  
3733 managing entity; providing requirements for the  
3734 appointment of state counsel; revising criteria for a  
3735 hearing on involuntary inpatient placement; revising  
3736 criteria for a procedure for continued involuntary  
3737 inpatient services; specifying requirements for a  
3738 certain waiver of the patient's attendance at a  
3739 hearing; requiring the court to consider certain  
3740 testimony and evidence regarding a patient's  
3741 incompetence; amending s. 394.46715, F.S.; revising  
3742 rulemaking authority of the department; amending s.  
3743 394.656, F.S.; revising the membership of the Criminal  
3744 Justice, Mental Health, and Substance Abuse Statewide  
3745 Grant Review Committee; providing duties for the  
3746 committee; authorizing a not-for-profit community  
3747 provider or managing entity to apply for certain  
3748 grants; revising eligibility for such grants; defining  
3749 a term; creating s. 394.761, F.S.; authorizing the  
3750 agency and the department to develop a plan for  
3751 revenue maximization; requiring the plan to be



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3752 submitted to the Legislature by a certain date;  
3753 amending s. 394.875, F.S.; requiring the department to  
3754 modify licensure rules and procedures to create an  
3755 option for a single, consolidated license for certain  
3756 providers by a specified date; amending s. 394.9082,  
3757 F.S.; providing a purpose for behavioral health  
3758 managing entities; revising definitions; providing  
3759 duties of the department; requiring the department to  
3760 revise its contracts with managing entities; providing  
3761 duties for managing entities; deleting provisions  
3762 relating to legislative findings and intent, service  
3763 delivery strategies, essential elements, reporting  
3764 requirements, and rulemaking authority; amending s.  
3765 397.311, F.S.; defining the terms "informed consent"  
3766 and "involuntary services"; revising the definition of  
3767 the term "qualified professional"; conforming a cross-  
3768 reference; amending s. 397.675, F.S.; revising the  
3769 criteria for involuntary admissions due to substance  
3770 abuse or co-occurring mental health disorders;  
3771 amending s. 397.679, F.S.; specifying the licensed  
3772 professionals who may complete a certificate for the  
3773 involuntary admission of an individual; amending s.  
3774 397.6791, F.S.; providing a list of professionals  
3775 authorized to initiate a certificate for an emergency  
3776 assessment or admission of a person with a substance  
3777 abuse disorder; amending s. 397.6793, F.S.; revising  
3778 the criteria for initiation of a certificate for an  
3779 emergency admission for a person who is substance  
3780 abuse impaired; amending s. 397.6795, F.S.; revising



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3781 the list of persons who may deliver a person for an  
3782 emergency assessment; amending s. 397.681, F.S.;

3783 prohibiting the court from charging a fee for  
3784 involuntary petitions; amending s. 397.6811, F.S.;

3785 revising the list of persons who may file a petition  
3786 for an involuntary assessment and stabilization;

3787 amending s. 397.6814, F.S.; prohibiting a fee from  
3788 being charged for the filing of a petition for  
3789 involuntary assessment and stabilization; amending s.  
3790 397.6819, F.S.; revising the responsibilities of  
3791 service providers who admit an individual for an  
3792 involuntary assessment and stabilization; requiring a  
3793 managing entity to be notified of certain  
3794 recommendations; amending s. 397.695, F.S.;

3795 authorizing certain persons to file a petition for  
3796 involuntary outpatient services of an individual;

3797 providing procedures and requirements for such  
3798 petitions; amending s. 397.6951, F.S.; requiring that  
3799 certain additional information be included in a  
3800 petition for involuntary outpatient services; amending  
3801 s. 397.6955, F.S.; requiring a court to fulfill  
3802 certain additional duties upon the filing of a  
3803 petition for involuntary outpatient services; amending  
3804 s. 397.6957, F.S.; providing additional requirements  
3805 for a hearing on a petition for involuntary outpatient  
3806 services; amending s. 397.697, F.S.; authorizing a  
3807 court to make a determination of involuntary  
3808 outpatient services; authorizing a court to order a  
3809 respondent to undergo treatment through a privately



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3810 funded licensed service provider under certain  
3811 circumstances; prohibiting a court from ordering  
3812 involuntary outpatient services under certain  
3813 circumstances; requiring the service provider to  
3814 document certain inquiries; requiring the managing  
3815 entity to document certain efforts; requiring a copy  
3816 of the court's order to be sent to the department and  
3817 managing entity; providing procedures for  
3818 modifications to such orders; amending s. 397.6971,  
3819 F.S.; establishing the requirements for an early  
3820 release from involuntary outpatient services; amending  
3821 s. 397.6975, F.S.; requiring the court to appoint  
3822 certain counsel; providing requirements for hearings  
3823 on petitions for continued involuntary outpatient  
3824 services; requiring notice of such hearings; amending  
3825 s. 397.6977, F.S.; conforming provisions to changes  
3826 made by the act; creating s. 397.6978, F.S.; providing  
3827 for the appointment of guardian advocates if an  
3828 individual is found incompetent to consent to  
3829 treatment; providing a list of persons prohibited from  
3830 being appointed as an individual's guardian advocate;  
3831 providing requirements for a facility requesting the  
3832 appointment of a guardian advocate; requiring a  
3833 training course for guardian advocates; providing  
3834 requirements for the training course; providing  
3835 requirements for the prioritization of individuals to  
3836 be selected as guardian advocates; authorizing certain  
3837 guardian advocates to consent to medical treatment;  
3838 providing exceptions; providing procedures for the



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3839 discharge of a guardian advocate; amending s. 409.967,  
3840 F.S.; requiring managed care plans to provide for  
3841 quality care; amending s. 409.973, F.S.; providing an  
3842 integrated behavioral health initiative; amending s.  
3843 491.0045, F.S.; revising registration requirements for  
3844 interns; repealing s. 394.4674, F.S., relating to the  
3845 comprehensive plan and report on the  
3846 deinstitutionalization of patients in a treatment  
3847 facility; repealing s. 394.4985, F.S., relating to the  
3848 implementation of a districtwide information and  
3849 referral network; repealing s. 394.745, F.S., relating  
3850 to the annual report on the compliance of providers  
3851 under contract with the department; repealing s.  
3852 397.331, F.S., relating to definitions and legislative  
3853 intent; repealing part IX of chapter 397, consisting  
3854 of ss. 397.801, 397.811, and 397.821, F.S., relating  
3855 to substance abuse impairment services coordination;  
3856 repealing s. 397.901, F.S., relating to prototype  
3857 juvenile addictions receiving facilities; repealing s.  
3858 397.93, F.S., relating to target populations for  
3859 children's substance abuse services; repealing s.  
3860 397.94, F.S., relating to the information and referral  
3861 network for children's substance abuse services;  
3862 repealing s. 397.951, F.S., relating to substance  
3863 abuse treatment and sanctions; repealing s. 397.97,  
3864 F.S., relating to demonstration models for children's  
3865 substance abuse services; repealing s. 397.98, F.S.,  
3866 relating to utilization management for children's  
3867 substance abuse services; amending ss. 39.407,



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3868 212.055, 394.4599, 394.495, 394.496, 394.9085,  
3869 397.321, 397.405, 397.407, 397.416, 397.4871, 409.966,  
3870 409.972, 440.102, 744.704, and 790.065, F.S.;  
3871 conforming cross-references; providing an effective  
3872 date.