

By the Committee on Appropriations; and Senators Garcia,
Galvano, and Ring

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1 A bill to be entitled

2 An act relating to mental health and substance abuse;
3 amending s. 29.004, F.S.; including services provided
4 to treatment-based mental health programs within case
5 management funded from state revenues as an element of
6 the state courts system; amending s. 39.001, F.S.;
7 providing legislative intent regarding mental illness
8 for purposes of the child welfare system; amending s.
9 39.407, F.S.; requiring assessment findings to be
10 provided to the plan that is financially responsible
11 for a child's care in residential treatment under
12 certain circumstances; amending s. 39.507, F.S.;
13 providing for consideration of mental health issues
14 and involvement in treatment-based mental health
15 programs in adjudicatory hearings and orders;
16 providing requirements for certain court orders;
17 amending s. 39.521, F.S.; providing for consideration
18 of mental health issues and involvement in treatment-
19 based mental health programs in disposition hearings;
20 providing requirements for certain court orders;
21 amending s. 394.455, F.S.; defining terms; revising
22 definitions; amending s. 394.4573, F.S.; requiring the
23 Department of Children and Families to submit a
24 certain assessment to the Governor and the Legislature
25 by a specified date; redefining terms; providing
26 essential elements of a coordinated system of care;
27 providing requirements for the department's annual
28 assessment; authorizing the department to award
29 certain grants; deleting duties and measures of the
30 department regarding continuity of care management
31 systems; amending s. 394.4597, F.S.; revising the

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32 prioritization of health care surrogates to be
33 selected for involuntary patients; specifying certain
34 persons who are prohibited from being selected as an
35 individual's representative; amending s. 394.4598,
36 F.S.; specifying certain persons who are prohibited
37 from being appointed as a person's guardian advocate;
38 amending s. 394.462, F.S.; requiring that counties
39 develop and implement transportation plans; providing
40 requirements for the plans; revising requirements for
41 transportation to receiving facilities and treatment
42 facilities; deleting exceptions to such requirements;
43 amending s. 394.463, F.S.; authorizing county or
44 circuit courts to enter ex parte orders for
45 involuntary examinations; requiring a facility to
46 provide copies of ex parte orders, reports, and
47 certifications to managing entities and the
48 department, rather than the Agency for Health Care
49 Administration; requiring the managing entity and
50 department to receive certain orders, certificates,
51 and reports; requiring the managing entity and the
52 department to receive and maintain copies of certain
53 documents; prohibiting a person from being held for
54 involuntary examination for more than a specified
55 period of time; providing exceptions; requiring
56 certain individuals to be released to law enforcement
57 custody; providing exceptions; amending s. 394.4655,
58 F.S.; providing for involuntary outpatient services;
59 requiring a service provider to document certain
60 inquiries; requiring the managing entity to document

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61 certain efforts; providing requirements for the
62 appointment of state counsel; making technical
63 changes; amending s. 394.467, F.S.; revising criteria
64 for involuntary inpatient placement; requiring a
65 facility filing a petition for involuntary inpatient
66 placement to send a copy to the department and
67 managing entity; providing requirements for the
68 appointment of state counsel; revising criteria for a
69 hearing on involuntary inpatient placement; revising
70 criteria for a procedure for continued involuntary
71 inpatient services; specifying requirements for a
72 certain waiver of the patient's attendance at a
73 hearing; requiring the court to consider certain
74 testimony and evidence regarding a patient's
75 incompetence; amending s. 394.46715, F.S.; revising
76 rulemaking authority of the department; amending s.
77 394.656, F.S.; revising the membership of the Criminal
78 Justice, Mental Health, and Substance Abuse Statewide
79 Grant Review Committee; providing duties for the
80 committee; authorizing a not-for-profit community
81 provider or managing entity to apply for certain
82 grants; revising eligibility for such grants; defining
83 a term; creating s. 394.761, F.S.; authorizing the
84 agency and the department to develop a plan for
85 revenue maximization; requiring the plan to be
86 submitted to the Legislature by a certain date;
87 amending s. 394.875, F.S.; requiring the department to
88 modify licensure rules and procedures to create an
89 option for a single, consolidated license for certain

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90 providers by a specified date; amending s. 394.9082,
91 F.S.; providing a purpose for behavioral health
92 managing entities; revising definitions; providing
93 duties of the department; requiring the department to
94 revise its contracts with managing entities; providing
95 duties for managing entities; deleting provisions
96 relating to legislative findings and intent, service
97 delivery strategies, essential elements, reporting
98 requirements, and rulemaking authority; amending s.
99 397.311, F.S.; defining the terms "informed consent"
100 and "involuntary services"; revising the definition of
101 the term "qualified professional"; conforming a cross-
102 reference; amending s. 397.675, F.S.; revising the
103 criteria for involuntary admissions due to substance
104 abuse or co-occurring mental health disorders;
105 amending s. 397.679, F.S.; specifying the licensed
106 professionals who may complete a certificate for the
107 involuntary admission of an individual; amending s.
108 397.6791, F.S.; providing a list of professionals
109 authorized to initiate a certificate for an emergency
110 assessment or admission of a person with a substance
111 abuse disorder; amending s. 397.6793, F.S.; revising
112 the criteria for initiation of a certificate for an
113 emergency admission for a person who is substance
114 abuse impaired; amending s. 397.6795, F.S.; revising
115 the list of persons who may deliver a person for an
116 emergency assessment; amending s. 397.681, F.S.;
117 prohibiting the court from charging a fee for
118 involuntary petitions; amending s. 397.6811, F.S.;

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119 revising the list of persons who may file a petition
120 for an involuntary assessment and stabilization;
121 amending s. 397.6814, F.S.; prohibiting a fee from
122 being charged for the filing of a petition for
123 involuntary assessment and stabilization; amending s.
124 397.6819, F.S.; revising the responsibilities of
125 service providers who admit an individual for an
126 involuntary assessment and stabilization; requiring a
127 managing entity to be notified of certain
128 recommendations; amending s. 397.695, F.S.;
129 authorizing certain persons to file a petition for
130 involuntary outpatient services of an individual;
131 providing procedures and requirements for such
132 petitions; amending s. 397.6951, F.S.; requiring that
133 certain additional information be included in a
134 petition for involuntary outpatient services; amending
135 s. 397.6955, F.S.; requiring a court to fulfill
136 certain additional duties upon the filing of a
137 petition for involuntary outpatient services; amending
138 s. 397.6957, F.S.; providing additional requirements
139 for a hearing on a petition for involuntary outpatient
140 services; amending s. 397.697, F.S.; authorizing a
141 court to make a determination of involuntary
142 outpatient services; authorizing a court to order a
143 respondent to undergo treatment through a privately
144 funded licensed service provider under certain
145 circumstances; prohibiting a court from ordering
146 involuntary outpatient services under certain
147 circumstances; requiring the service provider to

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148 document certain inquiries; requiring the managing
149 entity to document certain efforts; requiring a copy
150 of the court's order to be sent to the department and
151 managing entity; providing procedures for
152 modifications to such orders; amending s. 397.6971,
153 F.S.; establishing the requirements for an early
154 release from involuntary outpatient services; amending
155 s. 397.6975, F.S.; requiring the court to appoint
156 certain counsel; providing requirements for hearings
157 on petitions for continued involuntary outpatient
158 services; requiring notice of such hearings; amending
159 s. 397.6977, F.S.; conforming provisions to changes
160 made by the act; creating s. 397.6978, F.S.; providing
161 for the appointment of guardian advocates if an
162 individual is found incompetent to consent to
163 treatment; providing a list of persons prohibited from
164 being appointed as an individual's guardian advocate;
165 providing requirements for a facility requesting the
166 appointment of a guardian advocate; requiring a
167 training course for guardian advocates; providing
168 requirements for the training course; providing
169 requirements for the prioritization of individuals to
170 be selected as guardian advocates; authorizing certain
171 guardian advocates to consent to medical treatment;
172 providing exceptions; providing procedures for the
173 discharge of a guardian advocate; amending s. 409.967,
174 F.S.; requiring managed care plans to provide for
175 quality care; amending s. 409.973, F.S.; providing an
176 integrated behavioral health initiative; amending s.

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177 491.0045, F.S.; revising registration requirements for
178 interns; repealing s. 394.4674, F.S., relating to the
179 comprehensive plan and report on the
180 deinstitutionalization of patients in a treatment
181 facility; repealing s. 394.4985, F.S., relating to the
182 implementation of a districtwide information and
183 referral network; repealing s. 394.745, F.S., relating
184 to the annual report on the compliance of providers
185 under contract with the department; repealing s.
186 397.331, F.S., relating to definitions and legislative
187 intent; repealing part IX of chapter 397, consisting
188 of ss. 397.801, 397.811, and 397.821, F.S., relating
189 to substance abuse impairment services coordination;
190 repealing s. 397.901, F.S., relating to prototype
191 juvenile addictions receiving facilities; repealing s.
192 397.93, F.S., relating to target populations for
193 children's substance abuse services; repealing s.
194 397.94, F.S., relating to the information and referral
195 network for children's substance abuse services;
196 repealing s. 397.951, F.S., relating to substance
197 abuse treatment and sanctions; repealing s. 397.97,
198 F.S., relating to demonstration models for children's
199 substance abuse services; repealing s. 397.98, F.S.,
200 relating to utilization management for children's
201 substance abuse services; amending ss. 39.407,
202 212.055, 394.4599, 394.495, 394.496, 394.9085,
203 397.321, 397.405, 397.407, 397.416, 397.4871, 409.966,
204 409.972, 440.102, 744.704, and 790.065, F.S.;

205 conforming cross-references; providing an effective

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206 date.

207
208 Be It Enacted by the Legislature of the State of Florida:

209
210 Section 1. Paragraph (e) is added to subsection (10) of
211 section 29.004, Florida Statutes, to read:

212 29.004 State courts system.—For purposes of implementing s.
213 14, Art. V of the State Constitution, the elements of the state
214 courts system to be provided from state revenues appropriated by
215 general law are as follows:

216 (10) Case management. Case management includes:

217 (e) Service referral, coordination, monitoring, and
218 tracking for mental health programs under chapter 394.

219
220 Case management may not include costs associated with the
221 application of therapeutic jurisprudence principles by the
222 courts. Case management also may not include case intake and
223 records management conducted by the clerk of court.

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

226 39.001 Purposes and intent; personnel standards and
227 screening.—

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

229 (a) The Legislature recognizes that early referral and
230 comprehensive treatment can help combat mental illness and
231 substance abuse disorders in families and that treatment is
232 cost-effective.

233 (b) The Legislature establishes the following goals for the
234 state related to mental illness and substance abuse treatment

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235 services in the dependency process:

236 1. To ensure the safety of children.

237 2. To prevent and remediate the consequences of mental
238 illness and substance abuse disorders on families involved in
239 protective supervision or foster care and reduce the occurrences
240 of mental illness and substance abuse disorders, including
241 alcohol abuse or other related disorders, for families who are
242 at risk of being involved in protective supervision or foster
243 care.

244 3. To expedite permanency for children and reunify healthy,
245 intact families, when appropriate.

246 4. To support families in recovery.

247 (c) The Legislature finds that children in the care of the
248 state's dependency system need appropriate health care services,
249 that the impact of mental illnesses and substance abuse on
250 health indicates the need for health care services to include
251 treatment for mental health and substance abuse disorders for
252 ~~services to~~ children and parents where appropriate, and that it
253 is in the state's best interest that such children be provided
254 the services they need to enable them to become and remain
255 independent of state care. In order to provide these services,
256 the state's dependency system must have the ability to identify
257 and provide appropriate intervention and treatment for children
258 with personal or family-related mental illness and substance
259 abuse problems.

260 (d) It is the intent of the Legislature to encourage the
261 use of the mental health programs established under chapter 394
262 and the drug court program model established under ~~by~~ s. 397.334
263 and authorize courts to assess children and persons who have

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264 custody or are requesting custody of children where good cause
265 is shown to identify and address mental illnesses and substance
266 abuse disorders ~~problems~~ as the court deems appropriate at every
267 stage of the dependency process. Participation in treatment,
268 including a treatment-based mental health court program or a
269 treatment-based drug court program, may be required by the court
270 following adjudication. Participation in assessment and
271 treatment before ~~prior to~~ adjudication is ~~shall be~~ voluntary,
272 except as provided in s. 39.407(16).

273 (e) It is therefore the purpose of the Legislature to
274 provide authority for the state to contract with mental health
275 service providers and community substance abuse treatment
276 providers for the development and operation of specialized
277 support and overlay services for the dependency system, which
278 will be fully implemented and used as resources permit.

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

285 Section 3. Paragraph (c) of subsection (6) of section
286 39.407, Florida Statutes, is amended to read:

287 39.407 Medical, psychiatric, and psychological examination
288 and treatment of child; physical, mental, or substance abuse
289 examination of person with or requesting child custody.—

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

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293 394.875 or a hospital licensed under chapter 395 for residential
294 mental health treatment only pursuant to this section or may be
295 placed by the court in accordance with an order of involuntary
296 examination or involuntary placement entered pursuant to s.
297 394.463 or s. 394.467. All children placed in a residential
298 treatment program under this subsection must have a guardian ad
299 litem appointed.

300 (c) Before a child is admitted under this subsection, the
301 child shall be assessed for suitability for residential
302 treatment by a qualified evaluator who has conducted a personal
303 examination and assessment of the child and has made written
304 findings that:

305 1. The child appears to have an emotional disturbance
306 serious enough to require residential treatment and is
307 reasonably likely to benefit from the treatment.

308 2. The child has been provided with a clinically
309 appropriate explanation of the nature and purpose of the
310 treatment.

311 3. All available modalities of treatment less restrictive
312 than residential treatment have been considered, and a less
313 restrictive alternative that would offer comparable benefits to
314 the child is unavailable.

315
316 A copy of the written findings of the evaluation and suitability
317 assessment must be provided to the department, ~~and~~ to the
318 guardian ad litem, and, if the child is a member of a Medicaid
319 Managed Health Care Plan, to the plan that is financially
320 responsible for the child's care in residential treatment, any
321 of whom must be provided ~~who shall have~~ the opportunity to

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322 discuss the findings with the evaluator.

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

325 39.507 Adjudicatory hearings; orders of adjudication.—

326 (10) After an adjudication of dependency, or a finding of
327 dependency in which ~~where~~ adjudication is withheld, the court
328 may order a person who has, ~~custody~~ or is requesting, custody of
329 the child to submit to a mental health or substance abuse
330 disorder assessment or evaluation. The order may be made only
331 upon good cause shown and pursuant to notice and procedural
332 requirements provided under the Florida Rules of Juvenile
333 Procedure. The assessment or evaluation must be administered by
334 an appropriate ~~a~~ qualified professional, as defined in s.
335 394.455 or s. 397.311. The court may also require such person to
336 participate in and comply with treatment and services identified
337 as necessary, including, when appropriate and available,
338 participation in and compliance with a mental health program
339 established under chapter 394 or a treatment-based drug court
340 program established under s. 397.334. In addition to supervision
341 by the department, the court, including a treatment-based mental
342 health court program or a ~~the~~ treatment-based drug court
343 program, may oversee the progress and compliance with treatment
344 by a person who has custody or is requesting custody of the
345 child. The court may impose appropriate available sanctions for
346 noncompliance upon a person who has custody or is requesting
347 custody of the child or make a finding of noncompliance for
348 consideration in determining whether an alternative placement of
349 the child is in the child's best interests. Any order entered
350 under this subsection may be made only upon good cause shown.

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351 This subsection does not authorize placement of a child with a
352 person seeking custody, other than the parent or legal
353 custodian, who requires mental health or substance abuse
354 disorder treatment.

355 Section 5. Paragraph (b) of subsection (1) of section
356 39.521, Florida Statutes, is amended to read:

357 39.521 Disposition hearings; powers of disposition.—

358 (1) A disposition hearing shall be conducted by the court,
359 if the court finds that the facts alleged in the petition for
360 dependency were proven in the adjudicatory hearing, or if the
361 parents or legal custodians have consented to the finding of
362 dependency or admitted the allegations in the petition, have
363 failed to appear for the arraignment hearing after proper
364 notice, or have not been located despite a diligent search
365 having been conducted.

366 (b) When any child is adjudicated by a court to be
367 dependent, the court having jurisdiction of the child has the
368 power by order to:

369 1. Require the parent and, when appropriate, the legal
370 custodian and the child to participate in treatment and services
371 identified as necessary. The court may require the person who
372 has custody or who is requesting custody of the child to submit
373 to a mental illness or substance abuse disorder assessment or
374 evaluation. The order may be made only upon good cause shown and
375 pursuant to notice and procedural requirements provided under
376 the Florida Rules of Juvenile Procedure. The assessment or
377 evaluation must be administered by an appropriate a qualified
378 professional, as defined in s. 394.455 or s. 397.311. The court
379 may also require such person to participate in and comply with

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380 treatment and services identified as necessary, including, when
381 appropriate and available, participation in and compliance with
382 a mental health program established under chapter 394 or a
383 treatment-based drug court program established under s. 397.334.
384 In addition to supervision by the department, the court,
385 including a treatment-based mental health court program or a ~~the~~
386 treatment-based drug court program, may oversee the progress and
387 compliance with treatment by a person who has custody or is
388 requesting custody of the child. The court may impose
389 appropriate available sanctions for noncompliance upon a person
390 who has custody or is requesting custody of the child or make a
391 finding of noncompliance for consideration in determining
392 whether an alternative placement of the child is in the child's
393 best interests. Any order entered under this subparagraph may be
394 made only upon good cause shown. This subparagraph does not
395 authorize placement of a child with a person seeking custody of
396 the child, other than the child's parent or legal custodian, who
397 requires mental health or substance abuse treatment.

398 2. Require, if the court deems necessary, the parties to
399 participate in dependency mediation.

400 3. Require placement of the child either under the
401 protective supervision of an authorized agent of the department
402 in the home of one or both of the child's parents or in the home
403 of a relative of the child or another adult approved by the
404 court, or in the custody of the department. Protective
405 supervision continues until the court terminates it or until the
406 child reaches the age of 18, whichever date is first. Protective
407 supervision shall be terminated by the court whenever the court
408 determines that permanency has been achieved for the child,

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409 whether with a parent, another relative, or a legal custodian,
410 and that protective supervision is no longer needed. The
411 termination of supervision may be with or without retaining
412 jurisdiction, at the court's discretion, and shall in either
413 case be considered a permanency option for the child. The order
414 terminating supervision by the department must ~~shall~~ set forth
415 the powers of the custodian of the child and ~~shall~~ include the
416 powers ordinarily granted to a guardian of the person of a minor
417 unless otherwise specified. Upon the court's termination of
418 supervision by the department, ~~no~~ further judicial reviews are
419 not required ~~if, so long as~~ permanency has been established for
420 the child.

421 Section 6. Section 394.455, Florida Statutes, is amended to
422 read:

423 394.455 Definitions.—As used in this part, ~~unless the~~
424 ~~context clearly requires otherwise,~~ the term:

425 (1) "Access center" means a facility staffed by medical,
426 behavioral, and substance abuse professionals which provides
427 emergency screening and evaluation for mental health or
428 substance abuse disorders and may provide transportation to an
429 appropriate facility if an individual is in need of more
430 intensive services.

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

437 (3) ~~(1)~~ "Administrator" means the chief administrative

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438 officer of a receiving or treatment facility or his or her
439 designee.

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

443 (5) "Advanced registered nurse practitioner" means any
444 person licensed in this state to practice professional nursing
445 who is certified in advanced or specialized nursing practice
446 under s. 464.012.

447 (6)-(2) "Clinical psychologist" means a psychologist as
448 defined in s. 490.003(7) with 3 years of postdoctoral experience
449 in the practice of clinical psychology, inclusive of the
450 experience required for licensure, or a psychologist employed by
451 a facility operated by the United States Department of Veterans
452 Affairs that qualifies as a receiving or treatment facility
453 under this part.

454 (7)-(3) "Clinical record" means all parts of the record
455 required to be maintained and includes all medical records,
456 progress notes, charts, and admission and discharge data, and
457 all other information recorded by a facility staff which
458 pertains to the patient's hospitalization or treatment.

459 (8)-(4) "Clinical social worker" means a person licensed as
460 a clinical social worker under s. 491.005 or s. 491.006 ~~chapter~~
461 491.

462 (9)-(5) "Community facility" means a any community service
463 provider that contracts ~~contracting~~ with the department to
464 furnish substance abuse or mental health services under part IV
465 of this chapter.

466 (10)-(6) "Community mental health center or clinic" means a

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467 publicly funded, not-for-profit center that ~~which~~ contracts with
468 the department for the provision of inpatient, outpatient, day
469 treatment, or emergency services.

470 (11)~~(7)~~ "Court," unless otherwise specified, means the
471 circuit court.

472 (12)~~(8)~~ "Department" means the Department of Children and
473 Families.

474 (13) "Designated receiving facility" means a facility
475 approved by the department which may be a public or private
476 hospital, crisis stabilization unit, addictions receiving
477 facility and provides, at a minimum, emergency screening,
478 evaluation, and short-term stabilization for mental health or
479 substance abuse disorders, and which may have an agreement with
480 a corresponding facility for transportation and services.

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

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

487 (16)~~(9)~~ "Express and informed consent" means consent
488 voluntarily given in writing, by a competent person, after
489 sufficient explanation and disclosure of the subject matter
490 involved to enable the person to make a knowing and willful
491 decision without any element of force, fraud, deceit, duress, or
492 other form of constraint or coercion.

493 (17)~~(10)~~ "Facility" means any hospital, community facility,
494 public or private facility, or receiving or treatment facility
495 providing for the evaluation, diagnosis, care, treatment,

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496 training, or hospitalization of persons who appear to have a
497 ~~mental illness~~ or who have been diagnosed as having a mental
498 illness or substance abuse impairment. The term "Facility" does
499 not include a any program or an entity licensed under ~~pursuant~~
500 ~~to~~ chapter 400 or chapter 429.

501 (18) "Governmental facility" means a facility owned,
502 operated, or administered by the Department of Corrections or
503 the United States Department of Veterans Affairs.

504 (19)~~(11)~~ "Guardian" means the natural guardian of a minor,
505 or a person appointed by a court to act on behalf of a ward's
506 person if the ward is a minor or has been adjudicated
507 incapacitated.

508 (20)~~(12)~~ "Guardian advocate" means a person appointed by a
509 court to make decisions regarding mental health or substance
510 abuse treatment on behalf of a patient who has been found
511 incompetent to consent to treatment pursuant to this part. ~~The~~
512 ~~guardian advocate may be granted specific additional powers by~~
513 ~~written order of the court, as provided in this part.~~

514 (21)~~(13)~~ "Hospital" means a hospital ~~facility as defined in~~
515 ~~s. 395.002 and~~ licensed under chapter 395 and part II of chapter
516 408.

517 (22)~~(14)~~ "Incapacitated" means that a person has been
518 adjudicated incapacitated pursuant to part V of chapter 744 and
519 a guardian of the person has been appointed.

520 (23)~~(15)~~ "Incompetent to consent to treatment" means a
521 state in which ~~that~~ a person's judgment is so affected by a his
522 ~~or her~~ mental illness or a substance abuse impairment, that he
523 or she ~~the person~~ lacks the capacity to make a well-reasoned,
524 willful, and knowing decision concerning his or her medical, ~~or~~

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525 mental health, or substance abuse treatment.

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

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

532 (26)~~(16)~~ "Law enforcement officer" has the same meaning as
 533 provided ~~means a law enforcement officer as defined in s.~~
 534 943.10.

535 (27) "Marriage and family therapist" means a person
 536 licensed to practice marriage and family therapy under s.
 537 491.005 or s. 491.006.

538 (28) "Mental health counselor" means a person licensed to
 539 practice mental health counseling under s. 491.005 or s.
 540 491.006.

541 (29)~~(17)~~ "Mental health overlay program" means a mobile
 542 service that ~~which~~ provides an independent examination for
 543 voluntary admission ~~admissions~~ and a range of supplemental
 544 onsite services to persons with a mental illness in a
 545 residential setting such as a nursing home, an assisted living
 546 facility, or an adult family-care home, ~~or a nonresidential~~
 547 setting such as an adult day care center. Independent
 548 examinations provided pursuant to this part through a mental
 549 health overlay program must only be provided under contract with
 550 the department for this service ~~or be attached to a public~~
 551 receiving facility that is also a community mental health
 552 center.

553 (30)~~(18)~~ "Mental illness" means an impairment of the mental

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554 or emotional processes that exercise conscious control of one's
555 actions or of the ability to perceive or understand reality,
556 which impairment substantially interferes with the person's
557 ability to meet the ordinary demands of living. For the purposes
558 of this part, the term does not include a developmental
559 disability as defined in chapter 393, intoxication, or
560 conditions manifested only by antisocial behavior or substance
561 abuse impairment.

562 (31) "Minor" means an individual who is 17 years of age or
563 younger and who has not had the disability of nonage removed
564 pursuant to s. 743.01 or s. 743.015.

565 (32)~~(19)~~ "Mobile crisis response service" means a
566 nonresidential crisis service ~~attached to a public receiving~~
567 ~~facility and~~ available 24 hours a day, 7 days a week, through
568 which provides immediate intensive assessments and
569 interventions, including screening for admission into a mental
570 health receiving facility, an addictions receiving facility, or
571 a detoxification facility, ~~take place~~ for the purpose of
572 identifying appropriate treatment services.

573 (33)~~(20)~~ "Patient" means any person, with or without a co-
574 occurring substance abuse disorder who is held or accepted for
575 mental health treatment.

576 (34)~~(21)~~ "Physician" means a medical practitioner licensed
577 under chapter 458 or chapter 459 ~~who has experience in the~~
578 ~~diagnosis and treatment of mental and nervous disorders~~ or a
579 physician employed by a facility operated by the United States
580 Department of Veterans Affairs or the United States Department
581 of Defense ~~which qualifies as a receiving or treatment facility~~
582 ~~under this part.~~

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

586 ~~(36)~~~~(22)~~ "Private facility" means any hospital or facility
587 operated by a for-profit or not-for-profit corporation or
588 association which ~~that~~ provides mental health or substance abuse
589 services and is not a public facility.

590 ~~(37)~~~~(23)~~ "Psychiatric nurse" means an advanced registered
591 nurse practitioner certified under s. 464.012 who has a master's
592 or doctoral degree in psychiatric nursing, holds a national
593 advanced practice certification as a psychiatric mental health
594 advanced practice nurse, and has 2 years of post-master's
595 clinical experience under the supervision of a physician.

596 ~~(38)~~~~(24)~~ "Psychiatrist" means a medical practitioner
597 licensed under chapter 458 or chapter 459 ~~who has primarily~~
598 ~~diagnosed and treated mental and nervous disorders for at least~~
599 ~~a period of not less than 3 years, inclusive of psychiatric~~
600 residency.

601 ~~(39)~~~~(25)~~ "Public facility" means a ~~any~~ facility that has
602 contracted with the department to provide mental health services
603 to all persons, regardless of ~~their~~ ability to pay, and is
604 receiving state funds for such purpose.

605 (40) "Qualified professional" means a physician or a
606 physician assistant licensed under chapter 458 or chapter 459; a
607 professional licensed under chapter 490.003(7) or chapter 491; a
608 psychiatrist licensed under chapter 458 or chapter 459; or a
609 psychiatric nurse as defined in subsection (37).

610 ~~(41)~~~~(26)~~ "Receiving facility" means any public or private
611 facility or hospital designated by the department to receive and

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612 hold or refer, as appropriate, involuntary patients under
613 emergency conditions ~~or~~ for mental health or substance abuse
614 ~~psychiatric~~ evaluation and to provide ~~short-term~~ treatment or
615 transportation to the appropriate service provider. The term
616 does not include a county jail.

617 ~~(42)-(27)~~ "Representative" means a person selected to
618 receive notice of proceedings during the time a patient is held
619 in or admitted to a receiving or treatment facility.

620 ~~(43)-(28)(a)~~ "Restraint" means: a physical device, method,
621 ~~or drug used to control behavior.~~

622 (a) A physical restraint, including is any manual method or
623 physical or mechanical device, material, or equipment attached
624 or adjacent to an the individual's body so that he or she cannot
625 easily remove the restraint and which restricts freedom of
626 movement or normal access to one's body. Physical restraint
627 includes the physical holding of a person during a procedure to
628 forcibly administer psychotropic medication. Physical restraint
629 does not include physical devices such as orthopedically
630 prescribed appliances, surgical dressings and bandages,
631 supportive body bands, or other physical holding when necessary
632 for routine physical examinations and tests or for purposes of
633 orthopedic, surgical, or other similar medical treatment, when
634 used to provide support for the achievement of functional body
635 position or proper balance, or when used to protect a person
636 from falling out of bed.

637 (b) A drug or ~~used as a restraint is a~~ medication used to
638 control a ~~the~~ person's behavior or to restrict his or her
639 freedom of movement which ~~and~~ is not part of the standard
640 treatment regimen of a person with a diagnosed mental illness

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641 ~~who is a client of the department. Physically holding a person~~
642 ~~during a procedure to forcibly administer psychotropic~~
643 ~~medication is a physical restraint.~~

644 ~~(c) Restraint does not include physical devices, such as~~
645 ~~orthopedically prescribed appliances, surgical dressings and~~
646 ~~bandages, supportive body bands, or other physical holding when~~
647 ~~necessary for routine physical examinations and tests; or for~~
648 ~~purposes of orthopedic, surgical, or other similar medical~~
649 ~~treatment; when used to provide support for the achievement of~~
650 ~~functional body position or proper balance; or when used to~~
651 ~~protect a person from falling out of bed.~~

652 (44) "School psychologist" has the same meaning as in s.
653 490.003.

654 (45)~~(29)~~ "Seclusion" means the physical segregation ~~of a~~
655 ~~person in any fashion or involuntary isolation of a person in a~~
656 ~~room or area from which the person is prevented from leaving.~~
657 ~~The prevention may be by physical barrier or by a staff member~~
658 ~~who is acting in a manner, or who is physically situated, so as~~
659 ~~to prevent the person from leaving the room or area. For~~
660 ~~purposes of this part ~~chapter~~, the term does not mean isolation~~
661 ~~due to a person's medical condition or symptoms.~~

662 (46)~~(30)~~ "Secretary" means the Secretary of Children and
663 Families.

664 (47) "Service provider" means a receiving facility, any
665 facility licensed under chapter 397, a treatment facility, an
666 entity under contract with the department to provide mental
667 health or substance abuse services, a community mental health
668 center or clinic, a psychologist, a clinical social worker, a
669 marriage and family therapist, a mental health counselor, a

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670 physician, a psychiatrist, an advanced registered nurse
671 practitioner, a psychiatric nurse, or a qualified professional
672 as defined in this section.

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

678 (49)~~(31)~~ "Transfer evaluation" means the process by which~~7~~
679 ~~as approved by the appropriate district office of the~~
680 ~~department, whereby~~ a person who is being considered for
681 placement in a state treatment facility is ~~first~~ evaluated for
682 appropriateness of admission to a state treatment ~~the~~ facility
683 ~~by a community-based public receiving facility or by a community~~
684 ~~mental health center or clinic if the public receiving facility~~
685 ~~is not a community mental health center or clinic.~~

686 (50)~~(32)~~ "Treatment facility" means a ~~any~~ state-owned,
687 state-operated, or state-supported hospital, center, or clinic
688 designated by the department for extended treatment and
689 hospitalization, beyond that provided for by a receiving
690 facility, of persons who have a mental illness, including
691 facilities of the United States Government, and any private
692 facility designated by the department when rendering such
693 services to a person pursuant to the provisions of this part.
694 Patients treated in facilities of the United States Government
695 shall be solely those whose care is the responsibility of the
696 United States Department of Veterans Affairs.

697 (51) "Triage center" means a facility that is designated by
698 the department and has medical, behavioral, and substance abuse

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699 professionals present or on call to provide emergency screening
700 and evaluation of individuals transported to the center by a law
701 enforcement officer.

702 ~~(33) "Service provider" means any public or private~~
703 ~~receiving facility, an entity under contract with the Department~~
704 ~~of Children and Families to provide mental health services, a~~
705 ~~clinical psychologist, a clinical social worker, a marriage and~~
706 ~~family therapist, a mental health counselor, a physician, a~~
707 ~~psychiatric nurse as defined in subsection (23), or a community~~
708 ~~mental health center or clinic as defined in this part.~~

709 ~~(34) "Involuntary examination" means an examination~~
710 ~~performed under s. 394.463 to determine if an individual~~
711 ~~qualifies for involuntary inpatient treatment under s.~~
712 ~~394.467(1) or involuntary outpatient treatment under s.~~
713 ~~394.4655(1).~~

714 ~~(35) "Involuntary placement" means either involuntary~~
715 ~~outpatient treatment pursuant to s. 394.4655 or involuntary~~
716 ~~inpatient treatment pursuant to s. 394.467.~~

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

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

721 ~~(38) "Electronic means" means a form of telecommunication~~
722 ~~that requires all parties to maintain visual as well as audio~~
723 ~~communication.~~

724 Section 7. Section 394.4573, Florida Statutes, is amended
725 to read:

726 394.4573 Coordinated system of care; annual assessment;
727 essential elements ~~Continuity of care management system;~~

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728 measures of performance; system improvement grants; reports.—On
729 or before October 1 of each year, the department shall submit to
730 the Governor, the President of the Senate, and the Speaker of
731 the House of Representatives an assessment of the behavioral
732 health services in this state in the context of the No-Wrong-
733 Door model and standards set forth in this section. The
734 department's assessment shall be based on both quantitative and
735 qualitative data and must identify any significant regional
736 variations. The assessment must include information gathered
737 from managing entities; service providers; facilities performing
738 acute behavioral health care triage functions for the community;
739 crisis stabilization units; detoxification units; addictions
740 receiving facilities and hospitals, both public and private; law
741 enforcement; judicial officials; local governments; behavioral
742 health consumers and their family members; and the public.

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

744 (a) "Case management" means those direct services provided
745 to a client in order to assess his or her activities aimed at
746 assessing client needs, plan or arrange planning services,
747 coordinate service providers, link linking the service system to
748 a client, monitor ~~coordinating the various system components,~~
749 ~~monitoring~~ service delivery, and evaluate patient outcomes
750 ~~evaluating the effect of service delivery.~~

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

754 (c) "Client manager" means an employee of the managing
755 entity or entity under contract with the managing entity
756 ~~department~~ who is assigned to specific provider agencies and

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757 geographic areas to ensure that the full range of needed
758 services is available to clients.

759 (d) "Coordinated system Continuity of care management
760 system" means ~~a system that assures, within available resources,~~
761 ~~that clients have access to~~ the full array of behavioral and
762 related services in a region or community offered by all service
763 providers, whether participating under contract with the
764 managing entity or another method of community partnership or
765 mutual agreement within the mental health services delivery
766 system.

767 (e) "No-Wrong-Door model" means a model for the delivery of
768 acute care services to persons who have mental health or
769 substance abuse disorders, or both, which optimizes access to
770 care, regardless of the entry point to the behavioral health
771 care system.

772 (2) The essential elements of a coordinated system of care
773 include:

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

777 (b) A designated receiving system shall consist of one or
778 more facilities serving a defined geographic area and
779 responsible for assessment and evaluation, both voluntary and
780 involuntary, and treatment or triage for patients who present
781 with mental illness, substance abuse disorder, or co-occurring
782 disorders. A county or several counties shall plan the
783 designated receiving system through an inclusive process,
784 approved by the managing entity, and documented through written
785 memoranda of agreement or other binding arrangements. The

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786 designated receiving system may be organized in any of the
787 following ways so long as it functions as a No-Wrong-Door model
788 that responds to individual needs and integrates services among
789 various providers:

790 1. A central receiving system, which consists of a
791 designated central receiving facility that serves as a single
792 entry point for persons with mental health or substance abuse
793 disorders, or both. The central receiving facility must be
794 capable of assessment, evaluation, and triage or treatment for
795 various conditions and circumstances.

796 2. A coordinated receiving system, which consists of
797 multiple entry points that are linked by shared data systems,
798 formal referral agreements, and cooperative arrangements for
799 care coordination and case management. Each entry point must be
800 a designated receiving facility and must provide or arrange for
801 necessary services following an initial assessment and
802 evaluation.

803 3. A tiered receiving system, which consists of multiple
804 entry points, some of which offer only specialized or limited
805 services. Each service provider must be classified according to
806 its capabilities as either a designated receiving facility, or
807 another type of service provider such as a residential
808 detoxification center, triage center, or an access center. All
809 participating service providers must be linked by methods to
810 share data that are compliant with both state and federal
811 patient privacy and confidentiality laws, formal referral
812 agreements, and cooperative arrangements for care coordination
813 and case management. An accurate inventory of the participating
814 service providers which specifies the capabilities and

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815 limitations of each provider must be maintained and made
816 available at all times to all first responders in the service
817 area.

818 (c) Transportation in accordance with a plan developed
819 under s. 394.462.

820 (d) Crisis services, including mobile response teams,
821 crisis stabilization units, addiction receiving facilities, and
822 detoxification facilities.

823 (e) Case management, including intensive case management
824 for individuals determined to be high-need or high-utilization
825 individuals under s. 394.9082(2)(e).

826 (f) Outpatient services.

827 (g) Residential services.

828 (h) Hospital inpatient care.

829 (i) Aftercare and other post-discharge services.

830 (j) Medication-assisted treatment and medication
831 management.

832 (k) Recovery support, including housing assistance and
833 support for competitive employment, educational attainment,
834 independent living skills development, family support and
835 education, and wellness management and self-care.

836 (3) The department's annual assessment must compare the
837 status and performance of the extant behavioral health system
838 with the following standards and any other standards or measures
839 that the department determines to be applicable.

840 (a) The capacity of the contracted service providers to
841 meet estimated need when such estimates are based on credible
842 evidence and sound methodologies.

843 (b) The extent to which the behavioral health system uses

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844 evidence-informed practices and broadly disseminates the results
845 of quality improvement activities to all service providers.

846 (c) The degree to which services are offered in the least
847 restrictive and most appropriate therapeutic environment.

848 (d) The scope of system-wide accountability activities used
849 to monitor patient outcomes and measure continuous improvement
850 in the behavioral health system.

851 (4) Subject to a specific appropriation by the Legislature,
852 the department may award system improvement grants to managing
853 entities based on the submission of a detailed plan to enhance
854 services, coordination, or performance measurement in accordance
855 with the model and standards specified in this section. Such a
856 grant must be awarded through a performance-based contract that
857 links payments to the documented and measurable achievement of
858 system improvements ~~The department is directed to implement a~~
859 ~~continuity of care management system for the provision of mental~~
860 ~~health care, through the provision of client and case~~
861 ~~management, including clients referred from state treatment~~
862 ~~facilities to community mental health facilities. Such system~~
863 ~~shall include a network of client managers and case managers~~
864 ~~throughout the state designed to:~~

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

867 ~~(b) Provide for the creation or designation of an agency in~~
868 ~~each county to provide single intake services for each person~~
869 ~~seeking mental health services. Such agency shall provide~~
870 ~~information and referral services necessary to ensure that~~
871 ~~clients receive the most appropriate and least restrictive form~~
872 ~~of care, based on the individual needs of the person seeking~~

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873 ~~treatment. Such agency shall have a single telephone number,~~
874 ~~operating 24 hours per day, 7 days per week, where practicable,~~
875 ~~at a central location, where each client will have a central~~
876 ~~record.~~

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

880 ~~(d) Require that any public receiving facility initiating a~~
881 ~~patient transfer to a licensed hospital for acute care mental~~
882 ~~health services not accessible through the public receiving~~
883 ~~facility shall notify the hospital of such transfer and send all~~
884 ~~records relating to the emergency psychiatric or medical~~
885 ~~condition.~~

886 ~~(3) The department is directed to develop and include in~~
887 ~~contracts with service providers measures of performance with~~
888 ~~regard to goals and objectives as specified in the state plan.~~
889 ~~Such measures shall use, to the extent practical, existing data~~
890 ~~collection methods and reports and shall not require, as a~~
891 ~~result of this subsection, additional reports on the part of~~
892 ~~service providers. The department shall plan monitoring visits~~
893 ~~of community mental health facilities with other state, federal,~~
894 ~~and local governmental and private agencies charged with~~
895 ~~monitoring such facilities.~~

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

898 394.4597 Persons to be notified; patient's representative.—

899 (2) INVOLUNTARY PATIENTS.—

900 (d) When the receiving or treatment facility selects a
901 representative, first preference shall be given to a health care

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902 surrogate, if one has been previously selected by the patient.
903 If the patient has not previously selected a health care
904 surrogate, the selection, except for good cause documented in
905 the patient's clinical record, shall be made from the following
906 list in the order of listing:

- 907 1. The patient's spouse.
- 908 2. An adult child of the patient.
- 909 3. A parent of the patient.
- 910 4. The adult next of kin of the patient.
- 911 5. An adult friend of the patient.
- 912 ~~6. The appropriate Florida local advocacy council as~~
913 ~~provided in s. 402.166.~~

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

- 916 1. A professional providing clinical services to the
917 patient under this part.
- 918 2. The licensed professional who initiated the involuntary
919 examination of the patient, if the examination was initiated by
920 professional certificate.
- 921 3. An employee, an administrator, or a board member of the
922 facility providing the examination of the patient.
- 923 4. An employee, an administrator, or a board member of a
924 treatment facility providing treatment for the patient.
- 925 5. A person providing any substantial professional services
926 to the patient, including clinical services.
- 927 6. A creditor of the patient.
- 928 7. A person subject to an injunction for protection against
929 domestic violence under s. 741.30, whether the order of
930 injunction is temporary or final, and for which the patient was

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931 the petitioner.

932 8. A person subject to an injunction for protection against
933 repeat violence, stalking, sexual violence, or dating violence
934 under s. 784.046, whether the order of injunction is temporary
935 or final, and for which the patient was the petitioner A
936 ~~licensed professional providing services to the patient under~~
937 ~~this part, an employee of a facility providing direct services~~
938 ~~to the patient under this part, a department employee, a person~~
939 ~~providing other substantial services to the patient in a~~
940 ~~professional or business capacity, or a creditor of the patient~~
941 ~~shall not be appointed as the patient's representative.~~

942 Section 9. Present subsections (2) through (7) of section
943 394.4598, Florida Statutes, are redesignated as subsections (3)
944 through (8), respectively, a new subsection (2) is added to that
945 section, and present subsections (3) and (4) of that section are
946 amended, to read:

947 394.4598 Guardian advocate.—

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

950 (a) A professional providing clinical services to the
951 patient under this part.

952 (b) The licensed professional who initiated the involuntary
953 examination of the patient, if the examination was initiated by
954 professional certificate.

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

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

959 (e) A person providing any substantial professional

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960 services, excluding public and professional guardians, to the
961 patient, including clinical services.

962 (f) A creditor of the patient.

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

967 (h) A person subject to an injunction for protection
968 against repeat violence, stalking, sexual violence, or dating
969 violence under s. 784.046, whether the order of injunction is
970 temporary or final, and for which the patient was the
971 petitioner.

972 (4)(3) In lieu of the training required of guardians
973 appointed pursuant to chapter 744, Prior to a guardian advocate
974 must, at a minimum, participate in a 4-hour training course
975 approved by the court before exercising his or her authority,
976 the guardian advocate shall attend a training course approved by
977 the court. At a minimum, this training course, of not less than
978 4 hours, must include, at minimum, information about the patient
979 rights, psychotropic medications, the diagnosis of mental
980 illness, the ethics of medical decisionmaking, and duties of
981 guardian advocates. This training course shall take the place of
982 the training required for guardians appointed pursuant to
983 chapter 744.

984 (5)(4) The required training course and the information to
985 be supplied to prospective guardian advocates before prior to
986 their appointment and the training course for guardian advocates
987 must be developed and completed through a course developed by
988 the department, and approved by the chief judge of the circuit

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989 court, and taught by a court-approved organization, ~~which-~~
990 ~~Court-approved organizations~~ may include, but is ~~are~~ not limited
991 to, a community college ~~community or junior colleges~~, a
992 guardianship organization ~~guardianship organizations~~, a and the
993 local bar association, or The Florida Bar. The training course
994 may be web-based, provided in video format, or other electronic
995 means but must be capable of ensuring the identity and
996 participation of the prospective guardian advocate. The court
997 may, ~~in its discretion~~, waive some or all of the training
998 requirements for guardian advocates or impose additional
999 requirements. The court shall make its decision on a case-by-
1000 case basis and, in making its decision, shall consider the
1001 experience and education of the guardian advocate, the duties
1002 assigned to the guardian advocate, and the needs of the patient.

1003 Section 10. Section 394.462, Florida Statutes, is amended
1004 to read:

1005 394.462 Transportation.—A transportation plan must be
1006 developed and implemented by each county in accordance with this
1007 section. A county may enter into a memorandum of understanding
1008 with the governing boards of nearby counties to establish a
1009 shared transportation plan. When multiple counties enter into a
1010 memorandum of understanding for this purpose, the managing
1011 entity must be notified and provided a copy of the agreement.
1012 The transportation plan must describe methods of transport to a
1013 facility within the designated receiving system and may identify
1014 responsibility for other transportation to a participating
1015 facility when necessary and agreed to by the facility. The plan
1016 must describe how individuals who meet the criteria for
1017 involuntary assessment and evaluation pursuant to ss. 394.463

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1018 and 397.675 will be transported. The plan may rely on emergency
1019 medical transport services or private transport companies as
1020 appropriate.

1021 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

1022 (a) Each county shall designate a single law enforcement
1023 agency within the county, or portions thereof, to take a person
1024 into custody upon the entry of an ex parte order or the
1025 execution of a certificate for involuntary examination by an
1026 authorized professional and to transport that person to an
1027 appropriate facility within the designated receiving system ~~the~~
1028 ~~nearest receiving facility~~ for examination.

1029 (b)1. The designated law enforcement agency may decline to
1030 transport the person to a receiving facility only if:

1031 a.1. The jurisdiction designated by the county has
1032 contracted on an annual basis with an emergency medical
1033 transport service or private transport company for
1034 transportation of persons to receiving facilities pursuant to
1035 this section at the sole cost of the county; and

1036 b.2. The law enforcement agency and the emergency medical
1037 transport service or private transport company agree that the
1038 continued presence of law enforcement personnel is not necessary
1039 for the safety of the person or others.

1040 2.3. The entity providing transportation ~~jurisdiction~~
1041 ~~designated by the county~~ may seek reimbursement for
1042 transportation expenses. The party responsible for payment for
1043 such transportation is the person receiving the transportation.
1044 The county shall seek reimbursement from the following sources
1045 in the following order:

1046 a. From a private or public third-party payor ~~an insurance~~

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1047 ~~company, health care corporation, or other source, if the person~~
1048 ~~receiving the transportation has applicable coverage is covered~~
1049 ~~by an insurance policy or subscribes to a health care~~
1050 ~~corporation or other source for payment of such expenses.~~

1051 b. From the person receiving the transportation.

1052 c. From a financial settlement for medical care, treatment,
1053 hospitalization, or transportation payable or accruing to the
1054 injured party.

1055 ~~(c)~~ (b) ~~A~~ Any company that transports a patient pursuant to
1056 this subsection is considered an independent contractor and is
1057 solely liable for the safe and dignified transport
1058 ~~transportation~~ of the patient. Such company must be insured and
1059 provide no less than \$100,000 in liability insurance with
1060 respect to the transport ~~transportation~~ of patients.

1061 ~~(d)~~ (e) Any company that contracts with a governing board of
1062 a county to transport patients shall comply with the applicable
1063 rules of the department to ensure the safety and dignity of ~~the~~
1064 patients.

1065 ~~(e)~~ (d) When a law enforcement officer takes custody of a
1066 person pursuant to this part, the officer may request assistance
1067 from emergency medical personnel if such assistance is needed
1068 for the safety of the officer or the person in custody.

1069 ~~(f)~~ (e) When a member of a mental health overlay program or
1070 a mobile crisis response service is a professional authorized to
1071 initiate an involuntary examination pursuant to s. 394.463 or s.
1072 397.675 and that professional evaluates a person and determines
1073 that transportation to a receiving facility is needed, the
1074 service, at its discretion, may transport the person to the
1075 facility or may call on the law enforcement agency or other

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1076 transportation arrangement best suited to the needs of the
1077 patient.

1078 (g)~~(f)~~ When any law enforcement officer has custody of a
1079 person based on either noncriminal or minor criminal behavior
1080 that meets the statutory guidelines for involuntary examination
1081 under this part, the law enforcement officer shall transport the
1082 person to an appropriate ~~the nearest receiving~~ facility within
1083 the designated receiving system for examination.

1084 (h)~~(g)~~ When any law enforcement officer has arrested a
1085 person for a felony and it appears that the person meets the
1086 statutory guidelines for involuntary examination or placement
1087 under this part, such person must ~~shall~~ first be processed in
1088 the same manner as any other criminal suspect. The law
1089 enforcement agency shall thereafter immediately notify the
1090 appropriate ~~nearest public receiving~~ facility within the
1091 designated receiving system, which shall be responsible for
1092 promptly arranging for the examination and treatment of the
1093 person. A receiving facility is not required to admit a person
1094 charged with a crime for whom the facility determines and
1095 documents that it is unable to provide adequate security, but
1096 shall provide ~~mental health~~ examination and treatment to the
1097 person where he or she is held.

1098 (i)~~(h)~~ If the appropriate law enforcement officer believes
1099 that a person has an emergency medical condition as defined in
1100 s. 395.002, the person may be first transported to a hospital
1101 for emergency medical treatment, regardless of whether the
1102 hospital is a designated receiving facility.

1103 (j)~~(i)~~ The costs of transportation, evaluation,
1104 hospitalization, and treatment incurred under this subsection by

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1105 persons who have been arrested for violations of any state law
1106 or county or municipal ordinance may be recovered as provided in
1107 s. 901.35.

1108 (k)-(j) The ~~nearest receiving~~ facility within the designated
1109 receiving system must accept, pursuant to this part, persons
1110 brought by law enforcement officers, an emergency medical
1111 transport service, or a private transport company for
1112 involuntary examination.

1113 (l)-(k) Each law enforcement agency designated pursuant to
1114 paragraph (a) shall establish a policy that ~~develop a memorandum~~
1115 ~~of understanding with each receiving facility within the law~~
1116 ~~enforcement agency's jurisdiction which~~ reflects a single set of
1117 protocols approved by the managing entity for the safe and
1118 secure transportation ~~of the person~~ and transfer of custody of
1119 the person. ~~These protocols must also address crisis~~
1120 ~~intervention measures.~~

1121 (m)-(l) When a jurisdiction has entered into a contract with
1122 an emergency medical transport service or a private transport
1123 company for transportation of persons to ~~receiving~~ facilities
1124 within the designated receiving system, such service or company
1125 shall be given preference for transportation of persons from
1126 nursing homes, assisted living facilities, adult day care
1127 centers, or adult family-care homes, unless the behavior of the
1128 person being transported is such that transportation by a law
1129 enforcement officer is necessary.

1130 (n)-(m) ~~Nothing in~~ This section may not ~~shall~~ be construed
1131 to limit emergency examination and treatment of incapacitated
1132 persons provided in accordance with ~~the provisions of~~ s.
1133 401.445.

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1134 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

1135 (a) If neither the patient nor any person legally obligated
1136 or responsible for the patient is able to pay for the expense of
1137 transporting a voluntary or involuntary patient to a treatment
1138 facility, the transportation plan established by the governing
1139 board of the county or counties must specify how ~~in which~~ the
1140 hospitalized patient will be transported to, from, and between
1141 facilities in a ~~is hospitalized shall arrange for such required~~
1142 ~~transportation and shall ensure the safe and dignified manner~~
1143 ~~transportation of the patient. The governing board of each~~
1144 ~~county is authorized to contract with private transport~~
1145 ~~companies for the transportation of such patients to and from a~~
1146 ~~treatment facility.~~

1147 (b) A ~~Any~~ company that transports a patient pursuant to
1148 this subsection is considered an independent contractor and is
1149 solely liable for the safe and dignified transportation of the
1150 patient. Such company must be insured and provide no less than
1151 \$100,000 in liability insurance with respect to the transport
1152 ~~transportation~~ of patients.

1153 (c) A ~~Any~~ company that contracts with one or more counties
1154 ~~the governing board of a county~~ to transport patients in
1155 accordance with this section shall comply with the applicable
1156 rules of the department to ensure the safety and dignity of ~~the~~
1157 patients.

1158 (d) County or municipal law enforcement and correctional
1159 personnel and equipment may ~~shall~~ not be used to transport
1160 patients adjudicated incapacitated or found by the court to meet
1161 the criteria for involuntary placement pursuant to s. 394.467,
1162 except in small rural counties where there are no cost-efficient

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1163 alternatives.

1164 (3) TRANSFER OF CUSTODY.—Custody of a person who is
1165 transported pursuant to this part, along with related
1166 documentation, shall be relinquished to a responsible individual
1167 at the appropriate receiving or treatment facility.

1168 ~~(4) EXCEPTIONS. An exception to the requirements of this~~
1169 ~~section may be granted by the secretary of the department for~~
1170 ~~the purposes of improving service coordination or better meeting~~
1171 ~~the special needs of individuals. A proposal for an exception~~
1172 ~~must be submitted by the district administrator after being~~
1173 ~~approved by the governing boards of any affected counties, prior~~
1174 ~~to submission to the secretary.~~

1175 ~~(a) A proposal for an exception must identify the specific~~
1176 ~~provision from which an exception is requested; describe how the~~
1177 ~~proposal will be implemented by participating law enforcement~~
1178 ~~agencies and transportation authorities; and provide a plan for~~
1179 ~~the coordination of services such as case management.~~

1180 ~~(b) The exception may be granted only for:~~

1181 ~~1. An arrangement centralizing and improving the provision~~
1182 ~~of services within a district, which may include an exception to~~
1183 ~~the requirement for transportation to the nearest receiving~~
1184 ~~facility;~~

1185 ~~2. An arrangement by which a facility may provide, in~~
1186 ~~addition to required psychiatric services, an environment and~~
1187 ~~services which are uniquely tailored to the needs of an~~
1188 ~~identified group of persons with special needs, such as persons~~
1189 ~~with hearing impairments or visual impairments, or elderly~~
1190 ~~persons with physical frailties; or~~

1191 ~~3. A specialized transportation system that provides an~~

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1192 ~~efficient and humane method of transporting patients to~~
 1193 ~~receiving facilities, among receiving facilities, and to~~
 1194 ~~treatment facilities.~~

1195 ~~(c) Any exception approved pursuant to this subsection~~
 1196 ~~shall be reviewed and approved every 5 years by the secretary.~~

1197 Section 11. Subsection (2) of section 394.463, Florida
 1198 Statutes, is amended to read:

1199 394.463 Involuntary examination.—

1200 (2) INVOLUNTARY EXAMINATION.—

1201 (a) An involuntary examination may be initiated by any one
 1202 of the following means:

1203 1. A circuit or county court may enter an ex parte order
 1204 stating that a person appears to meet the criteria for
 1205 involuntary examination and specifying, ~~giving~~ the findings on
 1206 which that conclusion is based. The ex parte order for
 1207 involuntary examination must be based on written or oral sworn
 1208 testimony that includes specific facts that support the
 1209 findings, ~~written or oral~~. If other, less restrictive, means are
 1210 not available, such as voluntary appearance for outpatient
 1211 evaluation, a law enforcement officer, or other designated agent
 1212 of the court, shall take the person into custody and deliver him
 1213 or her to an appropriate ~~the nearest receiving~~ facility within
 1214 the designated receiving system for involuntary examination. The
 1215 order of the court shall be made a part of the patient's
 1216 clinical record. A No fee may not shall be charged for the
 1217 filing of an order under this subsection. Any ~~receiving~~ facility
 1218 accepting the patient based on this order must send a copy of
 1219 the order to the managing entity in the region ~~Agency for Health~~
 1220 ~~Care Administration~~ on the next working day. The order may be

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1221 submitted electronically through existing data systems, if
1222 available. The order shall be valid only until the person is
1223 delivered to the appropriate facility ~~executed or, if not~~
1224 ~~executed,~~ for the period specified in the order itself,
1225 whichever comes first. If no time limit is specified in the
1226 order, the order shall be valid for 7 days after the date that
1227 the order was signed.

1228 2. A law enforcement officer shall take a person who
1229 appears to meet the criteria for involuntary examination into
1230 custody and deliver the person or have him or her delivered to
1231 the appropriate nearest receiving facility within the designated
1232 receiving system for examination. The officer shall execute a
1233 written report detailing the circumstances under which the
1234 person was taken into custody, which must ~~and the report shall~~
1235 be made a part of the patient's clinical record. Any ~~receiving~~
1236 facility accepting the patient based on this report must send a
1237 copy of the report to the department and the managing entity
1238 ~~Agency for Health Care Administration~~ on the next working day.

1239 3. A physician, clinical psychologist, psychiatric nurse,
1240 mental health counselor, marriage and family therapist, or
1241 clinical social worker may execute a certificate stating that he
1242 or she has examined a person within the preceding 48 hours and
1243 finds that the person appears to meet the criteria for
1244 involuntary examination and stating the observations upon which
1245 that conclusion is based. If other, less restrictive means, such
1246 as voluntary appearance for outpatient evaluation, are not
1247 available, ~~such as voluntary appearance for outpatient~~
1248 ~~evaluation,~~ a law enforcement officer shall take into custody
1249 the person named in the certificate ~~into custody~~ and deliver him

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1250 or her to the appropriate nearest receiving facility within the
1251 designated receiving system for involuntary examination. The law
1252 enforcement officer shall execute a written report detailing the
1253 circumstances under which the person was taken into custody. The
1254 report and certificate shall be made a part of the patient's
1255 clinical record. Any ~~receiving~~ facility accepting the patient
1256 based on this certificate must send a copy of the certificate to
1257 the managing entity ~~Agency for Health Care Administration~~ on the
1258 next working day. The document may be submitted electronically
1259 through existing data systems, if applicable.

1260 (b) A person may ~~shall~~ not be removed from any program or
1261 residential placement licensed under chapter 400 or chapter 429
1262 and transported to a receiving facility for involuntary
1263 examination unless an ex parte order, a professional
1264 certificate, or a law enforcement officer's report is first
1265 prepared. If the condition of the person is such that
1266 preparation of a law enforcement officer's report is not
1267 practicable before removal, the report shall be completed as
1268 soon as possible after removal, but in any case before the
1269 person is transported to a receiving facility. A ~~receiving~~
1270 facility admitting a person for involuntary examination who is
1271 not accompanied by the required ex parte order, professional
1272 certificate, or law enforcement officer's report shall notify
1273 the managing entity ~~Agency for Health Care Administration~~ of
1274 such admission by certified mail or by e-mail, if available, by
1275 ~~no later than~~ the next working day. The provisions of this
1276 paragraph do not apply when transportation is provided by the
1277 patient's family or guardian.

1278 (c) A law enforcement officer acting in accordance with an

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1279 ex parte order issued pursuant to this subsection may serve and
1280 execute such order on any day of the week, at any time of the
1281 day or night.

1282 (d) A law enforcement officer acting in accordance with an
1283 ex parte order issued pursuant to this subsection may use such
1284 reasonable physical force as is necessary to gain entry to the
1285 premises, and any dwellings, buildings, or other structures
1286 located on the premises, and to take custody of the person who
1287 is the subject of the ex parte order.

1288 (e) The managing entity and the department ~~Agency for~~
1289 ~~Health Care Administration~~ shall receive and maintain the copies
1290 of ex parte petitions and orders, involuntary outpatient
1291 services placement orders issued pursuant to s. 394.4655,
1292 involuntary inpatient placement orders issued pursuant to s.
1293 394.467, professional certificates, and law enforcement
1294 officers' reports. These documents shall be considered part of
1295 the clinical record, governed by the provisions of s. 394.4615.
1296 These documents shall be used to ~~The agency shall~~ prepare annual
1297 reports analyzing the data obtained from these documents,
1298 without information identifying patients, and shall provide
1299 copies of reports to the department, the President of the
1300 Senate, the Speaker of the House of Representatives, and the
1301 minority leaders of the Senate and the House of Representatives.

1302 (f) A patient shall be examined by a physician or a
1303 clinical psychologist, or by a psychiatric nurse performing
1304 within the framework of an established protocol with a
1305 psychiatrist at a ~~receiving~~ facility without unnecessary delay
1306 to determine if the criteria for involuntary services are met.
1307 Emergency treatment may be provided ~~and may~~, upon the order of a

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1308 physician, if the physician determines ~~be given emergency~~
1309 ~~treatment if it is determined~~ that such treatment is necessary
1310 for the safety of the patient or others. The patient may not be
1311 released by the receiving facility or its contractor without the
1312 documented approval of a psychiatrist, ~~or~~ a clinical
1313 ~~psychologist or, if the receiving facility is owned or operated~~
1314 ~~by a hospital or health system, the release may also be approved~~
1315 ~~by a psychiatric nurse performing within the framework of an~~
1316 ~~established protocol with a psychiatrist,~~ or an attending
1317 ~~emergency department physician with experience in the diagnosis~~
1318 ~~and treatment of mental illness and nervous disorders and after~~
1319 ~~completion of an involuntary examination pursuant to this~~
1320 ~~subsection. A psychiatric nurse may not approve the release of a~~
1321 ~~patient if the involuntary examination was initiated by a~~
1322 ~~psychiatrist unless the release is approved by the initiating~~
1323 ~~psychiatrist. However, a patient may not be held in a receiving~~
1324 ~~facility for involuntary examination longer than 72 hours.~~

1325 (g) A person may not be held for involuntary examination
1326 for more than 72 hours from the time of his or her arrival at
1327 the facility unless one of the following actions is taken at the
1328 end of the 72-hour examination period or the next business day
1329 after the end of the 72-hour examination period if the
1330 examination period ends on a weekend or holiday:

1331 1. The person must be released with the approval of a
1332 physician, psychiatrist, psychiatric nurse, or clinical
1333 psychologist. However, if the examination is conducted in a
1334 hospital, an attending emergency department physician with
1335 experience in the diagnosis and treatment of mental illness may
1336 approve the release.

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1337 2. The person must be asked to give express and informed
1338 consent for voluntary admission if a physician, psychiatrist,
1339 psychiatric nurse, or clinical psychologist has determined that
1340 the individual is competent to consent to treatment.

1341 3. A petition for involuntary services must be completed
1342 and filed in the circuit court by the facility administrator. If
1343 electronic filing of the petition is not available in the county
1344 and the 72-hour period ends on a weekend or legal holiday, the
1345 petition must be filed by the next working day. If involuntary
1346 services are deemed necessary, the least restrictive treatment
1347 consistent with the optimum improvement of the person's
1348 condition must be made available.

1349 (h) An individual discharged from a facility who is
1350 currently charged with a crime shall be released to the custody
1351 of a law enforcement officer, unless the individual has been
1352 released from law enforcement custody by posting of a bond, by a
1353 pretrial conditional release, or by other judicial release.

1354 (i)~~(g)~~ A person for whom an involuntary examination has
1355 been initiated who is being evaluated or treated at a hospital
1356 for an emergency medical condition specified in s. 395.002 must
1357 be examined by an appropriate ~~a receiving~~ facility within 72
1358 hours. The 72-hour period begins when the patient arrives at the
1359 hospital and ceases when the attending physician documents that
1360 the patient has an emergency medical condition. If the patient
1361 is examined at a hospital providing emergency medical services
1362 by a professional qualified to perform an involuntary
1363 examination and is found as a result of that examination not to
1364 meet the criteria for involuntary outpatient services ~~placement~~
1365 pursuant to s. 394.4655(1) or involuntary inpatient placement

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1366 pursuant to s. 394.467(1), the patient may be offered voluntary
1367 services or placement, if appropriate, or released directly from
1368 the hospital providing emergency medical services. The finding
1369 by the professional that the patient has been examined and does
1370 not meet the criteria for involuntary inpatient placement or
1371 involuntary outpatient services ~~placement~~ must be entered into
1372 the patient's clinical record. ~~Nothing in~~ This paragraph is not
1373 intended to prevent a hospital providing emergency medical
1374 services from appropriately transferring a patient to another
1375 hospital before ~~prior to~~ stabilization if, ~~provided~~ the
1376 requirements of s. 395.1041(3)(c) have been met.

1377 ~~(j)~~ (j) One of the following must occur within 12 hours
1378 after the patient's attending physician documents that the
1379 patient's medical condition has stabilized or that an emergency
1380 medical condition does not exist:

1381 1. The patient must be examined by an appropriate a
1382 ~~designated receiving~~ facility and released; or

1383 2. The patient must be transferred to a designated
1384 ~~receiving~~ facility in which appropriate medical treatment is
1385 available. However, the ~~receiving~~ facility must be notified of
1386 the transfer within 2 hours after the patient's condition has
1387 been stabilized or after determination that an emergency medical
1388 condition does not exist.

1389 ~~(i)~~ (i) ~~Within the 72-hour examination period or, if the 72~~
1390 ~~hours ends on a weekend or holiday, no later than the next~~
1391 ~~working day thereafter, one of the following actions must be~~
1392 ~~taken, based on the individual needs of the patient:~~

1393 1. ~~The patient shall be released, unless he or she is~~
1394 ~~charged with a crime, in which case the patient shall be~~

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1395 ~~returned to the custody of a law enforcement officer;~~

1396 ~~2. The patient shall be released, subject to the provisions~~
1397 ~~of subparagraph 1., for voluntary outpatient treatment;~~

1398 ~~3. The patient, unless he or she is charged with a crime,~~
1399 ~~shall be asked to give express and informed consent to placement~~
1400 ~~as a voluntary patient, and, if such consent is given, the~~
1401 ~~patient shall be admitted as a voluntary patient; or~~

1402 ~~4. A petition for involuntary placement shall be filed in~~
1403 ~~the circuit court when outpatient or inpatient treatment is~~
1404 ~~deemed necessary. When inpatient treatment is deemed necessary,~~
1405 ~~the least restrictive treatment consistent with the optimum~~
1406 ~~improvement of the patient's condition shall be made available.~~
1407 ~~When a petition is to be filed for involuntary outpatient~~
1408 ~~placement, it shall be filed by one of the petitioners specified~~
1409 ~~in s. 394.4655(3)(a). A petition for involuntary inpatient~~
1410 ~~placement shall be filed by the facility administrator.~~

1411 Section 12. Section 394.4655, Florida Statutes, is amended
1412 to read:

1413 394.4655 Involuntary outpatient services placement.-

1414 (1) CRITERIA FOR INVOLUNTARY OUTPATIENT SERVICES
1415 PLACEMENT.-A person may be ordered to involuntary outpatient
1416 services ~~placement~~ upon a finding of the court, by clear and
1417 convincing evidence, that the person meets all of the following
1418 criteria ~~by clear and convincing evidence~~:

1419 (a) The person is 18 years of age or older.†

1420 (b) The person has a mental illness.†

1421 (c) The person is unlikely to survive safely in the
1422 community without supervision, based on a clinical
1423 determination.†

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1424 (d) The person has a history of lack of compliance with
1425 treatment for mental illness.~~†~~

1426 (e) The person has:

1427 1. At least twice within the immediately preceding 36
1428 months been involuntarily admitted to a receiving or treatment
1429 facility as defined in s. 394.455, or has received mental health
1430 services in a forensic or correctional facility. The 36-month
1431 period does not include any period during which the person was
1432 admitted or incarcerated; or

1433 2. Engaged in one or more acts of serious violent behavior
1434 toward self or others, or attempts at serious bodily harm to
1435 himself or herself or others, within the preceding 36 months.~~†~~

1436 (f) The person is, as a result of his or her mental
1437 illness, unlikely to voluntarily participate in the recommended
1438 treatment plan and ~~either he or she~~ has refused voluntary
1439 services placement for treatment after sufficient and
1440 conscientious explanation and disclosure of why the services are
1441 necessary purpose of placement for treatment or ~~he or she~~ is
1442 unable to determine for himself or herself whether services are
1443 placement is necessary.~~†~~

1444 (g) In view of the person's treatment history and current
1445 behavior, the person is in need of involuntary outpatient
1446 services placement in order to prevent a relapse or
1447 deterioration that would be likely to result in serious bodily
1448 harm to himself or herself or others, or a substantial harm to
1449 his or her well-being as set forth in s. 394.463(1).~~†~~

1450 (h) It is likely that the person will benefit from
1451 involuntary outpatient services. placement;~~and~~

1452 (i) All available, less restrictive alternatives that would

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1453 offer an opportunity for improvement of his or her condition
1454 have been judged to be inappropriate or unavailable.

1455 (2) INVOLUNTARY OUTPATIENT SERVICES PLACEMENT.—

1456 (a)1. A patient who is being recommended for involuntary
1457 outpatient services placement by the administrator of the
1458 ~~receiving~~ facility where the patient has been examined may be
1459 retained by the facility after adherence to the notice
1460 procedures provided in s. 394.4599. The recommendation must be
1461 supported by the opinion of two qualified professionals a
1462 ~~psychiatrist and the second opinion of a clinical psychologist~~
1463 ~~or another psychiatrist~~, both of whom have personally examined
1464 the patient within the preceding 72 hours, that the criteria for
1465 involuntary outpatient services placement are met. ~~However, in a~~
1466 ~~county having a population of fewer than 50,000, if the~~
1467 ~~administrator certifies that a psychiatrist or clinical~~
1468 ~~psychologist is not available to provide the second opinion, the~~
1469 ~~second opinion may be provided by a licensed physician who has~~
1470 ~~postgraduate training and experience in diagnosis and treatment~~
1471 ~~of mental and nervous disorders or by a psychiatric nurse. Any~~
1472 ~~second opinion authorized in this subparagraph may be conducted~~
1473 ~~through a face-to-face examination, in person or by electronic~~
1474 ~~means.~~ Such recommendation must be entered on an involuntary
1475 outpatient services placement certificate that authorizes the
1476 ~~receiving~~ facility to retain the patient pending completion of a
1477 hearing. The certificate must ~~shall~~ be made a part of the
1478 patient's clinical record.

1479 2. If the patient has been stabilized and no longer meets
1480 the criteria for involuntary examination pursuant to s.
1481 394.463(1), the patient must be released from the ~~receiving~~

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1482 facility while awaiting the hearing for involuntary outpatient
1483 services placement. Before filing a petition for involuntary
1484 outpatient services treatment, the administrator of the a
1485 ~~receiving~~ facility or a designated department representative
1486 must identify the service provider that will have primary
1487 responsibility for service provision under an order for
1488 involuntary outpatient services placement, unless the person is
1489 otherwise participating in outpatient psychiatric treatment and
1490 is not in need of public financing for that treatment, in which
1491 case the individual, if eligible, may be ordered to involuntary
1492 treatment pursuant to the existing psychiatric treatment
1493 relationship.

1494 3. The service provider shall prepare a written proposed
1495 treatment plan in consultation with the patient or the patient's
1496 guardian advocate, if appointed, for the court's consideration
1497 for inclusion in the involuntary outpatient services placement
1498 order. The service provider shall also provide a copy of the
1499 treatment plan that addresses the nature and extent of the
1500 mental illness and any co-occurring substance abuse disorders
1501 that necessitate involuntary outpatient services. The treatment
1502 plan must specify the likely level of care, including the use of
1503 medication, and anticipated discharge criteria for terminating
1504 involuntary outpatient services. The service provider shall also
1505 ~~provide a copy of the proposed treatment plan to the patient and~~
1506 ~~the administrator of the receiving facility. The treatment plan~~
1507 ~~must specify the nature and extent of the patient's mental~~
1508 ~~illness, address the reduction of symptoms that necessitate~~
1509 ~~involuntary outpatient placement, and include measurable goals~~
1510 ~~and objectives for the services and treatment that are provided~~

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1511 ~~to treat the person's mental illness and assist the person in~~
1512 ~~living and functioning in the community or to prevent a relapse~~
1513 ~~or deterioration.~~ Service providers may select and supervise
1514 other individuals to implement specific aspects of the treatment
1515 plan. The services in the ~~treatment~~ plan must be deemed
1516 clinically appropriate by a physician, clinical psychologist,
1517 psychiatric nurse, mental health counselor, marriage and family
1518 therapist, or clinical social worker who consults with, or is
1519 employed or contracted by, the service provider. The service
1520 provider must certify to the court in the proposed ~~treatment~~
1521 plan whether sufficient services for improvement and
1522 stabilization are currently available and whether the service
1523 provider agrees to provide those services. If the service
1524 provider certifies that the services in the proposed treatment
1525 plan are not available, the petitioner may not file the
1526 petition. The service provider must notify the managing entity
1527 as to the availability of the requested services. The managing
1528 entity must document such efforts to obtain the requested
1529 services.

1530 (b) If a patient in involuntary inpatient placement meets
1531 the criteria for involuntary outpatient services placement, the
1532 administrator of the ~~treatment~~ facility may, before the
1533 expiration of the period during which the ~~treatment~~ facility is
1534 authorized to retain the patient, recommend involuntary
1535 outpatient services placement. The recommendation must be
1536 supported by the opinion of two qualified professionals ~~a~~
1537 ~~psychiatrist and the second opinion of a clinical psychologist~~
1538 ~~or another psychiatrist~~, both of whom have personally examined
1539 the patient within the preceding 72 hours, that the criteria for

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1540 involuntary outpatient services ~~placement~~ are met. However, ~~in a~~
1541 ~~county having a population of fewer than 50,000, if the~~
1542 ~~administrator certifies that a psychiatrist or clinical~~
1543 ~~psychologist is not available to provide the second opinion, the~~
1544 ~~second opinion may be provided by a licensed physician who has~~
1545 ~~postgraduate training and experience in diagnosis and treatment~~
1546 ~~of mental and nervous disorders or by a psychiatric nurse. Any~~
1547 ~~second opinion authorized in this subparagraph may be conducted~~
1548 ~~through a face-to-face examination, in person or by electronic~~
1549 ~~means.~~ Such recommendation must be entered on an involuntary
1550 outpatient services ~~placement~~ certificate, and the certificate
1551 must be made a part of the patient's clinical record.

1552 (c)1. The administrator of the treatment facility shall
1553 provide a copy of the involuntary outpatient services ~~placement~~
1554 certificate and a copy of the state mental health discharge form
1555 to the managing entity ~~a department representative~~ in the county
1556 where the patient will be residing. For persons who are leaving
1557 a state mental health treatment facility, the petition for
1558 involuntary outpatient services ~~placement~~ must be filed in the
1559 county where the patient will be residing.

1560 2. The service provider that will have primary
1561 responsibility for service provision shall be identified by the
1562 designated department representative before ~~prior to~~ the order
1563 for involuntary outpatient services ~~placement~~ and must, before
1564 ~~prior to~~ filing a petition for involuntary outpatient services
1565 ~~placement~~, certify to the court whether the services recommended
1566 in the patient's discharge plan are available ~~in the local~~
1567 ~~community~~ and whether the service provider agrees to provide
1568 those services. The service provider must develop with the

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1569 patient, or the patient's guardian advocate, if appointed, a
 1570 treatment or service plan that addresses the needs identified in
 1571 the discharge plan. The plan must be deemed to be clinically
 1572 appropriate by a physician, clinical psychologist, psychiatric
 1573 nurse, mental health counselor, marriage and family therapist,
 1574 or clinical social worker, as defined in this chapter, who
 1575 consults with, or is employed or contracted by, the service
 1576 provider.

1577 3. If the service provider certifies that the services in
 1578 the proposed treatment or service plan are not available, the
 1579 petitioner may not file the petition. The service provider must
 1580 notify the managing entity as to the availability of the
 1581 requested services. The managing entity must document such
 1582 efforts to obtain the requested services.

1583 (3) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES
 1584 ~~PLACEMENT.~~—

1585 (a) A petition for involuntary outpatient services
 1586 ~~placement~~ may be filed by:

- 1587 1. The administrator of a receiving facility; or
- 1588 2. The administrator of a treatment facility.

1589 (b) Each required criterion for involuntary outpatient
 1590 services ~~placement~~ must be alleged and substantiated in the
 1591 petition for involuntary outpatient services ~~placement~~. A copy
 1592 of the certificate recommending involuntary outpatient services
 1593 ~~placement~~ completed by two ~~a~~ qualified professionals
 1594 ~~professional specified in subsection (2)~~ must be attached to the
 1595 petition. A copy of the proposed treatment plan must be attached
 1596 to the petition. Before the petition is filed, the service
 1597 provider shall certify that the services in the proposed

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1598 ~~treatment~~ plan are available. If the necessary services are not
1599 available ~~in the patient's local community to respond to the~~
1600 ~~person's individual needs~~, the petition may not be filed. The
1601 service provider must notify the managing entity as to the
1602 availability of the requested services. The managing entity must
1603 document such efforts to obtain the requested services.

1604 (c) The petition for involuntary outpatient services
1605 ~~placement~~ must be filed in the county where the patient is
1606 located, unless the patient is being placed from a state
1607 treatment facility, in which case the petition must be filed in
1608 the county where the patient will reside. When the petition has
1609 been filed, the clerk of the court shall provide copies of the
1610 petition and the proposed treatment plan to the department, the
1611 managing entity, the patient, the patient's guardian or
1612 representative, the state attorney, and the public defender or
1613 the patient's private counsel. A fee may not be charged for
1614 filing a petition under this subsection.

1615 (4) APPOINTMENT OF COUNSEL.—

1616 (a) Within 1 court working day after the filing of a
1617 petition for involuntary outpatient services ~~placement~~, the
1618 court shall appoint the public defender to represent the person
1619 who is the subject of the petition, unless the person is
1620 otherwise represented by counsel. The clerk of the court shall
1621 immediately notify the public defender of the appointment. The
1622 public defender shall represent the person until the petition is
1623 dismissed, the court order expires, or the patient is discharged
1624 from involuntary outpatient services ~~placement~~. An attorney who
1625 represents the patient must be provided ~~shall have~~ access to the
1626 patient, witnesses, and records relevant to the presentation of

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1627 the patient's case and shall represent the interests of the
1628 patient, regardless of the source of payment to the attorney.

1629 (b) The state attorney for the circuit in which the patient
1630 is located shall represent the state as the real party in
1631 interest in the proceeding and must be provided access to the
1632 patient's clinical records and witnesses. The state attorney is
1633 authorized to independently evaluate the sufficiency and
1634 appropriateness of the petition for involuntary outpatient
1635 services.

1636 (5) CONTINUANCE OF HEARING.—The patient is entitled, with
1637 the concurrence of the patient's counsel, to at least one
1638 continuance of the hearing. The continuance shall be for a
1639 period of up to 4 weeks.

1640 (6) HEARING ON INVOLUNTARY OUTPATIENT SERVICES ~~PLACEMENT~~.—

1641 (a)1. The court shall hold the hearing on involuntary
1642 outpatient services ~~placement~~ within 5 working days after the
1643 filing of the petition, unless a continuance is granted. The
1644 hearing must ~~shall~~ be held in the county where the petition is
1645 filed, must ~~shall~~ be as convenient to the patient as is
1646 consistent with orderly procedure, and must ~~shall~~ be conducted
1647 in physical settings not likely to be injurious to the patient's
1648 condition. If the court finds that the patient's attendance at
1649 the hearing is not consistent with the best interests of the
1650 patient and if the patient's counsel does not object, the court
1651 may waive the presence of the patient from all or any portion of
1652 the hearing. The state attorney for the circuit in which the
1653 patient is located shall represent the state, rather than the
1654 petitioner, as the real party in interest in the proceeding.

1655 2. The court may appoint a magistrate ~~master~~ to preside at

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1656 the hearing. One of the professionals who executed the
1657 involuntary outpatient services ~~placement~~ certificate shall be a
1658 witness. The patient and the patient's guardian or
1659 representative shall be informed by the court of the right to an
1660 independent expert examination. If the patient cannot afford
1661 such an examination, the court shall ensure that one is
1662 provided, as otherwise provided by law ~~provide for one~~. The
1663 independent expert's report is ~~shall be~~ confidential and not
1664 discoverable, unless the expert is to be called as a witness for
1665 the patient at the hearing. The court shall allow testimony from
1666 individuals, including family members, deemed by the court to be
1667 relevant under state law, regarding the person's prior history
1668 and how that prior history relates to the person's current
1669 condition. The testimony in the hearing must be given under
1670 oath, and the proceedings must be recorded. The patient may
1671 refuse to testify at the hearing.

1672 (b)1. If the court concludes that the patient meets the
1673 criteria for involuntary outpatient services ~~placement~~ pursuant
1674 to subsection (1), the court shall issue an order for
1675 involuntary outpatient services ~~placement~~. The court order shall
1676 be for a period of up to 90 days ~~6 months~~. The order must
1677 specify the nature and extent of the patient's mental illness.
1678 The order of the court and the treatment plan must ~~shall~~ be made
1679 part of the patient's clinical record. The service provider
1680 shall discharge a patient from involuntary outpatient services
1681 ~~placement~~ when the order expires or any time the patient no
1682 longer meets the criteria for involuntary services ~~placement~~.
1683 Upon discharge, the service provider shall send a certificate of
1684 discharge to the court.

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1685 2. The court may not order the department or the service
1686 provider to provide services if the program or service is not
1687 available in the patient's local community, if there is no space
1688 available in the program or service for the patient, or if
1689 funding is not available for the program or service. The service
1690 provider must notify the managing entity as to the availability
1691 of the requested services. The managing entity must document
1692 such efforts to obtain the requested services. A copy of the
1693 order must be sent to the managing entity ~~Agency for Health Care~~
1694 ~~Administration~~ by the service provider within 1 working day
1695 after it is received from the court. The order may be submitted
1696 electronically through existing data systems. After the
1697 ~~placement~~ order for involuntary services is issued, the service
1698 provider and the patient may modify ~~provisions of~~ the treatment
1699 plan. For any material modification of the treatment plan to
1700 which the patient or, if one is appointed, the patient's
1701 guardian advocate agrees, ~~if appointed, does agree,~~ the service
1702 provider shall send notice of the modification to the court. Any
1703 material modifications of the treatment plan which are contested
1704 by the patient or the patient's guardian advocate, if applicable
1705 ~~appointed,~~ must be approved or disapproved by the court
1706 consistent with subsection (2).

1707 3. If, in the clinical judgment of a physician, the patient
1708 has failed or ~~has~~ refused to comply with the treatment ordered
1709 by the court, and, in the clinical judgment of the physician,
1710 efforts were made to solicit compliance and the patient may meet
1711 the criteria for involuntary examination, a person may be
1712 brought to a receiving facility pursuant to s. 394.463. If,
1713 after examination, the patient does not meet the criteria for

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1714 involuntary inpatient placement pursuant to s. 394.467, the
1715 patient must be discharged from the ~~receiving~~ facility. The
1716 involuntary outpatient services ~~placement~~ order shall remain in
1717 effect unless the service provider determines that the patient
1718 no longer meets the criteria for involuntary outpatient services
1719 ~~placement~~ or until the order expires. The service provider must
1720 determine whether modifications should be made to the existing
1721 treatment plan and must attempt to continue to engage the
1722 patient in treatment. For any material modification of the
1723 treatment plan to which the patient or the patient's guardian
1724 advocate, if applicable ~~appointed~~, agrees ~~does agree~~, the
1725 service provider shall send notice of the modification to the
1726 court. Any material modifications of the treatment plan which
1727 are contested by the patient or the patient's guardian advocate,
1728 if applicable ~~appointed~~, must be approved or disapproved by the
1729 court consistent with subsection (2).

1730 (c) If, at any time before the conclusion of the initial
1731 hearing on involuntary outpatient services ~~placement~~, it appears
1732 to the court that the person does not meet the criteria for
1733 involuntary outpatient services ~~placement~~ under this section
1734 but, instead, meets the criteria for involuntary inpatient
1735 placement, the court may order the person admitted for
1736 involuntary inpatient examination under s. 394.463. If the
1737 person instead meets the criteria for involuntary assessment,
1738 protective custody, or involuntary admission pursuant to s.
1739 397.675, the court may order the person to be admitted for
1740 involuntary assessment for a period of 5 days pursuant to s.
1741 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by
1742 chapter 397.

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1743 (d) At the hearing on involuntary outpatient services
1744 ~~placement~~, the court shall consider testimony and evidence
1745 regarding the patient's competence to consent to treatment. If
1746 the court finds that the patient is incompetent to consent to
1747 treatment, it shall appoint a guardian advocate as provided in
1748 s. 394.4598. The guardian advocate shall be appointed or
1749 discharged in accordance with s. 394.4598.

1750 (e) The administrator of the receiving facility or the
1751 designated department representative shall provide a copy of the
1752 court order and adequate documentation of a patient's mental
1753 illness to the service provider for involuntary outpatient
1754 services placement. Such documentation must include any advance
1755 directives made by the patient, a psychiatric evaluation of the
1756 patient, and any evaluations of the patient performed by a
1757 ~~elinical~~ psychologist or a clinical social worker.

1758 (7) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT SERVICES
1759 ~~PLACEMENT~~.—

1760 (a)1. If the person continues to meet the criteria for
1761 involuntary outpatient services placement, the service provider
1762 shall, at least 10 days before the expiration of the period
1763 during which the treatment is ordered for the person, file in
1764 the circuit court a petition for continued involuntary
1765 outpatient services placement. The court shall immediately
1766 schedule a hearing on the petition to be held within 15 days
1767 after the petition is filed.

1768 2. The existing involuntary outpatient services placement
1769 order remains in effect until disposition on the petition for
1770 continued involuntary outpatient services placement.

1771 3. A certificate shall be attached to the petition which

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1772 includes a statement from the person's physician or clinical
1773 psychologist justifying the request, a brief description of the
1774 patient's treatment during the time he or she was receiving
1775 involuntarily services placed, and an individualized plan of
1776 continued treatment.

1777 4. The service provider shall develop the individualized
1778 plan of continued treatment in consultation with the patient or
1779 the patient's guardian advocate, if applicable appointed. When
1780 the petition has been filed, the clerk of the court shall
1781 provide copies of the certificate and the individualized plan of
1782 continued treatment to the department, the patient, the
1783 patient's guardian advocate, the state attorney, and the
1784 patient's private counsel or the public defender.

1785 (b) Within 1 court working day after the filing of a
1786 petition for continued involuntary outpatient services
1787 ~~placement~~, the court shall appoint the public defender to
1788 represent the person who is the subject of the petition, unless
1789 the person is otherwise represented by counsel. The clerk of the
1790 court shall immediately notify the public defender of such
1791 appointment. The public defender shall represent the person
1792 until the petition is dismissed or the court order expires or
1793 the patient is discharged from involuntary outpatient services
1794 ~~placement~~. Any attorney representing the patient shall have
1795 access to the patient, witnesses, and records relevant to the
1796 presentation of the patient's case and shall represent the
1797 interests of the patient, regardless of the source of payment to
1798 the attorney.

1799 (c) Hearings on petitions for continued involuntary
1800 outpatient services must ~~placement shall~~ be before the circuit

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1801 court. The court may appoint a magistrate ~~master~~ to preside at
1802 the hearing. The procedures for obtaining an order pursuant to
1803 this paragraph must meet the requirements of ~~shall be in~~
1804 ~~accordance with~~ subsection (6), except that the time period
1805 included in paragraph (1) (e) does not apply when is not
1806 ~~applicable in~~ determining the appropriateness of additional
1807 periods of involuntary outpatient services ~~placement~~.

1808 (d) Notice of the hearing must ~~shall~~ be provided as set
1809 forth in s. 394.4599. The patient and the patient's attorney may
1810 agree to a period of continued outpatient services ~~placement~~
1811 without a court hearing.

1812 (e) The same procedure must ~~shall~~ be repeated before the
1813 expiration of each additional period the patient is placed in
1814 treatment.

1815 (f) If the patient has previously been found incompetent to
1816 consent to treatment, the court shall consider testimony and
1817 evidence regarding the patient's competence. Section 394.4598
1818 governs the discharge of the guardian advocate if the patient's
1819 competency to consent to treatment has been restored.

1820 Section 13. Section 394.467, Florida Statutes, is amended
1821 to read:

1822 394.467 Involuntary inpatient placement.—

1823 (1) CRITERIA.—A person may be ordered for ~~placed in~~
1824 involuntary inpatient placement for treatment upon a finding of
1825 the court by clear and convincing evidence that:

1826 (a) He or she has a mental illness ~~is mentally ill~~ and
1827 because of his or her mental illness:

1828 1.a. He or she has refused voluntary inpatient placement
1829 for treatment after sufficient and conscientious explanation and

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1830 disclosure of the purpose of inpatient placement for treatment;
1831 or

1832 b. He or she is unable to determine for himself or herself
1833 whether inpatient placement is necessary; and

1834 2.a. He or she is ~~manifestly~~ incapable of surviving alone
1835 or with the help of willing and responsible family or friends,
1836 including available alternative services, and, without
1837 treatment, is likely to suffer from neglect or refuse to care
1838 for himself or herself, and such neglect or refusal poses a real
1839 and present threat of substantial harm to his or her well-being;
1840 or

1841 b. There is substantial likelihood that in the near future
1842 he or she will inflict serious bodily harm on self or others
1843 ~~himself or herself or another person~~, as evidenced by recent
1844 behavior causing, attempting, or threatening such harm; and

1845 (b) All available less restrictive treatment alternatives
1846 that ~~which~~ would offer an opportunity for improvement of his or
1847 her condition have been judged to be inappropriate.

1848 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
1849 retained by a ~~receiving~~ facility or involuntarily placed in a
1850 treatment facility upon the recommendation of the administrator
1851 of the ~~receiving~~ facility where the patient has been examined
1852 and after adherence to the notice and hearing procedures
1853 provided in s. 394.4599. The recommendation must be supported by
1854 the opinion of two qualified professionals ~~of a psychiatrist and~~
1855 ~~the second opinion of a clinical psychologist or another~~
1856 ~~psychiatrist~~, both of whom have personally examined the patient
1857 within the preceding 72 hours, that the criteria for involuntary
1858 inpatient placement are met. ~~However, in a county that has a~~

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1859 ~~population of fewer than 50,000, if the administrator certifies~~
1860 ~~that a psychiatrist or clinical psychologist is not available to~~
1861 ~~provide the second opinion, the second opinion may be provided~~
1862 ~~by a licensed physician who has postgraduate training and~~
1863 ~~experience in diagnosis and treatment of mental and nervous~~
1864 ~~disorders or by a psychiatric nurse. Any second opinion~~
1865 ~~authorized in this subsection may be conducted through a face-~~
1866 ~~to-face examination, in person or by electronic means. Such~~
1867 ~~recommendation shall be entered on a petition for an involuntary~~
1868 ~~inpatient placement certificate that authorizes the ~~receiving~~~~
1869 ~~facility to retain the patient pending transfer to a treatment~~
1870 ~~facility or completion of a hearing.~~

1871 (3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT.—

1872 (a) The administrator of the facility shall file a petition
1873 for involuntary inpatient placement in the court in the county
1874 where the patient is located. Upon filing, the clerk of the
1875 court shall provide copies to the department, the patient, the
1876 patient's guardian or representative, and the state attorney and
1877 public defender of the judicial circuit in which the patient is
1878 located. A ~~No~~ fee may not ~~shall~~ be charged for the filing of a
1879 petition under this subsection.

1880 (b) A facility filing a petition under this subsection for
1881 involuntary inpatient placement shall send a copy of the
1882 petition to the managing entity in its area.

1883 (4) APPOINTMENT OF COUNSEL.—

1884 (a) Within 1 court working day after the filing of a
1885 petition for involuntary inpatient placement, the court shall
1886 appoint the public defender to represent the person who is the
1887 subject of the petition, unless the person is otherwise

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1888 represented by counsel. The clerk of the court shall immediately
1889 notify the public defender of such appointment. Any attorney
1890 representing the patient shall have access to the patient,
1891 witnesses, and records relevant to the presentation of the
1892 patient's case and shall represent the interests of the patient,
1893 regardless of the source of payment to the attorney.

1894 (b) The state attorney for the circuit in which the patient
1895 is located shall represent the state as the real party in
1896 interest in the proceeding and must be provided access to the
1897 patient's clinical records and witnesses. The state attorney is
1898 authorized to independently evaluate the sufficiency and
1899 appropriateness of the petition for involuntary inpatient
1900 placement.

1901 (5) CONTINUANCE OF HEARING.—The patient is entitled, with
1902 the concurrence of the patient's counsel, to at least one
1903 continuance of the hearing. ~~The continuance shall be for a~~
1904 ~~period of~~ up to 4 weeks.

1905 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

1906 (a)1. The court shall hold the hearing on involuntary
1907 inpatient placement within 5 court working days, unless a
1908 continuance is granted.

1909 2. Except for good cause documented in the court file, the
1910 hearing must ~~shall~~ be held in the county or the facility, as
1911 appropriate, where the patient is located, must ~~and shall~~ be as
1912 convenient to the patient as is ~~may be~~ consistent with orderly
1913 procedure, and shall be conducted in physical settings not
1914 likely to be injurious to the patient's condition. If the court
1915 finds that the patient's attendance at the hearing is not
1916 consistent with the best interests of the patient, and the

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1917 patient's counsel does not object, the court may waive the
1918 presence of the patient from all or any portion of the hearing.
1919 The state attorney for the circuit in which the patient is
1920 located shall represent the state, rather than the petitioning
1921 facility administrator, as the real party in interest in the
1922 proceeding.

1923 3.2. The court may appoint a ~~general or special~~ magistrate
1924 to preside at the hearing. One of the two professionals who
1925 executed the petition for involuntary inpatient placement
1926 certificate shall be a witness. The patient and the patient's
1927 guardian or representative shall be informed by the court of the
1928 right to an independent expert examination. If the patient
1929 cannot afford such an examination, the court shall ensure that
1930 one is provided, as otherwise provided for by law ~~provide for~~
1931 ~~one~~. The independent expert's report is ~~shall be~~ confidential
1932 and not discoverable, unless the expert is to be called as a
1933 witness for the patient at the hearing. The testimony in the
1934 hearing must be given under oath, and the proceedings must be
1935 recorded. The patient may refuse to testify at the hearing.

1936 (b) If the court concludes that the patient meets the
1937 criteria for involuntary inpatient placement, it may ~~shall~~ order
1938 that the patient be transferred to a treatment facility or, if
1939 the patient is at a treatment facility, that the patient be
1940 retained there or be treated at any other appropriate ~~receiving~~
1941 ~~or treatment~~ facility, or that the patient receive services from
1942 such a receiving or treatment facility or service provider, on
1943 an involuntary basis, for a period of up to 90 days ~~6 months~~.
1944 However, any order for involuntary mental health services in a
1945 treatment facility may be for up to 6 months. The order shall

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1946 specify the nature and extent of the patient's mental illness.
1947 The facility shall discharge a patient any time the patient no
1948 longer meets the criteria for involuntary inpatient placement,
1949 unless the patient has transferred to voluntary status.

1950 (c) If at any time before ~~prior to~~ the conclusion of the
1951 hearing on involuntary inpatient placement it appears to the
1952 court that the person does not meet the criteria for involuntary
1953 inpatient placement under this section, but instead meets the
1954 criteria for involuntary outpatient services ~~placement~~, the
1955 court may order the person evaluated for involuntary outpatient
1956 services ~~placement~~ pursuant to s. 394.4655. The petition and
1957 hearing procedures set forth in s. 394.4655 shall apply. If the
1958 person instead meets the criteria for involuntary assessment,
1959 protective custody, or involuntary admission pursuant to s.
1960 397.675, then the court may order the person to be admitted for
1961 involuntary assessment for a period of 5 days pursuant to s.
1962 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by
1963 chapter 397.

1964 (d) At the hearing on involuntary inpatient placement, the
1965 court shall consider testimony and evidence regarding the
1966 patient's competence to consent to treatment. If the court finds
1967 that the patient is incompetent to consent to treatment, it
1968 shall appoint a guardian advocate as provided in s. 394.4598.

1969 (e) The administrator of the petitioning ~~receiving~~ facility
1970 shall provide a copy of the court order and adequate
1971 documentation of a patient's mental illness to the administrator
1972 of a treatment facility if the ~~whenever~~ a patient is ordered for
1973 involuntary inpatient placement, whether by civil or criminal
1974 court. The documentation must ~~shall~~ include any advance

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1975 directives made by the patient, a psychiatric evaluation of the
1976 patient, and any evaluations of the patient performed by a
1977 psychiatric nurse, clinical psychologist, a marriage and family
1978 therapist, a mental health counselor, or a clinical social
1979 worker. The administrator of a treatment facility may refuse
1980 admission to any patient directed to its facilities on an
1981 involuntary basis, whether by civil or criminal court order, who
1982 is not accompanied ~~at the same time~~ by adequate orders and
1983 documentation.

1984 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT
1985 PLACEMENT.—

1986 (a) Hearings on petitions for continued involuntary
1987 inpatient placement of an individual placed at any treatment
1988 facility ~~shall be~~ administrative hearings and must ~~shall~~ be
1989 conducted in accordance with ~~the provisions of~~ s. 120.57(1),
1990 except that any order entered by the administrative law judge is
1991 ~~shall be~~ final and subject to judicial review in accordance with
1992 s. 120.68. Orders concerning patients committed after
1993 successfully pleading not guilty by reason of insanity are ~~shall~~
1994 ~~be governed by the provisions of~~ s. 916.15.

1995 (b) If the patient continues to meet the criteria for
1996 involuntary inpatient placement and is being treated at a
1997 treatment facility, the administrator shall, before ~~prior to~~ the
1998 expiration of the period ~~during which~~ the treatment facility is
1999 authorized to retain the patient, file a petition requesting
2000 authorization for continued involuntary inpatient placement. The
2001 request must ~~shall~~ be accompanied by a statement from the
2002 patient's physician, psychiatrist, psychiatric nurse, or
2003 clinical psychologist justifying the request, a brief

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2004 description of the patient's treatment during the time he or she
2005 was involuntarily placed, and an individualized plan of
2006 continued treatment. Notice of the hearing must ~~shall~~ be
2007 provided as provided ~~set forth~~ in s. 394.4599. If a patient's
2008 attendance at the hearing is voluntarily waived, the
2009 administrative law judge must determine that the waiver is
2010 knowing and voluntary before waiving the presence of the patient
2011 from all or a portion of the hearing. Alternatively, if at the
2012 hearing the administrative law judge finds that attendance at
2013 the hearing is not consistent with the best interests of the
2014 patient, the administrative law judge may waive the presence of
2015 the patient from all or any portion of the hearing, unless the
2016 patient, through counsel, objects to the waiver of presence. The
2017 testimony in the hearing must be under oath, and the proceedings
2018 must be recorded.

2019 (c) Unless the patient is otherwise represented or is
2020 ineligible, he or she shall be represented at the hearing on the
2021 petition for continued involuntary inpatient placement by the
2022 public defender of the circuit in which the facility is located.

2023 (d) If at a hearing it is shown that the patient continues
2024 to meet the criteria for involuntary inpatient placement, the
2025 administrative law judge shall sign the order for continued
2026 involuntary inpatient placement for a period of up to 90 days
2027 ~~not to exceed 6 months~~. However, any order for involuntary
2028 mental health services in a treatment facility may be for up to
2029 6 months. The same procedure shall be repeated prior to the
2030 expiration of each additional period the patient is retained.

2031 (e) If continued involuntary inpatient placement is
2032 necessary for a patient admitted while serving a criminal

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2033 sentence, but his or her ~~whose~~ sentence is about to expire, or
2034 for a minor patient involuntarily placed, ~~while a minor~~ but who
2035 is about to reach the age of 18, the administrator shall
2036 petition the administrative law judge for an order authorizing
2037 continued involuntary inpatient placement.

2038 (f) If the patient has been previously found incompetent to
2039 consent to treatment, the administrative law judge shall
2040 consider testimony and evidence regarding the patient's
2041 competence. If the administrative law judge finds evidence that
2042 the patient is now competent to consent to treatment, the
2043 administrative law judge may issue a recommended order to the
2044 court that found the patient incompetent to consent to treatment
2045 that the patient's competence be restored and that any guardian
2046 advocate previously appointed be discharged.

2047 (g) If the patient has been ordered to undergo involuntary
2048 inpatient placement and has previously been found incompetent to
2049 consent to treatment, the court shall consider testimony and
2050 evidence regarding the patient's incompetence. If the patient's
2051 competency to consent to treatment is restored, the discharge of
2052 the guardian advocate shall be governed by the provisions of s.
2053 394.4598.

2054
2055 The procedure required in this subsection must be followed
2056 before the expiration of each additional period the patient is
2057 involuntarily receiving services.

2058 (8) RETURN TO FACILITY OF PATIENTS. ~~-If a patient~~
2059 involuntarily held ~~When a patient~~ at a treatment facility under
2060 this part leaves the facility without the administrator's
2061 authorization, the administrator may authorize a search for the

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2062 patient and his or her ~~the~~ return of ~~the patient~~ to the
2063 facility. The administrator may request the assistance of a law
2064 enforcement agency in this regard ~~the search for and return of~~
2065 ~~the patient.~~

2066 Section 14. Section 394.46715, Florida Statutes, is amended
2067 to read:

2068 394.46715 Rulemaking authority.—The department may adopt
2069 rules to administer this part ~~Department of Children and~~
2070 ~~Families shall have rulemaking authority to implement the~~
2071 ~~provisions of ss. 394.455, 394.4598, 394.4615, 394.463,~~
2072 ~~394.4655, and 394.467 as amended or created by this act. These~~
2073 ~~rules shall be for the purpose of protecting the health, safety,~~
2074 ~~and well-being of persons examined, treated, or placed under~~
2075 ~~this act.~~

2076 Section 15. Section 394.656, Florida Statutes, is amended
2077 to read:

2078 394.656 Criminal Justice, Mental Health, and Substance
2079 Abuse Reinvestment Grant Program.—

2080 (1) There is created within the Department of Children and
2081 Families the Criminal Justice, Mental Health, and Substance
2082 Abuse Reinvestment Grant Program. The purpose of the program is
2083 to provide funding to counties ~~with~~ which they may use to ~~can~~
2084 plan, implement, or expand initiatives that increase public
2085 safety, avert increased spending on criminal justice, and
2086 improve the accessibility and effectiveness of treatment
2087 services for adults and juveniles who have a mental illness,
2088 substance abuse disorder, or co-occurring mental health and
2089 substance abuse disorders and who are in, or at risk of
2090 entering, the criminal or juvenile justice systems.

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2091 (2) The department shall establish a Criminal Justice,
2092 Mental Health, and Substance Abuse Statewide Grant Review
2093 Committee. The committee shall include:

2094 (a) One representative of the Department of Children and
2095 Families;

2096 (b) One representative of the Department of Corrections;

2097 (c) One representative of the Department of Juvenile
2098 Justice;

2099 (d) One representative of the Department of Elderly
2100 Affairs; ~~and~~

2101 (e) One representative of the Office of the State Courts
2102 Administrator; ~~and~~

2103 (f) One representative of the Department of Veterans'
2104 Affairs;

2105 (g) One representative of the Florida Sheriffs Association;

2106 (h) One representative of the Florida Police Chiefs
2107 Association;

2108 (i) One representative of the Florida Association of
2109 Counties;

2110 (j) One representative of the Florida Alcohol and Drug
2111 Abuse Association;

2112 (k) One representative of the Florida Association of
2113 Managing Entities;

2114 (l) One representative of the Florida Council for Community
2115 Mental Health;

2116 (m) One representative of the Florida Prosecuting Attorneys
2117 Association;

2118 (n) One representative of the Florida Public Defender
2119 Association; and

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2120 (o) One administrator of an assisted living facility that
2121 holds a limited mental health license.

2122 (3) The committee shall serve as the advisory body to
2123 review policy and funding issues that help reduce the impact of
2124 persons with mental illness and substance abuse disorders on
2125 communities, criminal justice agencies, and the court system.
2126 The committee shall advise the department in selecting
2127 priorities for grants and investing awarded grant moneys.

2128 (4) The committee must have experience in substance use and
2129 mental health disorders, community corrections, and law
2130 enforcement. To the extent possible, the ~~members of the~~
2131 committee shall have expertise in grant review ~~writing, grant~~
2132 ~~reviewing,~~ and grant application scoring.

2133 (5) (a) ~~(3) (a)~~ A county, or a not-for-profit community
2134 provider or managing entity designated by the county planning
2135 council or committee, as described in s. 394.657, may apply for
2136 a 1-year planning grant or a 3-year implementation or expansion
2137 grant. The purpose of the grants is to demonstrate that
2138 investment in treatment efforts related to mental illness,
2139 substance abuse disorders, or co-occurring mental health and
2140 substance abuse disorders results in a reduced demand on the
2141 resources of the judicial, corrections, juvenile detention, and
2142 health and social services systems.

2143 (b) To be eligible to receive a 1-year planning grant or a
2144 3-year implementation or expansion grant:7

2145 1. A county applicant must have a ~~county~~ planning council
2146 or committee that is in compliance with the membership
2147 requirements set forth in this section.

2148 2. A not-for-profit community provider or managing entity

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2149 must be designated by the county planning council or committee
2150 and have written authorization to submit an application. A not-
2151 for-profit community provider or managing entity must have
2152 written authorization for each submitted application.

2153 (c) The department may award a 3-year implementation or
2154 expansion grant to an applicant who has not received a 1-year
2155 planning grant.

2156 (d) The department may require an applicant to conduct
2157 sequential intercept mapping for a project. For purposes of this
2158 paragraph, the term "sequential intercept mapping" means a
2159 process for reviewing a local community's mental health,
2160 substance abuse, criminal justice, and related systems and
2161 identifying points of interceptions where interventions may be
2162 made to prevent an individual with a substance abuse disorder or
2163 mental illness from deeper involvement in the criminal justice
2164 system.

2165 (6)-(4) The grant review and selection committee shall
2166 select the grant recipients and notify the department of
2167 Children and Families in writing of the recipients' names of the
2168 applicants who have been selected by the committee to receive a
2169 grant. Contingent upon the availability of funds and upon
2170 notification by the grant review and selection committee of
2171 those applicants approved to receive planning, implementation,
2172 or expansion grants, the department of Children and Families may
2173 transfer funds appropriated for the grant program to a selected
2174 grant recipient to any county awarded a grant.

2175 Section 16. Section 394.761, Florida Statutes, is created
2176 to read:

2177 394.761 Revenue maximization.—The department, in

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2178 coordination with the Agency for Health Care Administration and
2179 the managing entities, shall compile detailed documentation of
2180 the cost and reimbursements for Medicaid covered services
2181 provided to Medicaid eligible individuals by providers of
2182 behavioral health services that are also funded for programs
2183 authorized by this chapter and chapter 397. The department's
2184 documentation, along with a report of general revenue funds
2185 supporting behavioral health services that are not counted as
2186 maintenance of effort or match for any other federal program,
2187 will be submitted to the Agency for Health Care Administration
2188 by December 31, 2016. Copies of the report must also be provided
2189 to the Governor, the President of the Senate, and the Speaker of
2190 the House of Representatives. If this report presents clear
2191 evidence that Medicaid reimbursements are less than the costs of
2192 providing the services, the Agency for Health Care
2193 Administration and the Department of Children and Families shall
2194 prepare and submit any budget amendments necessary to use
2195 unmatched general revenue funds in the 2016-2017 fiscal year to
2196 draw additional federal funding to increase Medicaid funding to
2197 behavioral health service providers receiving the unmatched
2198 general revenue. Payments shall be made to providers in such
2199 manner as is allowed by federal law and regulations.

2200 Section 17. Subsection (11) is added to section 394.875,
2201 Florida Statutes, to read:

2202 394.875 Crisis stabilization units, residential treatment
2203 facilities, and residential treatment centers for children and
2204 adolescents; authorized services; license required.—

2205 (11) By January 1, 2017, the department and the agency
2206 shall modify licensure rules and procedures to create an option

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2207 for a single, consolidated license for a provider who offers
2208 multiple types of mental health and substance abuse services
2209 regulated under this chapter and chapter 397. Providers eligible
2210 for a consolidated license shall operate these services through
2211 a single corporate entity and a unified management structure.
2212 Any provider serving adults and children must meet department
2213 standards for separate facilities and other requirements
2214 necessary to ensure children's safety and promote therapeutic
2215 efficacy.

2216 Section 18. Section 394.9082, Florida Statutes, is amended
2217 to read:

2218 (Substantial rewording of section. See
2219 s. 394.9082, F.S., for present text.)

2220 394.9082 Behavioral health managing entities' purpose;
2221 definitions; duties; contracting; accountability.-

2222 (1) PURPOSE.-The purpose of the behavioral health managing
2223 entities is to plan, coordinate and contract for the delivery of
2224 community mental health and substance abuse services, to improve
2225 access to care, to promote service continuity, to purchase
2226 services, and to support efficient and effective delivery of
2227 services.

2228 (2) DEFINITIONS.-As used in this section, the term:

2229 (a) "Behavioral health services" means mental health
2230 services and substance abuse prevention and treatment services
2231 as described in this chapter and chapter 397.

2232 (b) "Case management" means those direct services provided
2233 to a client in order to assess needs, plan or arrange services,
2234 coordinate service providers, monitor service delivery, and
2235 evaluate outcomes.

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2236 (c) "Coordinated system of care" means the full array of
2237 behavioral health and related services in a region or a
2238 community offered by all service providers, whether
2239 participating under contract with the managing entity or through
2240 another method of community partnership or mutual agreement.

2241 (d) "Geographic area" means one or more contiguous
2242 counties, circuits, or regions as described in s. 409.966.

2243 (e) "High-need or high-utilization individual" means a
2244 recipient who meets one or more of the following criteria and
2245 may be eligible for intensive case management services:

2246 1. Has resided in a state mental health facility for at
2247 least 6 months in the last 36 months;

2248 2. Has had two or more admissions to a state mental health
2249 facility in the last 36 months; or

2250 3. Has had three or more admissions to a crisis
2251 stabilization unit, an addictions receiving facility, a short-
2252 term residential detoxification facility, or an inpatient
2253 psychiatric unit within the last 12 months.

2254 (f) "Managed behavioral health organization" means a
2255 Medicaid managed care organization currently under contract with
2256 the statewide Medicaid managed medical assistance program in
2257 this state pursuant to part IV of chapter 409, including a
2258 managed care organization operating as a behavioral health
2259 specialty plan.

2260 (g) "Managing entity" means a corporation designated or
2261 filed as a nonprofit organization under s. 501(c)(3) of the
2262 Internal Revenue Code which is selected by, and is under
2263 contract with, the department to manage the daily operational
2264 delivery of behavioral health services through a coordinated

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2265 system of care.

2266 (h) "Provider network" means the group of direct service
2267 providers, facilities, and organizations under contract with a
2268 managing entity to provide a comprehensive array of emergency,
2269 acute care, residential, outpatient, recovery support, and
2270 consumer support services, including prevention services.

2271 (i) "Receiving facility" means any public or private
2272 facility designated by the department to receive and hold or to
2273 refer, as appropriate, involuntary patients under emergency
2274 conditions for mental health or substance abuse evaluation and
2275 to provide treatment or transportation to the appropriate
2276 service provider. County jails may not be used or designated as
2277 a receiving facility, a triage center, or an access center.

2278 (3) DEPARTMENT DUTIES.—The department shall:

2279 (a) Designate, with input from the managing entity,
2280 facilities that meet the definitions in s. 394.455(1), (2),
2281 (13), and (41) and the receiving system developed by one or more
2282 counties pursuant to s. 394.4573(2)(b).

2283 (b) Contract with organizations to serve as the managing
2284 entity in accordance with the requirements of this section.

2285 (c) Specify the geographic area served.

2286 (d) Specify data reporting and use of shared data systems.

2287 (e) Develop strategies to divert persons with mental
2288 illness or substance abuse disorders from the criminal and
2289 juvenile justice systems.

2290 (f) Support the development and implementation of a
2291 coordinated system of care by requiring each provider that
2292 receives state funds for behavioral health services through a
2293 direct contract with the department to work with the managing

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2294 entity in the provider's service area to coordinate the
2295 provision of behavioral health services, as part of the contract
2296 with the department.

2297 (g) Require that any public receiving facility initiating a
2298 patient transfer to a licensed hospital for acute care mental
2299 health services not accessible through the public receiving
2300 facility notify the hospital of such transfer and provide all
2301 records relating to the emergency psychiatric or medical
2302 condition.

2303 (h) Set performance measures and performance standards for
2304 managing entities based on nationally recognized standards, such
2305 as those developed by the National Quality Forum, the National
2306 Committee for Quality Assurance, or similar credible sources.
2307 Performance standards must include all of the following:

2308 1. Annual improvement in the extent to which the need for
2309 behavioral health services is met by the coordinated system of
2310 care in the geographic area served.

2311 2. Annual improvement in the percentage of patients who
2312 receive services through the coordinated system of care and who
2313 achieve improved functional status as indicated by health
2314 condition, employment status, and housing stability.

2315 3. Annual reduction in the rates of readmissions to acute
2316 care facilities, jails, prisons, and forensic facilities for
2317 persons receiving care coordination.

2318 4. Annual improvement in consumer and family satisfaction.

2319 (i) Provide technical assistance to the managing entities.

2320 (j) Promote the integration of behavioral health care and
2321 primary care.

2322 (k) Facilitate the coordination between the managing entity

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2323 and other payors of behavioral health care.

2324 (l) Develop and provide a unique identifier for clients
2325 receiving services under the managing entity to coordinate care.

2326 (m) Coordinate procedures for the referral and admission of
2327 patients to, and the discharge of patients from, state treatment
2328 facilities and their return to the community.

2329 (n) Ensure that managing entities comply with state and
2330 federal laws, rules, and regulations.

2331 (o) Develop rules for the operations of, and the
2332 requirements that must be met by, the managing entity, if
2333 necessary.

2334 (4) CONTRACTS FOR SERVICES.—

2335 (a) In contracting for services with managing entities
2336 under this section, the department must first attempt to
2337 contract with not-for-profit, community-based organizations that
2338 have competence in managing networks of providers serving
2339 persons with mental health and substance abuse disorders.

2340 (b) The department shall issue an invitation to negotiate
2341 under s. 287.057 to select an organization to serve as a
2342 managing entity. If the department receives fewer than two
2343 responsive bids to the solicitation, the department shall
2344 reissue the invitation to negotiate, in which case managed
2345 behavioral health organizations shall be eligible to bid and be
2346 awarded a contract.

2347 (c) If the managing entity is a not-for-profit, community-
2348 based organization, it must have a governing board that is
2349 representative. At a minimum, the governing board must include
2350 consumers and their family members; representatives of local
2351 government, area law enforcement agencies, health care

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2352 facilities, and community-based care lead agencies; business
2353 leaders; and providers of substance abuse and mental health
2354 services as defined in this chapter and chapter 397.

2355 (d) If the managing entity is a managed behavioral health
2356 organization, it must establish an advisory board that meets the
2357 same requirements specified in paragraph (c) for a governing
2358 board.

2359 (e) If the department issues an invitation to negotiate
2360 pursuant to paragraph (b), the department shall consider the
2361 advice and recommendations of the provider network and community
2362 stakeholders in determining the criteria and relative weight of
2363 the criteria that will be used in the solicitation of the new
2364 contractor. The department shall consider all of the following
2365 factors:

2366 1. Experience serving persons with mental health and
2367 substance abuse disorders.

2368 2. Establishment of community partnerships with behavioral
2369 health providers.

2370 3. Demonstrated organizational capabilities for network
2371 management functions.

2372 4. Capability to coordinate behavioral health with primary
2373 care services.

2374 (f) The department's contracts with managing entities must
2375 support efficient and effective administration of the behavioral
2376 health system and ensure accountability for performance.

2377 (g) A contractor serving as a managing entity shall operate
2378 under the same data reporting, administrative, and
2379 administrative rate requirements, regardless of whether it is a
2380 for-profit or a not-for-profit entity.

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2381 (h) The contract must designate the geographic area that
2382 will be served by the managing entity, which area must be of
2383 sufficient size in population, funding, and services to allow
2384 for flexibility and efficiency.

2385 (i) The contract must require that, when there is a change
2386 in the managing entity in a geographic area, a transition plan
2387 be developed and implemented by the department which ensures
2388 continuity of care for patients receiving behavioral health
2389 services.

2390 (j) By October 31, 2019, if all other contract requirements
2391 and performance standards are met and the department determines
2392 that the managing entity has made progress toward the
2393 implementation of a coordinated system of care in its geographic
2394 region, the department may continue its contract with the
2395 managing entity for up to, but not exceeding, 5 years, including
2396 any and all renewals and extensions. Thereafter, the department
2397 must issue a competitive solicitation pursuant to paragraph (b).

2398 (5) DUTIES OF MANAGING ENTITIES.—A managing entity shall:

2399 (a) Maintain a board of directors that is representative of
2400 the community and that, at a minimum, includes consumers and
2401 family members, community stakeholders and organizations, and
2402 providers of mental health and substance abuse services,
2403 including public and private receiving facilities.

2404 (b) Conduct a community behavioral health care needs
2405 assessment in the geographic area served by the managing entity.
2406 The needs assessment must be updated annually and provided to
2407 the department. The assessment must include, at a minimum, the
2408 information the department needs for its annual report to the
2409 Governor and Legislature pursuant to s. 394.4573.

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2410 (c) Develop local resources by pursuing third-party
2411 payments for services, applying for grants, assisting providers
2412 in securing local matching funds and in-kind services, and any
2413 other methods needed to ensure services are available and
2414 accessible.

2415 (d) Provide assistance to counties to develop a designated
2416 receiving system pursuant to s. 394.4573(2)(b) and a
2417 transportation plan pursuant to s. 394.462.

2418 (e) Promote the development and effective implementation of
2419 a coordinated system of care pursuant to s. 394.4573.

2420 (f) Develop a comprehensive network of qualified providers
2421 to deliver behavioral health services. The managing entity is
2422 not required to competitively procure network providers, but
2423 must have a process in place to publicize opportunities to join
2424 the network and to evaluate providers in the network to
2425 determine if they can remain in the network. These processes
2426 must be published on the website of the managing entity. The
2427 managing entity must ensure continuity of care for clients if a
2428 provider ceases to provide a service or leaves the network.

2429 (g) Enter into cooperative agreements with local homeless
2430 councils and organizations to allow the sharing of available
2431 resource information, shared client information, client referral
2432 services, and any other data or information that may be useful
2433 in addressing the homelessness of persons suffering from a
2434 behavioral health crisis. All information sharing must comply
2435 with federal and state privacy and confidentiality laws,
2436 statutes and regulations.

2437 (h) Monitor network providers' performance and their
2438 compliance with contract requirements and federal and state

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- 2439 laws, rules, and regulations.
- 2440 (i) Provide or contract for case management services.
- 2441 (j) Manage and allocate funds for services to meet the
- 2442 requirements of law or rule.
- 2443 (k) Promote integration of behavioral health with primary
- 2444 care.
- 2445 (l) Implement shared data systems necessary for the
- 2446 delivery of coordinated care and integrated services, the
- 2447 assessment of managing entity performance and provider
- 2448 performance, and the reporting of outcomes and costs of
- 2449 services.
- 2450 (m) Operate in a transparent manner, providing public
- 2451 access to information, notice of meetings, and opportunities for
- 2452 public participation in managing entity decision-making.
- 2453 (n) Establish and maintain effective relationships with
- 2454 community stakeholders, including local governments and other
- 2455 organizations that serve individuals with behavioral health
- 2456 needs.
- 2457 (o) Collaborate with local criminal and juvenile justice
- 2458 systems to divert persons with mental illness or substance abuse
- 2459 disorders, or both, from the criminal and juvenile justice
- 2460 systems.
- 2461 (p) Collaborate with the local court system to develop
- 2462 procedures to maximize the use of involuntary outpatient
- 2463 services; reduce involuntary inpatient treatment; and increase
- 2464 diversion from the criminal and juvenile justice systems.
- 2465 (6) FUNDING FOR MANAGING ENTITIES.—
- 2466 (a) A contract established between the department and a
- 2467 managing entity under this section must be funded by general

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2468 revenue, other applicable state funds, or applicable federal
2469 funding sources. A managing entity may carry forward documented
2470 unexpended state funds from one fiscal year to the next, but the
2471 cumulative amount carried forward may not exceed 8 percent of
2472 the total value of the contract. Any unexpended state funds in
2473 excess of that percentage must be returned to the department.
2474 The funds carried forward may not be used in a way that would
2475 increase future recurring obligations or for any program or
2476 service that was not authorized as of July 1, 2016, under the
2477 existing contract with the department. Expenditures of funds
2478 carried forward must be separately reported to the department.
2479 Any unexpended funds that remain at the end of the contract
2480 period must be returned to the department. Funds carried forward
2481 may be retained through contract renewals and new contract
2482 procurements as long as the same managing entity is retained by
2483 the department.

2484 (b) The method of payment for a fixed-price contract with a
2485 managing entity must provide for a 2-month advance payment at
2486 the beginning of each fiscal year and equal monthly payments
2487 thereafter.

2488 (7) CRISIS STABILIZATION SERVICES UTILIZATION DATABASE.—The
2489 department shall develop, implement, and maintain standards
2490 under which a managing entity shall collect utilization data
2491 from all public receiving facilities situated within its
2492 geographic service area. As used in this subsection, the term
2493 “public receiving facility” means an entity that meets the
2494 licensure requirements of, and is designated by, the department
2495 to operate as a public receiving facility under s. 394.875 and
2496 that is operating as a licensed crisis stabilization unit.

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2497 (a) The department shall develop standards and protocols
2498 for managing entities and public receiving facilities to be used
2499 for data collection, storage, transmittal, and analysis. The
2500 standards and protocols must allow for compatibility of data and
2501 data transmittal between public receiving facilities, managing
2502 entities, and the department for the implementation and
2503 requirements of this subsection.

2504 (b) A managing entity shall require a public receiving
2505 facility within its provider network to submit data, in real
2506 time or at least daily, to the managing entity for:

2507 1. All admissions and discharges of clients receiving
2508 public receiving facility services who qualify as indigent, as
2509 defined in s. 394.4787; and

2510 2. The current active census of total licensed beds, the
2511 number of beds purchased by the department, the number of
2512 clients qualifying as indigent who occupy those beds, and the
2513 total number of unoccupied licensed beds regardless of funding.

2514 (c) A managing entity shall require a public receiving
2515 facility within its provider network to submit data, on a
2516 monthly basis, to the managing entity which aggregates the daily
2517 data submitted under paragraph (b). The managing entity shall
2518 reconcile the data in the monthly submission to the data
2519 received by the managing entity under paragraph (b) to check for
2520 consistency. If the monthly aggregate data submitted by a public
2521 receiving facility under this paragraph are inconsistent with
2522 the daily data submitted under paragraph (b), the managing
2523 entity shall consult with the public receiving facility to make
2524 corrections necessary to ensure accurate data.

2525 (d) A managing entity shall require a public receiving

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2526 facility within its provider network to submit data, on an
2527 annual basis, to the managing entity which aggregates the data
2528 submitted and reconciled under paragraph (c). The managing
2529 entity shall reconcile the data in the annual submission to the
2530 data received and reconciled by the managing entity under
2531 paragraph (c) to check for consistency. If the annual aggregate
2532 data submitted by a public receiving facility under this
2533 paragraph are inconsistent with the data received and reconciled
2534 under paragraph (c), the managing entity shall consult with the
2535 public receiving facility to make corrections necessary to
2536 ensure accurate data.

2537 (e) After ensuring the accuracy of data pursuant to
2538 paragraphs (c) and (d), the managing entity shall submit the
2539 data to the department on a monthly and an annual basis. The
2540 department shall create a statewide database for the data
2541 described under paragraph (b) and submitted under this paragraph
2542 for the purpose of analyzing the payments for and the use of
2543 crisis stabilization services funded by the Baker Act on a
2544 statewide basis and on an individual public receiving facility
2545 basis.

2546 Section 19. Present subsections (20) through (45) of
2547 section 397.311, Florida Statutes, are redesignated as
2548 subsections (22) through (47), respectively, new subsections
2549 (20) and (21) are added to that section, and present subsections
2550 (30) and (38) of that section are amended, to read:

2551 397.311 Definitions.—As used in this chapter, except part
2552 VIII, the term:

2553 (20) "Informed consent" means consent voluntarily given in
2554 writing by a competent person after sufficient explanation and

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2555 disclosure of the subject matter involved to enable the person
2556 to make a knowing and willful decision without any element of
2557 force, fraud, deceit, duress, or other form of constraint or
2558 coercion.

2559 (21) "Involuntary services" means an array of behavioral
2560 health services that may be ordered by the court for persons
2561 with substance abuse or co-occurring mental health disorders.

2562 (32)~~(30)~~ "Qualified professional" means a physician or a
2563 physician assistant licensed under chapter 458 or chapter 459; a
2564 professional licensed under chapter 490 or chapter 491; an
2565 advanced registered nurse practitioner ~~having a specialty in~~
2566 ~~psychiatry~~ licensed under part I of chapter 464; or a person who
2567 is certified through a department-recognized certification
2568 process for substance abuse treatment services and who holds, at
2569 a minimum, a bachelor's degree. A person who is certified in
2570 substance abuse treatment services by a state-recognized
2571 certification process in another state at the time of employment
2572 with a licensed substance abuse provider in this state may
2573 perform the functions of a qualified professional as defined in
2574 this chapter but must meet certification requirements contained
2575 in this subsection no later than 1 year after his or her date of
2576 employment.

2577 (40)~~(38)~~ "Service component" or "component" means a
2578 discrete operational entity within a service provider which is
2579 subject to licensing as defined by rule. Service components
2580 include prevention, intervention, and clinical treatment
2581 described in subsection (24) ~~(22)~~.

2582 Section 20. Section 397.675, Florida Statutes, is amended
2583 to read:

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2584 397.675 Criteria for involuntary admissions, including
2585 protective custody, emergency admission, and other involuntary
2586 assessment, involuntary treatment, and alternative involuntary
2587 assessment for minors, for purposes of assessment and
2588 stabilization, and for involuntary treatment.—A person meets the
2589 criteria for involuntary admission if there is good faith reason
2590 to believe that the person has a substance abuse or co-occurring
2591 mental health disorder ~~is substance abuse impaired~~ and, because
2592 of such disorder ~~impairment~~:

2593 (1) Has lost the power of self-control with respect to
2594 substance abuse ~~use~~; and ~~either~~

2595 (2) (a) ~~Has inflicted, or threatened or attempted to~~
2596 ~~inflict, or unless admitted is likely to inflict, physical harm~~
2597 ~~on himself or herself or another; or~~

2598 ~~(b)~~ Is in need of substance abuse services and, by reason
2599 of substance abuse impairment, his or her judgment has been so
2600 impaired that he or she ~~the person~~ is incapable of appreciating
2601 his or her need for such services and of making a rational
2602 decision in that regard, although ~~thereto; however,~~ mere refusal
2603 to receive such services does not constitute evidence of lack of
2604 judgment with respect to his or her need for such services.

2605 (b) Without care or treatment, is likely to suffer from
2606 neglect or to refuse to care for himself or herself, that such
2607 neglect or refusal poses a real and present threat of
2608 substantial harm to his or her well-being and that it is not
2609 apparent that such harm may be avoided through the help of
2610 willing family members or friends or the provision of other
2611 services, or there is substantial likelihood that the person has
2612 inflicted, or threatened to or attempted to inflict, or, unless

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2613 admitted, is likely to inflict, physical harm on himself,
2614 herself, or another.

2615 Section 21. Section 397.679, Florida Statutes, is amended
2616 to read:

2617 397.679 Emergency admission; circumstances justifying.—A
2618 person who meets the criteria for involuntary admission in s.
2619 397.675 may be admitted to a hospital or to a licensed
2620 detoxification facility or addictions receiving facility for
2621 emergency assessment and stabilization, or to a less intensive
2622 component of a licensed service provider for assessment only,
2623 upon receipt by the facility of a the physician's certificate by
2624 a physician, an advanced registered nurse practitioner, a
2625 clinical psychologist, a licensed clinical social worker, a
2626 licensed marriage and family therapist, a licensed mental health
2627 counselor, a physician assistant working under the scope of
2628 practice of the supervising physician, or a master's-level-
2629 certified addictions professional, if the certificate is
2630 specific to substance abuse disorders, and the completion of an
2631 application for emergency admission.

2632 Section 22. Section 397.6791, Florida Statutes, is amended
2633 to read:

2634 397.6791 Emergency admission; persons who may initiate.—The
2635 following professionals ~~persons~~ may request a certificate for an
2636 emergency assessment or admission:

2637 (1) In the case of an adult, physicians, advanced
2638 registered nurse practitioners, clinical psychologists, licensed
2639 clinical social workers, licensed marriage and family
2640 therapists, licensed mental health counselors, physician
2641 assistants working under the scope of practice of the

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2642 supervising physician, and a master's-level-certified addictions
2643 professional, if the certificate is specific to substance abuse
2644 disorders ~~the certifying physician,~~ the person's spouse or legal
2645 guardian, any relative of the person, or any other responsible
2646 adult who has personal knowledge of the person's substance abuse
2647 impairment.

2648 (2) In the case of a minor, the minor's parent, legal
2649 guardian, or legal custodian.

2650 Section 23. Section 397.6793, Florida Statutes, is amended
2651 to read:

2652 397.6793 Professional's ~~Physician's~~ certificate for
2653 emergency admission.—

2654 (1) The professional's ~~physician's~~ certificate must include
2655 the name of the person to be admitted, the relationship between
2656 the person and the professional executing the certificate
2657 ~~physician,~~ the relationship between the applicant and the
2658 professional ~~physician,~~ any relationship between the
2659 professional ~~physician~~ and the licensed service provider, ~~and~~ a
2660 statement that the person has been examined and assessed within
2661 the preceding 5 days of the application date, and ~~must include~~
2662 factual allegations with respect to the need for emergency
2663 admission, including:

2664 (a) The reason for the ~~physician's~~ belief that the person
2665 is substance abuse impaired; and

2666 (b) The reason for the ~~physician's~~ belief that because of
2667 such impairment the person has lost the power of self-control
2668 with respect to substance abuse; and ~~either~~

2669 (c)1. The reason for the belief ~~physician believes that,~~
2670 without care or treatment, the person is likely to suffer from

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2671 neglect or refuse to care for himself or herself; that such
2672 neglect or refusal poses a real and present threat of
2673 substantial harm to his or her well-being; and that it is not
2674 apparent that such harm may be avoided through the help of
2675 willing family members or friends or the provision of other
2676 services or there is substantial likelihood that the person has
2677 inflicted or is likely to inflict physical harm on himself or
2678 herself or others unless admitted; or

2679 2. The reason for the belief ~~physician believes~~ that the
2680 person's refusal to voluntarily receive care is based on
2681 judgment so impaired by reason of substance abuse that the
2682 person is incapable of appreciating his or her need for care and
2683 of making a rational decision regarding his or her need for
2684 care.

2685 (2) The professional's ~~physician's~~ certificate must
2686 recommend the least restrictive type of service that is
2687 appropriate for the person. The certificate must be signed by
2688 the professional ~~physician~~. If other less restrictive means are
2689 not available, such as voluntary appearance for outpatient
2690 evaluation, a law enforcement officer shall take the person
2691 named in the certificate into custody and deliver him or her to
2692 the appropriate facility for involuntary examination.

2693 (3) A signed copy of the professional's ~~physician's~~
2694 certificate shall accompany the person, and shall be made a part
2695 of the person's clinical record, together with a signed copy of
2696 the application. The application and the professional's
2697 ~~physician's~~ certificate authorize the involuntary admission of
2698 the person pursuant to, and subject to the provisions of, ss.
2699 397.679-397.6797.

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2700 (4) The professional's certificate is valid for 7 days
2701 after issuance.

2702 (5) The professional's physician's certificate must
2703 indicate whether the person requires transportation assistance
2704 for delivery for emergency admission and specify, pursuant to s.
2705 397.6795, the type of transportation assistance necessary.

2706 Section 24. Section 397.6795, Florida Statutes, is amended
2707 to read:

2708 397.6795 Transportation-assisted delivery of persons for
2709 emergency assessment.—An applicant for a person's emergency
2710 admission, ~~or~~ the person's spouse or guardian, or a law
2711 enforcement officer, ~~or a health officer~~ may deliver a person
2712 named in the professional's physician's certificate for
2713 emergency admission to a hospital or a licensed detoxification
2714 facility or addictions receiving facility for emergency
2715 assessment and stabilization.

2716 Section 25. Subsection (1) of section 397.681, Florida
2717 Statutes, is amended to read:

2718 397.681 Involuntary petitions; general provisions; court
2719 jurisdiction and right to counsel.—

2720 (1) JURISDICTION.—The courts have jurisdiction of
2721 involuntary assessment and stabilization petitions and
2722 involuntary treatment petitions for substance abuse impaired
2723 persons, and such petitions must be filed with the clerk of the
2724 court in the county where the person is located. The clerk of
2725 the court may not charge a fee for the filing of a petition
2726 under this section. The chief judge may appoint a general or
2727 special magistrate to preside over all or part of the
2728 proceedings. The alleged impaired person is named as the

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2729 respondent.

2730 Section 26. Subsection (1) of section 397.6811, Florida
2731 Statutes, is amended to read:

2732 397.6811 Involuntary assessment and stabilization.—A person
2733 determined by the court to appear to meet the criteria for
2734 involuntary admission under s. 397.675 may be admitted for a
2735 period of 5 days to a hospital or to a licensed detoxification
2736 facility or addictions receiving facility, for involuntary
2737 assessment and stabilization or to a less restrictive component
2738 of a licensed service provider for assessment only upon entry of
2739 a court order or upon receipt by the licensed service provider
2740 of a petition. Involuntary assessment and stabilization may be
2741 initiated by the submission of a petition to the court.

2742 (1) If the person upon whose behalf the petition is being
2743 filed is an adult, a petition for involuntary assessment and
2744 stabilization may be filed by the respondent's spouse, or legal
2745 guardian, any relative, a private practitioner, the director of
2746 a licensed service provider or the director's designee, or any
2747 individual ~~three adults~~ who has direct ~~have~~ personal knowledge
2748 of the respondent's substance abuse impairment.

2749 Section 27. Section 397.6814, Florida Statutes, is amended
2750 to read:

2751 397.6814 Involuntary assessment and stabilization; contents
2752 of petition.—A petition for involuntary assessment and
2753 stabilization must contain the name of the respondent, the name
2754 of the applicant or applicants, the relationship between the
2755 respondent and the applicant, and the name of the respondent's
2756 attorney, if known, ~~and a statement of the respondent's ability~~
2757 ~~to afford an attorney;~~ and must state facts to support the need

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2758 for involuntary assessment and stabilization, including:

2759 (1) The reason for the petitioner's belief that the
2760 respondent is substance abuse impaired; ~~and~~

2761 (2) The reason for the petitioner's belief that because of
2762 such impairment the respondent has lost the power of self-
2763 control with respect to substance abuse; and ~~either~~

2764 (3) (a) The reason the petitioner believes that the
2765 respondent has inflicted or is likely to inflict physical harm
2766 on himself or herself or others unless admitted; or

2767 (b) The reason the petitioner believes that the
2768 respondent's refusal to voluntarily receive care is based on
2769 judgment so impaired by reason of substance abuse that the
2770 respondent is incapable of appreciating his or her need for care
2771 and of making a rational decision regarding that need for care.
2772 If the respondent has refused to submit to an assessment, such
2773 refusal must be alleged in the petition.

2774
2775 A fee may not be charged for the filing of a petition pursuant
2776 to this section.

2777 Section 28. Section 397.6819, Florida Statutes, is amended
2778 to read:

2779 397.6819 Involuntary assessment and stabilization;
2780 responsibility of licensed service provider.—

2781 (1) A licensed service provider may admit an individual for
2782 involuntary assessment and stabilization for a period not to
2783 exceed 5 days unless a petition has been filed pursuant to s.
2784 397.6821 or s. 397.6822. The individual must be assessed within
2785 72 hours ~~without unnecessary delay~~ by a qualified professional.
2786 If an assessment is performed by a qualified professional who is

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2787 not a physician, the assessment must be reviewed by a physician
2788 before the end of the assessment period.

2789 (2) The managing entity must be notified of the
2790 recommendation for involuntary services so that it may assist in
2791 locating and providing the requested services, if such services
2792 are available. The managing entity shall document its efforts to
2793 obtain the recommended services.

2794 Section 29. Section 397.695, Florida Statutes, is amended
2795 to read:

2796 397.695 Involuntary services ~~treatment~~; persons who may
2797 petition.-

2798 (1) (a) If the respondent is an adult, a petition for
2799 involuntary services ~~treatment~~ may be filed by the respondent's
2800 spouse or legal guardian, any relative, a service provider, or
2801 any individual ~~three adults~~ who has direct ~~have~~ personal
2802 knowledge of the respondent's substance abuse impairment and his
2803 or her prior course of assessment and treatment.

2804 (2) If the respondent is a minor, a petition for
2805 involuntary treatment may be filed by a parent, legal guardian,
2806 or service provider.

2807 Section 30. Section 397.6951, Florida Statutes, is amended
2808 to read:

2809 397.6951 Contents of petition for involuntary services
2810 ~~treatment~~.-A petition for involuntary services ~~treatment~~ must
2811 contain the name of the respondent ~~to be admitted~~; the name of
2812 the petitioner or petitioners; the relationship between the
2813 respondent and the petitioner; the name of the respondent's
2814 attorney, if known, ~~and a statement of the petitioner's~~
2815 ~~knowledge of the respondent's ability to afford an attorney~~; the

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2816 findings and recommendations of the assessment performed by the
2817 qualified professional; and the factual allegations presented by
2818 the petitioner establishing the need for involuntary outpatient
2819 services. The factual allegations must demonstrate ~~treatment,~~
2820 including:

2821 (1) The reason for the petitioner's belief that the
2822 respondent is substance abuse impaired; ~~and~~

2823 (2) The reason for the petitioner's belief that because of
2824 such impairment the respondent has lost the power of self-
2825 control with respect to substance abuse; and either

2826 (3) (a) The reason the petitioner believes that the
2827 respondent has inflicted or is likely to inflict physical harm
2828 on himself or herself or others unless the court orders the
2829 involuntary services ~~admitted~~; or

2830 (b) The reason the petitioner believes that the
2831 respondent's refusal to voluntarily receive care is based on
2832 judgment so impaired by reason of substance abuse that the
2833 respondent is incapable of appreciating his or her need for care
2834 and of making a rational decision regarding that need for care.

2835 Section 31. Section 397.6955, Florida Statutes, is amended
2836 to read:

2837 397.6955 Duties of court upon filing of petition for
2838 involuntary services ~~treatment~~.—

2839 (1) Upon the filing of a petition for ~~the~~ involuntary
2840 services for ~~treatment~~ of a substance abuse impaired person with
2841 the clerk of the court, the court shall immediately determine
2842 whether the respondent is represented by an attorney or whether
2843 the appointment of counsel for the respondent is appropriate. If
2844 the court appoints counsel for the person, the clerk of the

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2845 court shall immediately notify the regional conflict counsel,
2846 created pursuant to s. 27.511, of the appointment. The regional
2847 conflict counsel shall represent the person until the petition
2848 is dismissed, the court order expires, or the person is
2849 discharged from involuntary services. An attorney that
2850 represents the person named in the petition shall have access to
2851 the person, witnesses, and records relevant to the presentation
2852 of the person's case and shall represent the interests of the
2853 person, regardless of the source of payment to the attorney.

2854 (2) The court shall schedule a hearing to be held on the
2855 petition within 5 ~~10~~ days unless a continuance is granted. The
2856 court may appoint a magistrate to preside at the hearing.

2857 (3) A copy of the petition and notice of the hearing must
2858 be provided to the respondent; the respondent's parent,
2859 guardian, or legal custodian, in the case of a minor; the
2860 respondent's attorney, if known; the petitioner; the
2861 respondent's spouse or guardian, if applicable; and such other
2862 persons as the court may direct. If the respondent is a minor, a
2863 copy of the petition and notice of the hearing must be ~~and have~~
2864 ~~such petition and order~~ personally delivered to the respondent
2865 ~~if he or she is a minor.~~ The court shall also issue a summons to
2866 the person whose admission is sought.

2867 Section 32. Section 397.6957, Florida Statutes, is amended
2868 to read:

2869 397.6957 Hearing on petition for involuntary services
2870 ~~treatment.~~—

2871 (1) At a hearing on a petition for involuntary services
2872 ~~treatment~~, the court shall hear and review all relevant
2873 evidence, including the review of results of the assessment

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2874 completed by the qualified professional in connection with the
2875 respondent's protective custody, emergency admission,
2876 involuntary assessment, or alternative involuntary admission.
2877 The respondent must be present unless the court finds that his
2878 or her presence is likely to be injurious to himself or herself
2879 or others, in which event the court must appoint a guardian
2880 advocate to act in behalf of the respondent throughout the
2881 proceedings.

2882 (2) The petitioner has the burden of proving by clear and
2883 convincing evidence that:

2884 (a) The respondent is substance abuse impaired and has a
2885 history of lack of compliance with treatment for substance
2886 abuse; and

2887 (b) Because of such impairment the respondent is unlikely
2888 to voluntarily participate in the recommended services or is
2889 unable to determine for himself or herself whether services are
2890 necessary ~~the respondent has lost the power of self-control with~~
2891 ~~respect to substance abuse;~~ and: either

2892 1. Without services, the respondent is likely to suffer
2893 from neglect or to refuse to care for himself or herself; that
2894 such neglect or refusal poses a real and present threat of
2895 substantial harm to his or her well-being; and that there is a
2896 substantial likelihood that without services the respondent will
2897 cause serious bodily harm to himself or herself or others in the
2898 near future, as evidenced by recent behavior ~~The respondent has~~
2899 ~~inflicted or is likely to inflict physical harm on himself or~~
2900 ~~herself or others unless admitted; or~~

2901 2. The respondent's refusal to voluntarily receive care is
2902 based on judgment so impaired by reason of substance abuse that

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2903 the respondent is incapable of appreciating his or her need for
2904 care and of making a rational decision regarding that need for
2905 care.

2906 (3) One of the qualified professionals who executed the
2907 involuntary services certificate must be a witness. The court
2908 shall allow testimony from individuals, including family
2909 members, deemed by the court to be relevant under state law,
2910 regarding the respondent's prior history and how that prior
2911 history relates to the person's current condition. The testimony
2912 in the hearing must be under oath, and the proceedings must be
2913 recorded. The patient may refuse to testify at the hearing.

2914 (4)~~(3)~~ At the conclusion of the hearing the court shall
2915 either dismiss the petition or order the respondent to receive
2916 undergo involuntary services from his or her ~~substance abuse~~
2917 ~~treatment, with the respondent's~~ chosen licensed service
2918 provider if ~~to deliver the involuntary substance abuse treatment~~
2919 ~~where~~ possible and appropriate.

2920 Section 33. Section 397.697, Florida Statutes, is amended
2921 to read:

2922 397.697 Court determination; effect of court order for
2923 involuntary services ~~substance abuse treatment~~.

2924 (1) When the court finds that the conditions for
2925 involuntary services ~~substance abuse treatment~~ have been proved
2926 by clear and convincing evidence, it may order the respondent to
2927 receive ~~undergo~~ involuntary services from ~~treatment by~~ a
2928 licensed service provider for a period not to exceed 90 ~~60~~ days.
2929 The court may order a respondent to undergo treatment through a
2930 privately funded licensed service provider if the respondent has
2931 the ability to pay for the treatment, or if any person on the

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2932 respondent's behalf voluntarily demonstrates a willingness and
2933 an ability to pay for the treatment. If the court finds it
2934 necessary, it may direct the sheriff to take the respondent into
2935 custody and deliver him or her to the licensed service provider
2936 specified in the court order, or to the nearest appropriate
2937 licensed service provider, for involuntary services ~~treatment~~.
2938 When the conditions justifying involuntary services ~~treatment~~ no
2939 longer exist, the individual must be released as provided in s.
2940 397.6971. When the conditions justifying involuntary services
2941 ~~treatment~~ are expected to exist after 90 ~~60~~ days of services
2942 ~~treatment~~, a renewal of the involuntary services ~~treatment~~ order
2943 may be requested pursuant to s. 397.6975 before ~~prior to~~ the end
2944 of the 90 ~~60~~-day period.

2945 (2) In all cases resulting in an order for involuntary
2946 services ~~substance abuse treatment~~, the court shall retain
2947 jurisdiction over the case and the parties for the entry of such
2948 further orders as the circumstances may require. The court's
2949 requirements for notification of proposed release must be
2950 included in the original ~~treatment~~ order.

2951 (3) An involuntary services ~~treatment~~ order authorizes the
2952 licensed service provider to require the individual to receive
2953 services that undergo such treatment as will benefit him or her,
2954 including services ~~treatment~~ at any licensable service component
2955 of a licensed service provider.

2956 (4) If the court orders involuntary services, a copy of the
2957 order must be sent to the managing entity within 1 working day
2958 after it is received from the court. Documents may be submitted
2959 electronically through existing data systems, if applicable.

2960 Section 34. Section 397.6971, Florida Statutes, is amended

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2961 to read:

2962 397.6971 Early release from involuntary services ~~substance~~
2963 ~~abuse treatment.~~

2964 (1) At any time before ~~prior to~~ the end of the 90 ~~60~~-day
2965 involuntary services ~~treatment~~ period, or ~~prior to~~ the end of
2966 any extension granted pursuant to s. 397.6975, an individual
2967 receiving ~~admitted for~~ involuntary services ~~treatment~~ may be
2968 determined eligible for discharge to the most appropriate
2969 referral or disposition for the individual when any of the
2970 following apply:

2971 (a) The individual no longer meets the criteria for
2972 involuntary admission and has given his or her informed consent
2973 to be transferred to voluntary treatment status. ~~†~~

2974 (b) If the individual was admitted on the grounds of
2975 likelihood of infliction of physical harm upon himself or
2976 herself or others, such likelihood no longer exists. ~~† or~~

2977 (c) If the individual was admitted on the grounds of need
2978 for assessment and stabilization or treatment, accompanied by
2979 inability to make a determination respecting such need, ~~either~~:

2980 1. Such inability no longer exists; or

2981 2. It is evident that further treatment will not bring
2982 about further significant improvements in the individual's
2983 condition. ~~†~~

2984 (d) The individual is no longer in need of services. ~~† or~~

2985 (e) The director of the service provider determines that
2986 the individual is beyond the safe management capabilities of the
2987 provider.

2988 (2) Whenever a qualified professional determines that an
2989 individual admitted for involuntary services ~~qualifies~~ ~~treatment~~

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2990 ~~is ready~~ for early release under ~~for any of the reasons listed~~
 2991 ~~in~~ subsection (1), the service provider shall immediately
 2992 discharge the individual, and must notify all persons specified
 2993 by the court in the original treatment order.

2994 Section 35. Section 397.6975, Florida Statutes, is amended
 2995 to read:

2996 397.6975 Extension of involuntary services ~~substance abuse~~
 2997 ~~treatment~~ period.-

2998 (1) Whenever a service provider believes that an individual
 2999 who is nearing the scheduled date of his or her release from
 3000 involuntary services ~~treatment~~ continues to meet the criteria
 3001 for involuntary services ~~treatment~~ in s. 397.693, a petition for
 3002 renewal of the involuntary services ~~treatment~~ order may be filed
 3003 with the court at least 10 days before the expiration of the
 3004 court-ordered services ~~treatment~~ period. The court shall
 3005 immediately schedule a hearing to be held not more than 15 days
 3006 after filing of the petition. The court shall provide the copy
 3007 of the petition for renewal and the notice of the hearing to all
 3008 parties to the proceeding. The hearing is conducted pursuant to
 3009 s. 397.6957.

3010 (2) If the court finds that the petition for renewal of the
 3011 involuntary services ~~treatment~~ order should be granted, it may
 3012 order the respondent to receive ~~undergo~~ involuntary services
 3013 ~~treatment~~ for a period not to exceed an additional 90 days. When
 3014 the conditions justifying involuntary services ~~treatment~~ no
 3015 longer exist, the individual must be released as provided in s.
 3016 397.6971. When the conditions justifying involuntary services
 3017 ~~treatment~~ continue to exist after an additional 90 days of
 3018 service ~~additional treatment~~, a new petition requesting renewal

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3019 of the involuntary services ~~treatment~~ order may be filed
3020 pursuant to this section.

3021 (3) Within 1 court working day after the filing of a
3022 petition for continued involuntary services, the court shall
3023 appoint the regional conflict counsel to represent the
3024 respondent, unless the respondent is otherwise represented by
3025 counsel. The clerk of the court shall immediately notify the
3026 regional conflict counsel of such appointment. The regional
3027 conflict counsel shall represent the respondent until the
3028 petition is dismissed or the court order expires or the
3029 respondent is discharged from involuntary services. Any attorney
3030 representing the respondent shall have access to the respondent,
3031 witnesses, and records relevant to the presentation of the
3032 respondent's case and shall represent the interests of the
3033 respondent, regardless of the source of payment to the attorney.

3034 (4) Hearings on petitions for continued involuntary
3035 services shall be before the circuit court. The court may
3036 appoint a magistrate to preside at the hearing. The procedures
3037 for obtaining an order pursuant to this section shall be in
3038 accordance with s. 397.697.

3039 (5) Notice of hearing shall be provided to the respondent
3040 or his or her counsel. The respondent and the respondent's
3041 counsel may agree to a period of continued involuntary services
3042 without a court hearing.

3043 (6) The same procedure shall be repeated before the
3044 expiration of each additional period of involuntary services.

3045 (7) If the respondent has previously been found incompetent
3046 to consent to treatment, the court shall consider testimony and
3047 evidence regarding the respondent's competence.

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3048 Section 36. Section 397.6977, Florida Statutes, is amended
3049 to read:

3050 397.6977 Disposition of individual upon completion of
3051 involuntary services ~~substance abuse treatment~~.—At the
3052 conclusion of the 90 ~~60~~-day period of court-ordered involuntary
3053 services treatment, the respondent individual is automatically
3054 discharged unless a motion for renewal of the involuntary
3055 services treatment order has been filed with the court pursuant
3056 to s. 397.6975.

3057 Section 37. Section 397.6978, Florida Statutes, is created
3058 to read:

3059 397.6978 Guardian advocate; patient incompetent to consent;
3060 substance abuse disorder.—

3061 (1) The administrator of a receiving facility or addictions
3062 receiving facility may petition the court for the appointment of
3063 a guardian advocate based upon the opinion of a qualified
3064 professional that the patient is incompetent to consent to
3065 treatment. If the court finds that a patient is incompetent to
3066 consent to treatment and has not been adjudicated incapacitated
3067 and that a guardian with the authority to consent to mental
3068 health treatment has not been appointed, it may appoint a
3069 guardian advocate. The patient has the right to have an attorney
3070 represent him or her at the hearing. If the person is indigent,
3071 the court shall appoint the office of the regional conflict
3072 counsel to represent him or her at the hearing. The patient has
3073 the right to testify, cross-examine witnesses, and present
3074 witnesses. The proceeding shall be recorded electronically or
3075 stenographically, and testimony must be provided under oath. One
3076 of the qualified professionals authorized to give an opinion in

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3077 support of a petition for involuntary placement, as described in
3078 s. 397.675 or s. 397.6981, must testify. A guardian advocate
3079 must meet the qualifications of a guardian contained in part IV
3080 of chapter 744. The person who is appointed as a guardian
3081 advocate must agree to the appointment.

3082 (2) The following persons are prohibited from appointment
3083 as a patient's guardian advocate:

3084 (a) A professional providing clinical services to the
3085 individual under this part.

3086 (b) The qualified professional who initiated the
3087 involuntary examination of the individual, if the examination
3088 was initiated by a qualified professional's certificate.

3089 (c) An employee, an administrator, or a board member of the
3090 facility providing the examination of the individual.

3091 (d) An employee, an administrator, or a board member of the
3092 treatment facility providing treatment of the individual.

3093 (e) A person providing any substantial professional
3094 services, excluding public guardians or professional guardians,
3095 to the individual, including clinical services.

3096 (f) A creditor of the individual.

3097 (g) A person subject to an injunction for protection
3098 against domestic violence under s. 741.30, whether the order of
3099 injunction is temporary or final, and for which the individual
3100 was the petitioner.

3101 (h) A person subject to an injunction for protection
3102 against repeat violence, stalking, sexual violence, or dating
3103 violence under s. 784.046, whether the order of injunction is
3104 temporary or final, and for which the individual was the
3105 petitioner.

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3106 (3) A facility requesting appointment of a guardian
3107 advocate must, before the appointment, provide the prospective
3108 guardian advocate with information about the duties and
3109 responsibilities of guardian advocates, including information
3110 about the ethics of medical decision-making. Before asking a
3111 guardian advocate to give consent to treatment for a patient,
3112 the facility must provide to the guardian advocate sufficient
3113 information so that the guardian advocate can decide whether to
3114 give express and informed consent to the treatment. Such
3115 information must include information that demonstrates that the
3116 treatment is essential to the care of the patient and does not
3117 present an unreasonable risk of serious, hazardous, or
3118 irreversible side effects. If possible, before giving consent to
3119 treatment, the guardian advocate must personally meet and talk
3120 with the patient and the patient's physician. If that is not
3121 possible, the discussion may be conducted by telephone. The
3122 decision of the guardian advocate may be reviewed by the court,
3123 upon petition of the patient's attorney, the patient's family,
3124 or the facility administrator.

3125 (4) In lieu of the training required for guardians
3126 appointed pursuant to chapter 744, a guardian advocate shall
3127 attend at least a 4-hour training course approved by the court
3128 before exercising his or her authority. At a minimum, the
3129 training course must include information about patient rights,
3130 the diagnosis of substance abuse disorders, the ethics of
3131 medical decision-making, and the duties of guardian advocates.

3132 (5) The required training course and the information to be
3133 supplied to prospective guardian advocates before their
3134 appointment must be developed by the department, approved by the

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3135 chief judge of the circuit court, and taught by a court-approved
3136 organization, which may include, but need not be limited to, a
3137 community college, a guardianship organization, a local bar
3138 association, or The Florida Bar. The training course may be web-
3139 based, provided in video format, or other electronic means but
3140 must be capable of ensuring the identity and participation of
3141 the prospective guardian advocate. The court may waive some or
3142 all of the training requirements for guardian advocates or
3143 impose additional requirements. The court shall make its
3144 decision on a case-by-case basis and, in making its decision,
3145 shall consider the experience and education of the guardian
3146 advocate, the duties assigned to the guardian advocate, and the
3147 needs of the patient.

3148 (6) In selecting a guardian advocate, the court shall give
3149 preference to the patient's health care surrogate, if one has
3150 already been designated by the patient. If the patient has not
3151 previously designated a health care surrogate, the selection
3152 shall be made, except for good cause documented in the court
3153 record, from among the following persons, listed in order of
3154 priority:

3155 (a) The patient's spouse.

3156 (b) An adult child of the patient.

3157 (c) A parent of the patient.

3158 (d) The adult next of kin of the patient.

3159 (e) An adult friend of the patient.

3160 (f) An adult trained and willing to serve as the guardian
3161 advocate for the patient.

3162 (7) If a guardian with the authority to consent to medical
3163 treatment has not already been appointed, or if the patient has

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3164 not already designated a health care surrogate, the court may
3165 authorize the guardian advocate to consent to medical treatment
3166 as well as substance abuse disorder treatment. Unless otherwise
3167 limited by the court, a guardian advocate with authority to
3168 consent to medical treatment has the same authority to make
3169 health care decisions and is subject to the same restrictions as
3170 a proxy appointed under part IV of chapter 765. Unless the
3171 guardian advocate has sought and received express court approval
3172 in a proceeding separate from the proceeding to determine the
3173 competence of the patient to consent to medical treatment, the
3174 guardian advocate may not consent to:

3175 (a) Abortion.

3176 (b) Sterilization.

3177 (c) Electroshock therapy.

3178 (d) Psychosurgery.

3179 (e) Experimental treatments that have not been approved by
3180 a federally approved institutional review board in accordance
3181 with 45 C.F.R. part 46 or 21 C.F.R. part 56.

3182
3183 The court must base its authorization on evidence that the
3184 treatment or procedure is essential to the care of the patient
3185 and that the treatment does not present an unreasonable risk of
3186 serious, hazardous, or irreversible side effects. In complying
3187 with this subsection, the court shall follow the procedures set
3188 forth in subsection (1).

3189 (8) The guardian advocate shall be discharged when the
3190 patient is discharged from an order for involuntary services or
3191 when the patient is transferred from involuntary to voluntary
3192 status. The court or a hearing officer shall consider the

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3193 competence of the patient as provided in subsection (1) and may
3194 consider an involuntarily placed patient's competence to consent
3195 to services at any hearing. Upon sufficient evidence, the court
3196 may restore, or the magistrate may recommend that the court
3197 restore, the patient's competence. A copy of the order restoring
3198 competence or the certificate of discharge containing the
3199 restoration of competence shall be provided to the patient and
3200 the guardian advocate.

3201 Section 38. Present paragraphs (d) through (m) of
3202 subsection (2) of section 409.967, are redesignated as
3203 paragraphs (e) through (n), respectively, and a new paragraph
3204 (d) is added to that subsection, to read:

3205 409.967 Managed care plan accountability.—

3206 (2) The agency shall establish such contract requirements
3207 as are necessary for the operation of the statewide managed care
3208 program. In addition to any other provisions the agency may deem
3209 necessary, the contract must require:

3210 (d) Quality care.—Managed care plans shall provide, or
3211 contract for the provision of, care coordination to facilitate
3212 the appropriate delivery of behavioral health care services in
3213 the least restrictive setting with treatment and recovery
3214 capabilities that address the needs of the patient. Services
3215 shall be provided in a manner that integrates behavioral health
3216 services and primary care. Plans shall be required to achieve
3217 specific behavioral health outcome standards, established by the
3218 agency in consultation with the department.

3219 Section 39. Subsection (5) is added to section 409.973,
3220 Florida Statutes, to read:

3221 409.973 Benefits.—

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3222 (5) INTEGRATED BEHAVIORAL HEALTH INITIATIVE.—Each plan
3223 operating in the managed medical assistance program shall work
3224 with the managing entity in its service area to establish
3225 specific organizational supports and protocols that enhance the
3226 integration and coordination of primary care and behavioral
3227 health services for Medicaid recipients. Progress in this
3228 initiative shall be measured using the integration framework and
3229 core measures developed by the Agency for Healthcare Research
3230 and Quality.

3231 Section 40. Section 491.0045, Florida Statutes, is amended
3232 to read:

3233 491.0045 Intern registration; requirements.—

3234 (1) ~~Effective January 1, 1998,~~ An individual who has not
3235 satisfied ~~intends to practice in Florida to satisfy~~ the
3236 postgraduate or post-master's level experience requirements, as
3237 specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register
3238 as an intern in the profession for which he or she is seeking
3239 licensure prior to commencing the post-master's experience
3240 requirement or an individual who intends to satisfy part of the
3241 required graduate-level practicum, internship, or field
3242 experience, outside the academic arena for any profession, must
3243 register as an intern in the profession for which he or she is
3244 seeking licensure prior to commencing the practicum, internship,
3245 or field experience.

3246 (2) The department shall register as a clinical social
3247 worker intern, marriage and family therapist intern, or mental
3248 health counselor intern each applicant who the board certifies
3249 has:

3250 (a) Completed the application form and remitted a

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3251 nonrefundable application fee not to exceed \$200, as set by
3252 board rule;

3253 (b)1. Completed the education requirements as specified in
3254 s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for which
3255 he or she is applying for licensure, if needed; and

3256 2. Submitted an acceptable supervision plan, as determined
3257 by the board, for meeting the practicum, internship, or field
3258 work required for licensure that was not satisfied in his or her
3259 graduate program.

3260 (c) Identified a qualified supervisor.

3261 (3) An individual registered under this section must remain
3262 under supervision while practicing under registered intern
3263 status until he or she is in receipt of a license or a letter
3264 from the department stating that he or she is licensed to
3265 practice the profession for which he or she applied.

3266 ~~(4) An individual who has applied for intern registration~~
3267 ~~on or before December 31, 2001, and has satisfied the education~~
3268 ~~requirements of s. 491.005 that are in effect through December~~
3269 ~~31, 2000, will have met the educational requirements for~~
3270 ~~licensure for the profession for which he or she has applied.~~

3271 (4)(5) An individual who fails ~~Individuals who have~~
3272 ~~commenced the experience requirement as specified in s.~~
3273 ~~491.005(1)(c), (3)(c), or (4)(c) but failed to register as~~
3274 ~~required by subsection (1) shall register with the department~~
3275 ~~before January 1, 2000. Individuals who fail to comply with this~~
3276 section may subsection shall not be granted a license under this
3277 chapter, and any time spent by the individual completing the
3278 experience requirement as specified in s. 491.005(1)(c), (3)(c),
3279 or (4)(c) before ~~prior to~~ registering as an intern does shall

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3280 not count toward completion of the ~~such~~ requirement.

3281 (5) An intern registration is valid for 5 years.

3282 (6) A registration issued on or before March 31, 2017,
3283 expires March 31, 2022, and may not be renewed or reissued. Any
3284 registration issued after March 31, 2017, expires 60 months
3285 after the date it is issued. A subsequent intern registration
3286 may not be issued unless the candidate has passed the theory and
3287 practice examination described in s. 491.005(1)(d), (3)(d), and
3288 (4)(d).

3289 (7) An individual who has held a provisional license issued
3290 by the board may not apply for an intern registration in the
3291 same profession.

3292 Section 41. Section 394.4674, Florida Statutes, is
3293 repealed.

3294 Section 42. Section 394.4985, Florida Statutes, is
3295 repealed.

3296 Section 43. Section 394.745, Florida Statutes, is repealed.

3297 Section 44. Section 397.331, Florida Statutes, is repealed.

3298 Section 45. Section 397.801, Florida Statutes, is repealed.

3299 Section 46. Section 397.811, Florida Statutes, is repealed.

3300 Section 47. Section 397.821, Florida Statutes, is repealed.

3301 Section 48. Section 397.901, Florida Statutes, is repealed.

3302 Section 49. Section 397.93, Florida Statutes, is repealed.

3303 Section 50. Section 397.94, Florida Statutes, is repealed.

3304 Section 51. Section 397.951, Florida Statutes, is repealed.

3305 Section 52. Section 397.97, Florida Statutes, is repealed.

3306 Section 53. Section 397.98, Florida Statutes, is repealed.

3307 Section 54. Paragraph (a) of subsection (3) of section
3308 39.407, Florida Statutes, is amended to read:

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3309 39.407 Medical, psychiatric, and psychological examination
3310 and treatment of child; physical, mental, or substance abuse
3311 examination of person with or requesting child custody.—

3312 (3) (a) 1. Except as otherwise provided in subparagraph (b) 1.
3313 or paragraph (e), before the department provides psychotropic
3314 medications to a child in its custody, the prescribing physician
3315 shall attempt to obtain express and informed consent, as defined
3316 in s. 394.455(16) ~~s. 394.455(9)~~ and as described in s.
3317 394.459(3) (a), from the child's parent or legal guardian. The
3318 department must take steps necessary to facilitate the inclusion
3319 of the parent in the child's consultation with the physician.
3320 However, if the parental rights of the parent have been
3321 terminated, the parent's location or identity is unknown or
3322 cannot reasonably be ascertained, or the parent declines to give
3323 express and informed consent, the department may, after
3324 consultation with the prescribing physician, seek court
3325 authorization to provide the psychotropic medications to the
3326 child. Unless parental rights have been terminated and if it is
3327 possible to do so, the department shall continue to involve the
3328 parent in the decisionmaking process regarding the provision of
3329 psychotropic medications. If, at any time, a parent whose
3330 parental rights have not been terminated provides express and
3331 informed consent to the provision of a psychotropic medication,
3332 the requirements of this section that the department seek court
3333 authorization do not apply to that medication until such time as
3334 the parent no longer consents.

3335 2. Any time the department seeks a medical evaluation to
3336 determine the need to initiate or continue a psychotropic
3337 medication for a child, the department must provide to the

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3338 evaluating physician all pertinent medical information known to
3339 the department concerning that child.

3340 Section 55. Paragraph (e) of subsection (5) of section
3341 212.055, Florida Statutes, is amended to read:

3342 212.055 Discretionary sales surtaxes; legislative intent;
3343 authorization and use of proceeds.—It is the legislative intent
3344 that any authorization for imposition of a discretionary sales
3345 surtax shall be published in the Florida Statutes as a
3346 subsection of this section, irrespective of the duration of the
3347 levy. Each enactment shall specify the types of counties
3348 authorized to levy; the rate or rates which may be imposed; the
3349 maximum length of time the surtax may be imposed, if any; the
3350 procedure which must be followed to secure voter approval, if
3351 required; the purpose for which the proceeds may be expended;
3352 and such other requirements as the Legislature may provide.
3353 Taxable transactions and administrative procedures shall be as
3354 provided in s. 212.054.

3355 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined in
3356 s. 125.011(1) may levy the surtax authorized in this subsection
3357 pursuant to an ordinance either approved by extraordinary vote
3358 of the county commission or conditioned to take effect only upon
3359 approval by a majority vote of the electors of the county voting
3360 in a referendum. In a county as defined in s. 125.011(1), for
3361 the purposes of this subsection, "county public general
3362 hospital" means a general hospital as defined in s. 395.002
3363 which is owned, operated, maintained, or governed by the county
3364 or its agency, authority, or public health trust.

3365 (e) A governing board, agency, or authority shall be
3366 chartered by the county commission upon this act becoming law.

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3367 The governing board, agency, or authority shall adopt and
3368 implement a health care plan for indigent health care services.
3369 The governing board, agency, or authority shall consist of no
3370 more than seven and no fewer than five members appointed by the
3371 county commission. The members of the governing board, agency,
3372 or authority shall be at least 18 years of age and residents of
3373 the county. No member may be employed by or affiliated with a
3374 health care provider or the public health trust, agency, or
3375 authority responsible for the county public general hospital.
3376 The following community organizations shall each appoint a
3377 representative to a nominating committee: the South Florida
3378 Hospital and Healthcare Association, the Miami-Dade County
3379 Public Health Trust, the Dade County Medical Association, the
3380 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
3381 County. This committee shall nominate between 10 and 14 county
3382 citizens for the governing board, agency, or authority. The
3383 slate shall be presented to the county commission and the county
3384 commission shall confirm the top five to seven nominees,
3385 depending on the size of the governing board. Until such time as
3386 the governing board, agency, or authority is created, the funds
3387 provided for in subparagraph (d)2. shall be placed in a
3388 restricted account set aside from other county funds and not
3389 disbursed by the county for any other purpose.

3390 1. The plan shall divide the county into a minimum of four
3391 and maximum of six service areas, with no more than one
3392 participant hospital per service area. The county public general
3393 hospital shall be designated as the provider for one of the
3394 service areas. Services shall be provided through participants'
3395 primary acute care facilities.

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3396 2. The plan and subsequent amendments to it shall fund a
3397 defined range of health care services for both indigent persons
3398 and the medically poor, including primary care, preventive care,
3399 hospital emergency room care, and hospital care necessary to
3400 stabilize the patient. For the purposes of this section,
3401 "stabilization" means stabilization as defined in s. 397.311(43)
3402 ~~s. 397.311(41)~~. Where consistent with these objectives, the plan
3403 may include services rendered by physicians, clinics, community
3404 hospitals, and alternative delivery sites, as well as at least
3405 one regional referral hospital per service area. The plan shall
3406 provide that agreements negotiated between the governing board,
3407 agency, or authority and providers shall recognize hospitals
3408 that render a disproportionate share of indigent care, provide
3409 other incentives to promote the delivery of charity care to draw
3410 down federal funds where appropriate, and require cost
3411 containment, including, but not limited to, case management.
3412 From the funds specified in subparagraphs (d)1. and 2. for
3413 indigent health care services, service providers shall receive
3414 reimbursement at a Medicaid rate to be determined by the
3415 governing board, agency, or authority created pursuant to this
3416 paragraph for the initial emergency room visit, and a per-member
3417 per-month fee or capitation for those members enrolled in their
3418 service area, as compensation for the services rendered
3419 following the initial emergency visit. Except for provisions of
3420 emergency services, upon determination of eligibility,
3421 enrollment shall be deemed to have occurred at the time services
3422 were rendered. The provisions for specific reimbursement of
3423 emergency services shall be repealed on July 1, 2001, unless
3424 otherwise reenacted by the Legislature. The capitation amount or

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3425 rate shall be determined before ~~prior to~~ program implementation
3426 by an independent actuarial consultant. In no event shall such
3427 reimbursement rates exceed the Medicaid rate. The plan must also
3428 provide that any hospitals owned and operated by government
3429 entities on or after the effective date of this act must, as a
3430 condition of receiving funds under this subsection, afford
3431 public access equal to that provided under s. 286.011 as to any
3432 meeting of the governing board, agency, or authority the subject
3433 of which is budgeting resources for the retention of charity
3434 care, as that term is defined in the rules of the Agency for
3435 Health Care Administration. The plan shall also include
3436 innovative health care programs that provide cost-effective
3437 alternatives to traditional methods of service and delivery
3438 funding.

3439 3. The plan's benefits shall be made available to all
3440 county residents currently eligible to receive health care
3441 services as indigents or medically poor as defined in paragraph
3442 (4) (d).

3443 4. Eligible residents who participate in the health care
3444 plan shall receive coverage for a period of 12 months or the
3445 period extending from the time of enrollment to the end of the
3446 current fiscal year, per enrollment period, whichever is less.

3447 5. At the end of each fiscal year, the governing board,
3448 agency, or authority shall prepare an audit that reviews the
3449 budget of the plan, delivery of services, and quality of
3450 services, and makes recommendations to increase the plan's
3451 efficiency. The audit shall take into account participant
3452 hospital satisfaction with the plan and assess the amount of
3453 poststabilization patient transfers requested, and accepted or

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3454 denied, by the county public general hospital.

3455 Section 56. Paragraph (c) of subsection (2) of section
3456 394.4599, Florida Statutes, is amended to read:

3457 394.4599 Notice.—

3458 (2) INVOLUNTARY ADMISSION.—

3459 (c)1. A receiving facility shall give notice of the
3460 whereabouts of a minor who is being involuntarily held for
3461 examination pursuant to s. 394.463 to the minor's parent,
3462 guardian, caregiver, or guardian advocate, in person or by
3463 telephone or other form of electronic communication, immediately
3464 after the minor's arrival at the facility. The facility may
3465 delay notification for no more than 24 hours after the minor's
3466 arrival if the facility has submitted a report to the central
3467 abuse hotline, pursuant to s. 39.201, based upon knowledge or
3468 suspicion of abuse, abandonment, or neglect and if the facility
3469 deems a delay in notification to be in the minor's best
3470 interest.

3471 2. The receiving facility shall attempt to notify the
3472 minor's parent, guardian, caregiver, or guardian advocate until
3473 the receiving facility receives confirmation from the parent,
3474 guardian, caregiver, or guardian advocate, verbally, by
3475 telephone or other form of electronic communication, or by
3476 recorded message, that notification has been received. Attempts
3477 to notify the parent, guardian, caregiver, or guardian advocate
3478 must be repeated at least once every hour during the first 12
3479 hours after the minor's arrival and once every 24 hours
3480 thereafter and must continue until such confirmation is
3481 received, unless the minor is released at the end of the 72-hour
3482 examination period, or until a petition for involuntary services

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3483 ~~placement~~ is filed with the court pursuant to s. 394.463(2)(g)
3484 ~~s. 394.463(2)(i)~~. The receiving facility may seek assistance
3485 from a law enforcement agency to notify the minor's parent,
3486 guardian, caregiver, or guardian advocate if the facility has
3487 not received within the first 24 hours after the minor's arrival
3488 a confirmation by the parent, guardian, caregiver, or guardian
3489 advocate that notification has been received. The receiving
3490 facility must document notification attempts in the minor's
3491 clinical record.

3492 Section 57. Subsection (3) of section 394.495, Florida
3493 Statutes, is amended to read:

3494 394.495 Child and adolescent mental health system of care;
3495 programs and services.—

3496 (3) Assessments must be performed by:

3497 (a) A professional as defined in s. 394.455(6), (8), (34),
3498 (37), or (38) ~~s. 394.455(2), (4), (21), (23), or (24)~~;

3499 (b) A professional licensed under chapter 491; or

3500 (c) A person who is under the direct supervision of a
3501 professional as defined in s. 394.455(6), (8), (34), (37), or
3502 (38) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a professional
3503 licensed under chapter 491.

3504 Section 58. Subsection (5) of section 394.496, Florida
3505 Statutes, is amended to read:

3506 394.496 Service planning.—

3507 (5) A professional as defined in s. 394.455(6), (8), (34),
3508 (37), or (38) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a
3509 professional licensed under chapter 491 must be included among
3510 those persons developing the services plan.

3511 Section 59. Subsection (6) of section 394.9085, Florida

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3512 Statutes, is amended to read:

3513 394.9085 Behavioral provider liability.—

3514 (6) For purposes of this section, the terms “detoxification
3515 services,” “addictions receiving facility,” and “receiving
3516 facility” have the same meanings as those provided in ss.
3517 397.311(24)(a)4., 397.311(24)(a)1., and 394.455(41) ss.
3518 ~~397.311(22)(a)4., 397.311(22)(a)1., and 394.455(26),~~
3519 respectively.

3520 Section 60. Subsection (15) of section 397.321, Florida
3521 Statutes, is amended, and subsections (16) through (20) of that
3522 section are redesignated as subsections (15) through (19),
3523 respectively, to read:

3524 397.321 Duties of the department.—The department shall:

3525 ~~(15) Appoint a substance abuse impairment coordinator to~~
3526 ~~represent the department in efforts initiated by the statewide~~
3527 ~~substance abuse impairment prevention and treatment coordinator~~
3528 ~~established in s. 397.801 and to assist the statewide~~
3529 ~~coordinator in fulfilling the responsibilities of that position.~~

3530 Section 61. Subsection (8) of section 397.405, Florida
3531 Statutes, is amended to read:

3532 397.405 Exemptions from licensure.—The following are exempt
3533 from the licensing provisions of this chapter:

3534 (8) A legally cognizable church or nonprofit religious
3535 organization or denomination providing substance abuse services,
3536 including prevention services, which are solely religious,
3537 spiritual, or ecclesiastical in nature. A church or nonprofit
3538 religious organization or denomination providing any of the
3539 licensed service components itemized under s. 397.311(24) s.
3540 ~~397.311(22)~~ is not exempt from substance abuse licensure but

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3541 retains its exemption with respect to all services which are
3542 solely religious, spiritual, or ecclesiastical in nature.

3543
3544 The exemptions from licensure in this section do not apply to
3545 any service provider that receives an appropriation, grant, or
3546 contract from the state to operate as a service provider as
3547 defined in this chapter or to any substance abuse program
3548 regulated pursuant to s. 397.406. Furthermore, this chapter may
3549 not be construed to limit the practice of a physician or
3550 physician assistant licensed under chapter 458 or chapter 459, a
3551 psychologist licensed under chapter 490, a psychotherapist
3552 licensed under chapter 491, or an advanced registered nurse
3553 practitioner licensed under part I of chapter 464, who provides
3554 substance abuse treatment, so long as the physician, physician
3555 assistant, psychologist, psychotherapist, or advanced registered
3556 nurse practitioner does not represent to the public that he or
3557 she is a licensed service provider and does not provide services
3558 to individuals pursuant to part V of this chapter. Failure to
3559 comply with any requirement necessary to maintain an exempt
3560 status under this section is a misdemeanor of the first degree,
3561 punishable as provided in s. 775.082 or s. 775.083.

3562 Section 62. Subsections (1) and (5) of section 397.407,
3563 Florida Statutes, are amended to read:

3564 397.407 Licensure process; fees.—

3565 (1) The department shall establish the licensure process to
3566 include fees and categories of licenses and must prescribe a fee
3567 range that is based, at least in part, on the number and
3568 complexity of programs listed in s. 397.311(24) ~~s. 397.311(22)~~
3569 which are operated by a licensee. The fees from the licensure of

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3570 service components are sufficient to cover at least 50 percent
3571 of the costs of regulating the service components. The
3572 department shall specify a fee range for public and privately
3573 funded licensed service providers. Fees for privately funded
3574 licensed service providers must exceed the fees for publicly
3575 funded licensed service providers.

3576 (5) The department may issue probationary, regular, and
3577 interim licenses. The department shall issue one license for
3578 each service component that is operated by a service provider
3579 and defined pursuant to s. 397.311(24) ~~s. 397.311(22)~~. The
3580 license is valid only for the specific service components listed
3581 for each specific location identified on the license. The
3582 licensed service provider shall apply for a new license at least
3583 60 days before the addition of any service components or 30 days
3584 before the relocation of any of its service sites. Provision of
3585 service components or delivery of services at a location not
3586 identified on the license may be considered an unlicensed
3587 operation that authorizes the department to seek an injunction
3588 against operation as provided in s. 397.401, in addition to
3589 other sanctions authorized by s. 397.415. Probationary and
3590 regular licenses may be issued only after all required
3591 information has been submitted. A license may not be
3592 transferred. As used in this subsection, the term "transfer"
3593 includes, but is not limited to, the transfer of a majority of
3594 the ownership interest in the licensed entity or transfer of
3595 responsibilities under the license to another entity by
3596 contractual arrangement.

3597 Section 63. Section 397.416, Florida Statutes, is amended
3598 to read:

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3599 397.416 Substance abuse treatment services; qualified
3600 professional.—Notwithstanding any other provision of law, a
3601 person who was certified through a certification process
3602 recognized by the former Department of Health and Rehabilitative
3603 Services before January 1, 1995, may perform the duties of a
3604 qualified professional with respect to substance abuse treatment
3605 services as defined in this chapter, and need not meet the
3606 certification requirements contained in s. 397.311(32) ~~s.~~
3607 ~~397.311(30)~~.

3608 Section 64. Subsection (2) of section 397.4871, Florida
3609 Statutes, is amended to read:

3610 397.4871 Recovery residence administrator certification.—

3611 (2) The department shall approve at least one credentialing
3612 entity by December 1, 2015, for the purpose of developing and
3613 administering a voluntary credentialing program for
3614 administrators. The department shall approve any credentialing
3615 entity that the department endorses pursuant to s. 397.321(15)
3616 ~~s. 397.321(16)~~ if the credentialing entity also meets the
3617 requirements of this section. The approved credentialing entity
3618 shall:

3619 (a) Establish recovery residence administrator core
3620 competencies, certification requirements, testing instruments,
3621 and recertification requirements.

3622 (b) Establish a process to administer the certification
3623 application, award, and maintenance processes.

3624 (c) Develop and administer:

3625 1. A code of ethics and disciplinary process.

3626 2. Biennial continuing education requirements and annual
3627 certification renewal requirements.

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3628 3. An education provider program to approve training
3629 entities that are qualified to provide precertification training
3630 to applicants and continuing education opportunities to
3631 certified persons.

3632 Section 65. Paragraph (e) of subsection (3) of section
3633 409.966, Florida Statutes, is amended to read:

3634 409.966 Eligible plans; selection.—

3635 (3) QUALITY SELECTION CRITERIA.—

3636 (e) To ensure managed care plan participation in Regions 1
3637 and 2, the agency shall award an additional contract to each
3638 plan with a contract award in Region 1 or Region 2. Such
3639 contract shall be in any other region in which the plan
3640 submitted a responsive bid and negotiates a rate acceptable to
3641 the agency. If a plan that is awarded an additional contract
3642 pursuant to this paragraph is subject to penalties pursuant to
3643 s. 409.967(2)(i) ~~s. 409.967(2)(h)~~ for activities in Region 1 or
3644 Region 2, the additional contract is automatically terminated
3645 180 days after the imposition of the penalties. The plan must
3646 reimburse the agency for the cost of enrollment changes and
3647 other transition activities.

3648 Section 66. Paragraph (b) of subsection (1) of section
3649 409.972, Florida Statutes, is amended to read:

3650 409.972 Mandatory and voluntary enrollment.—

3651 (1) The following Medicaid-eligible persons are exempt from
3652 mandatory managed care enrollment required by s. 409.965, and
3653 may voluntarily choose to participate in the managed medical
3654 assistance program:

3655 (b) Medicaid recipients residing in residential commitment
3656 facilities operated through the Department of Juvenile Justice

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3657 or a ~~mental health~~ treatment facility ~~facilities~~ as defined in
3658 s. 394.455(50) ~~by s. 394.455(32)~~.

3659 Section 67. Paragraphs (d) and (g) of subsection (1) of
3660 section 440.102, Florida Statutes, are amended to read:

3661 440.102 Drug-free workplace program requirements.—The
3662 following provisions apply to a drug-free workplace program
3663 implemented pursuant to law or to rules adopted by the Agency
3664 for Health Care Administration:

3665 (1) DEFINITIONS.—Except where the context otherwise
3666 requires, as used in this act:

3667 (d) "Drug rehabilitation program" means a service provider,
3668 established pursuant to s. 397.311(41) ~~s. 397.311(39)~~, that
3669 provides confidential, timely, and expert identification,
3670 assessment, and resolution of employee drug abuse.

3671 (g) "Employee assistance program" means an established
3672 program capable of providing expert assessment of employee
3673 personal concerns; confidential and timely identification
3674 services with regard to employee drug abuse; referrals of
3675 employees for appropriate diagnosis, treatment, and assistance;
3676 and followup services for employees who participate in the
3677 program or require monitoring after returning to work. If, in
3678 addition to the above activities, an employee assistance program
3679 provides diagnostic and treatment services, these services shall
3680 in all cases be provided by service providers pursuant to s.
3681 397.311(41) ~~s. 397.311(39)~~.

3682 Section 68. Subsection (7) of section 744.704, Florida
3683 Statutes, is amended to read:

3684 744.704 Powers and duties.—

3685 (7) A public guardian may ~~shall~~ not commit a ward to a

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3686 ~~mental health~~ treatment facility, as defined in s. 394.455(50)
3687 ~~s. 394.455(32)~~, without an involuntary placement proceeding as
3688 provided by law.

3689 Section 69. Paragraph (a) of subsection (2) of section
3690 790.065, Florida Statutes, is amended to read:

3691 790.065 Sale and delivery of firearms.—

3692 (2) Upon receipt of a request for a criminal history record
3693 check, the Department of Law Enforcement shall, during the
3694 licensee's call or by return call, forthwith:

3695 (a) Review any records available to determine if the
3696 potential buyer or transferee:

3697 1. Has been convicted of a felony and is prohibited from
3698 receipt or possession of a firearm pursuant to s. 790.23;

3699 2. Has been convicted of a misdemeanor crime of domestic
3700 violence, and therefore is prohibited from purchasing a firearm;

3701 3. Has had adjudication of guilt withheld or imposition of
3702 sentence suspended on any felony or misdemeanor crime of
3703 domestic violence unless 3 years have elapsed since probation or
3704 any other conditions set by the court have been fulfilled or
3705 expunction has occurred; or

3706 4. Has been adjudicated mentally defective or has been
3707 committed to a mental institution by a court or as provided in
3708 sub-sub-subparagraph b.(II), and as a result is prohibited by
3709 state or federal law from purchasing a firearm.

3710 a. As used in this subparagraph, "adjudicated mentally
3711 defective" means a determination by a court that a person, as a
3712 result of marked subnormal intelligence, or mental illness,
3713 incompetency, condition, or disease, is a danger to himself or
3714 herself or to others or lacks the mental capacity to contract or

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3715 manage his or her own affairs. The phrase includes a judicial
3716 finding of incapacity under s. 744.331(6)(a), an acquittal by
3717 reason of insanity of a person charged with a criminal offense,
3718 and a judicial finding that a criminal defendant is not
3719 competent to stand trial.

3720 b. As used in this subparagraph, "committed to a mental
3721 institution" means:

3722 (I) Involuntary commitment, commitment for mental
3723 defectiveness or mental illness, and commitment for substance
3724 abuse. The phrase includes involuntary inpatient placement as
3725 defined in s. 394.467, involuntary outpatient services ~~placement~~
3726 as defined in s. 394.4655, involuntary assessment and
3727 stabilization under s. 397.6818, and involuntary substance abuse
3728 treatment under s. 397.6957, but does not include a person in a
3729 mental institution for observation or discharged from a mental
3730 institution based upon the initial review by the physician or a
3731 voluntary admission to a mental institution; or

3732 (II) Notwithstanding sub-sub-subparagraph (I), voluntary
3733 admission to a mental institution for outpatient or inpatient
3734 treatment of a person who had an involuntary examination under
3735 s. 394.463, where each of the following conditions have been
3736 met:

3737 (A) An examining physician found that the person is an
3738 imminent danger to himself or herself or others.

3739 (B) The examining physician certified that if the person
3740 did not agree to voluntary treatment, a petition for involuntary
3741 outpatient or inpatient services ~~treatment~~ would have been filed
3742 under s. 394.463(2)(g) ~~s. 394.463(2)(i)4.~~, or the examining
3743 physician certified that a petition was filed and the person

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3744 subsequently agreed to voluntary treatment before ~~prior to~~ a
3745 court hearing on the petition.

3746 (C) Before agreeing to voluntary treatment, the person
3747 received written notice of that finding and certification, and
3748 written notice that as a result of such finding, he or she may
3749 be prohibited from purchasing a firearm, and may not be eligible
3750 to apply for or retain a concealed weapon or firearms license
3751 under s. 790.06 and the person acknowledged such notice in
3752 writing, in substantially the following form:

3753

3754 "I understand that the doctor who examined me believes
3755 I am a danger to myself or to others. I understand
3756 that if I do not agree to voluntary treatment, a
3757 petition will be filed in court to require me to
3758 receive involuntary treatment. I understand that if
3759 that petition is filed, I have the right to contest
3760 it. In the event a petition has been filed, I
3761 understand that I can subsequently agree to voluntary
3762 treatment prior to a court hearing. I understand that
3763 by agreeing to voluntary treatment in either of these
3764 situations, I may be prohibited from buying firearms
3765 and from applying for or retaining a concealed weapons
3766 or firearms license until I apply for and receive
3767 relief from that restriction under Florida law."

3768

3769 (D) A judge or a magistrate has, pursuant to sub-sub-
3770 subparagraph c.(II), reviewed the record of the finding,
3771 certification, notice, and written acknowledgment classifying
3772 the person as an imminent danger to himself or herself or

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3773 others, and ordered that such record be submitted to the
3774 department.

3775 c. In order to check for these conditions, the department
3776 shall compile and maintain an automated database of persons who
3777 are prohibited from purchasing a firearm based on court records
3778 of adjudications of mental defectiveness or commitments to
3779 mental institutions.

3780 (I) Except as provided in sub-sub-subparagraph (II), clerks
3781 of court shall submit these records to the department within 1
3782 month after the rendition of the adjudication or commitment.
3783 Reports shall be submitted in an automated format. The reports
3784 must, at a minimum, include the name, along with any known alias
3785 or former name, the sex, and the date of birth of the subject.

3786 (II) For persons committed to a mental institution pursuant
3787 to sub-sub-subparagraph b.(II), within 24 hours after the
3788 person's agreement to voluntary admission, a record of the
3789 finding, certification, notice, and written acknowledgment must
3790 be filed by the administrator of the receiving or treatment
3791 facility, as defined in s. 394.455, with the clerk of the court
3792 for the county in which the involuntary examination under s.
3793 394.463 occurred. No fee shall be charged for the filing under
3794 this sub-sub-subparagraph. The clerk must present the records to
3795 a judge or magistrate within 24 hours after receipt of the
3796 records. A judge or magistrate is required and has the lawful
3797 authority to review the records ex parte and, if the judge or
3798 magistrate determines that the record supports the classifying
3799 of the person as an imminent danger to himself or herself or
3800 others, to order that the record be submitted to the department.
3801 If a judge or magistrate orders the submittal of the record to

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3802 the department, the record must be submitted to the department
3803 within 24 hours.

3804 d. A person who has been adjudicated mentally defective or
3805 committed to a mental institution, as those terms are defined in
3806 this paragraph, may petition the circuit court that made the
3807 adjudication or commitment, or the court that ordered that the
3808 record be submitted to the department pursuant to sub-sub-
3809 subparagraph c.(II), for relief from the firearm disabilities
3810 imposed by such adjudication or commitment. A copy of the
3811 petition shall be served on the state attorney for the county in
3812 which the person was adjudicated or committed. The state
3813 attorney may object to and present evidence relevant to the
3814 relief sought by the petition. The hearing on the petition may
3815 be open or closed as the petitioner may choose. The petitioner
3816 may present evidence and subpoena witnesses to appear at the
3817 hearing on the petition. The petitioner may confront and cross-
3818 examine witnesses called by the state attorney. A record of the
3819 hearing shall be made by a certified court reporter or by court-
3820 approved electronic means. The court shall make written findings
3821 of fact and conclusions of law on the issues before it and issue
3822 a final order. The court shall grant the relief requested in the
3823 petition if the court finds, based on the evidence presented
3824 with respect to the petitioner's reputation, the petitioner's
3825 mental health record and, if applicable, criminal history
3826 record, the circumstances surrounding the firearm disability,
3827 and any other evidence in the record, that the petitioner will
3828 not be likely to act in a manner that is dangerous to public
3829 safety and that granting the relief would not be contrary to the
3830 public interest. If the final order denies relief, the

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3831 petitioner may not petition again for relief from firearm
3832 disabilities until 1 year after the date of the final order. The
3833 petitioner may seek judicial review of a final order denying
3834 relief in the district court of appeal having jurisdiction over
3835 the court that issued the order. The review shall be conducted
3836 de novo. Relief from a firearm disability granted under this
3837 sub-subparagraph has no effect on the loss of civil rights,
3838 including firearm rights, for any reason other than the
3839 particular adjudication of mental defectiveness or commitment to
3840 a mental institution from which relief is granted.

3841 e. Upon receipt of proper notice of relief from firearm
3842 disabilities granted under sub-subparagraph d., the department
3843 shall delete any mental health record of the person granted
3844 relief from the automated database of persons who are prohibited
3845 from purchasing a firearm based on court records of
3846 adjudications of mental defectiveness or commitments to mental
3847 institutions.

3848 f. The department is authorized to disclose data collected
3849 pursuant to this subparagraph to agencies of the Federal
3850 Government and other states for use exclusively in determining
3851 the lawfulness of a firearm sale or transfer. The department is
3852 also authorized to disclose this data to the Department of
3853 Agriculture and Consumer Services for purposes of determining
3854 eligibility for issuance of a concealed weapons or concealed
3855 firearms license and for determining whether a basis exists for
3856 revoking or suspending a previously issued license pursuant to
3857 s. 790.06(10). When a potential buyer or transferee appeals a
3858 nonapproval based on these records, the clerks of court and
3859 mental institutions shall, upon request by the department,

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3860 provide information to help determine whether the potential
3861 buyer or transferee is the same person as the subject of the
3862 record. Photographs and any other data that could confirm or
3863 negate identity must be made available to the department for
3864 such purposes, notwithstanding any other provision of state law
3865 to the contrary. Any such information that is made confidential
3866 or exempt from disclosure by law shall retain such confidential
3867 or exempt status when transferred to the department.

3868 Section 70. This act shall take effect July 1, 2016.