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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

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30 department regarding continuity of care management
31 systems; amending s. 394.4597, F.S.; revising the
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;

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59 requiring a service provider to document certain
60 inquiries; requiring the managing entity to document
61 certain efforts; making technical changes; amending s.
62 394.467, F.S.; revising criteria for involuntary
63 inpatient placement; requiring a facility filing a
64 petition for involuntary inpatient placement to send a
65 copy to the department and managing entity; revising
66 criteria for a hearing on involuntary inpatient
67 placement; revising criteria for a procedure for
68 continued involuntary inpatient services; specifying
69 requirements for a certain waiver of the patient's
70 attendance at a hearing; requiring the court to
71 consider certain testimony and evidence regarding a
72 patient's incompetence; amending s. 394.46715, F.S.;
73 revising rulemaking authority of the department;
74 amending s. 394.656, F.S.; revising the membership of
75 the Criminal Justice, Mental Health, and Substance
76 Abuse Statewide Grant Review Committee; providing
77 duties for the committee; authorizing a not-for-profit
78 community provider or managing entity to apply for
79 certain grants; revising eligibility for such grants;
80 defining a term; creating s. 394.761, F.S.;
81 authorizing the agency and the department to develop a
82 plan for revenue maximization; requiring the plan to
83 be submitted to the Legislature by a certain date;
84 amending s. 394.875, F.S.; requiring the department to
85 modify licensure rules and procedures to create an
86 option for a single, consolidated license for certain
87 providers by a specified date; amending s. 394.9082,

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

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117 amending s. 397.681, F.S.; prohibiting the court from
118 charging a fee for involuntary petitions; amending s.
119 397.6811, F.S.; revising the list of persons who may
120 file a petition for an involuntary assessment and
121 stabilization; amending s. 397.6814, F.S.; prohibiting
122 a fee from being charged for the filing of a petition
123 for involuntary assessment and stabilization; amending
124 s. 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

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146 involuntary outpatient services under certain
147 circumstances; requiring the service provider to
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

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175 quality care; amending s. 409.973, F.S.; providing an
176 integrated behavioral health initiative; amending s.
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,

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204 409.972, 440.102, 744.704, and 790.065, F.S.;

205 conforming cross-references; requiring the Department

206 of Children and Families to create a workgroup on the

207 use of advance directives for substance use disorders;

208 requiring a report to the Governor, President of the

209 Senate, and Speaker of the House of Representatives;

210 providing an effective date.

211

212 Be It Enacted by the Legislature of the State of Florida:

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214 Section 1. Paragraph (e) is added to subsection (10) of

215 section 29.004, Florida Statutes, to read:

216 29.004 State courts system.—For purposes of implementing s.

217 14, Art. V of the State Constitution, the elements of the state

218 courts system to be provided from state revenues appropriated by

219 general law are as follows:

220 (10) Case management. Case management includes:

221 (e) Service referral, coordination, monitoring, and

222 tracking for mental health programs under chapter 394.

223

224 Case management may not include costs associated with the

225 application of therapeutic jurisprudence principles by the

226 courts. Case management also may not include case intake and

227 records management conducted by the clerk of court.

228 Section 2. Subsection (6) of section 39.001, Florida

229 Statutes, is amended to read:

230 39.001 Purposes and intent; personnel standards and

231 screening.—

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

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233 (a) The Legislature recognizes that early referral and
234 comprehensive treatment can help combat mental illness and
235 substance abuse disorders in families and that treatment is
236 cost-effective.

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

- 240 1. To ensure the safety of children.
- 241 2. To prevent and remediate the consequences of mental
242 illness and substance abuse disorders on families involved in
243 protective supervision or foster care and reduce the occurrences
244 of mental illness and substance abuse disorders, including
245 alcohol abuse or other related disorders, for families who are
246 at risk of being involved in protective supervision or foster
247 care.
- 248 3. To expedite permanency for children and reunify healthy,
249 intact families, when appropriate.
- 250 4. To support families in recovery.

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

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262 with personal or family-related mental illness and substance
263 abuse problems.

264 (d) It is the intent of the Legislature to encourage the
265 use of the mental health programs established under chapter 394
266 and the drug court program model established under ~~by~~ s. 397.334
267 and authorize courts to assess children and persons who have
268 custody or are requesting custody of children where good cause
269 is shown to identify and address mental illnesses and substance
270 abuse disorders ~~problems~~ as the court deems appropriate at every
271 stage of the dependency process. Participation in treatment,
272 including a treatment-based mental health court program or a
273 treatment-based drug court program, may be required by the court
274 following adjudication. Participation in assessment and
275 treatment before ~~prior to~~ adjudication is ~~shall be~~ voluntary,
276 except as provided in s. 39.407(16).

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

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

289 Section 3. Paragraph (c) of subsection (6) of section
290 39.407, Florida Statutes, is amended to read:

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291 39.407 Medical, psychiatric, and psychological examination
292 and treatment of child; physical, mental, or substance abuse
293 examination of person with or requesting child custody.—

294 (6) Children who are in the legal custody of the department
295 may be placed by the department, without prior approval of the
296 court, in a residential treatment center licensed under s.
297 394.875 or a hospital licensed under chapter 395 for residential
298 mental health treatment only pursuant to this section or may be
299 placed by the court in accordance with an order of involuntary
300 examination or involuntary placement entered pursuant to s.
301 394.463 or s. 394.467. All children placed in a residential
302 treatment program under this subsection must have a guardian ad
303 litem appointed.

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

309 1. The child appears to have an emotional disturbance
310 serious enough to require residential treatment and is
311 reasonably likely to benefit from the treatment.

312 2. The child has been provided with a clinically
313 appropriate explanation of the nature and purpose of the
314 treatment.

315 3. All available modalities of treatment less restrictive
316 than residential treatment have been considered, and a less
317 restrictive alternative that would offer comparable benefits to
318 the child is unavailable.

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320 A copy of the written findings of the evaluation and suitability
321 assessment must be provided to the department, ~~and~~ to the
322 guardian ad litem, and, if the child is a member of a Medicaid
323 Managed Health Care Plan, to the plan that is financially
324 responsible for the child's care in residential treatment, any
325 of whom must be provided ~~who shall have~~ the opportunity to
326 discuss the findings with the evaluator.

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

329 39.507 Adjudicatory hearings; orders of adjudication.—

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

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349 child. The court may impose appropriate available sanctions for
350 noncompliance upon a person who has custody or is requesting
351 custody of the child or make a finding of noncompliance for
352 consideration in determining whether an alternative placement of
353 the child is in the child's best interests. Any order entered
354 under this subsection may be made only upon good cause shown.
355 This subsection does not authorize placement of a child with a
356 person seeking custody, other than the parent or legal
357 custodian, who requires mental health or substance abuse
358 disorder treatment.

359 Section 5. Paragraph (b) of subsection (1) of section
360 39.521, Florida Statutes, is amended to read:

361 39.521 Disposition hearings; powers of disposition.—

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

370 (b) When any child is adjudicated by a court to be
371 dependent, the court having jurisdiction of the child has the
372 power by order to:

373 1. Require the parent and, when appropriate, the legal
374 custodian and the child to participate in treatment and services
375 identified as necessary. The court may require the person who
376 has custody or who is requesting custody of the child to submit
377 to a mental illness or substance abuse disorder assessment or

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378 evaluation. The order may be made only upon good cause shown and
379 pursuant to notice and procedural requirements provided under
380 the Florida Rules of Juvenile Procedure. The assessment or
381 evaluation must be administered by an appropriate a qualified
382 professional, as defined in s. 394.455 or s. 397.311. The court
383 may also require such person to participate in and comply with
384 treatment and services identified as necessary, including, when
385 appropriate and available, participation in and compliance with
386 a mental health program established under chapter 394 or a
387 treatment-based drug court program established under s. 397.334.
388 In addition to supervision by the department, the court,
389 including a treatment-based mental health court program or a ~~the~~
390 treatment-based drug court program, may oversee the progress and
391 compliance with treatment by a person who has custody or is
392 requesting custody of the child. The court may impose
393 appropriate available sanctions for noncompliance upon a person
394 who has custody or is requesting custody of the child or make a
395 finding of noncompliance for consideration in determining
396 whether an alternative placement of the child is in the child's
397 best interests. Any order entered under this subparagraph may be
398 made only upon good cause shown. This subparagraph does not
399 authorize placement of a child with a person seeking custody of
400 the child, other than the child's parent or legal custodian, who
401 requires mental health or substance abuse treatment.

402 2. Require, if the court deems necessary, the parties to
403 participate in dependency mediation.

404 3. Require placement of the child either under the
405 protective supervision of an authorized agent of the department
406 in the home of one or both of the child's parents or in the home

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407 of a relative of the child or another adult approved by the
408 court, or in the custody of the department. Protective
409 supervision continues until the court terminates it or until the
410 child reaches the age of 18, whichever date is first. Protective
411 supervision shall be terminated by the court whenever the court
412 determines that permanency has been achieved for the child,
413 whether with a parent, another relative, or a legal custodian,
414 and that protective supervision is no longer needed. The
415 termination of supervision may be with or without retaining
416 jurisdiction, at the court's discretion, and shall in either
417 case be considered a permanency option for the child. The order
418 terminating supervision by the department must ~~shall~~ set forth
419 the powers of the custodian of the child and ~~shall~~ include the
420 powers ordinarily granted to a guardian of the person of a minor
421 unless otherwise specified. Upon the court's termination of
422 supervision by the department, ~~no~~ further judicial reviews are
423 not required if, ~~so long as~~ permanency has been established for
424 the child.

425 Section 6. Section 394.455, Florida Statutes, is amended to
426 read:

427 394.455 Definitions.—As used in this part, ~~unless the~~
428 ~~context clearly requires otherwise,~~ the term:

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

435 (2) "Addictions receiving facility" is a secure, acute care

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436 facility that, at a minimum, provides emergency screening,
437 evaluation, detoxification and stabilization services; is
438 operated 24 hours per day, 7 days per week; and is designated by
439 the department to serve individuals found to have substance
440 abuse impairment who qualify for services under this part.

441 (3)~~(1)~~ "Administrator" means the chief administrative
442 officer of a receiving or treatment facility or his or her
443 designee.

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

447 (5) "Advanced registered nurse practitioner" means any
448 person licensed in this state to practice professional nursing
449 who is certified in advanced or specialized nursing practice
450 under s. 464.012.

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

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

463 (8)~~(4)~~ "Clinical social worker" means a person licensed as
464 a clinical social worker under s. 491.005 or s. 491.006 ~~chapter~~

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465 491.

466 (9)~~(5)~~ "Community facility" means a any community service
467 provider that contracts ~~contracting~~ with the department to
468 furnish substance abuse or mental health services under part IV
469 of this chapter.

470 (10)~~(6)~~ "Community mental health center or clinic" means a
471 publicly funded, not-for-profit center that ~~which~~ contracts with
472 the department for the provision of inpatient, outpatient, day
473 treatment, or emergency services.

474 (11)~~(7)~~ "Court," unless otherwise specified, means the
475 circuit court.

476 (12)~~(8)~~ "Department" means the Department of Children and
477 Families.

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

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

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

491 (16)~~(9)~~ "Express and informed consent" means consent
492 voluntarily given in writing, by a competent person, after
493 sufficient explanation and disclosure of the subject matter

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494 involved to enable the person to make a knowing and willful
495 decision without any element of force, fraud, deceit, duress, or
496 other form of constraint or coercion.

497 (17)~~(10)~~ "Facility" means any hospital, community facility,
498 public or private facility, or receiving or treatment facility
499 providing for the evaluation, diagnosis, care, treatment,
500 training, or hospitalization of persons who appear to have a
501 ~~mental illness~~ or who have been diagnosed as having a mental
502 illness or substance abuse impairment. The term "Facility" does
503 not include a any program or an entity licensed under ~~pursuant~~
504 ~~to~~ chapter 400 or chapter 429.

505 (18) "Governmental facility" means a facility owned,
506 operated, or administered by the Department of Corrections or
507 the United States Department of Veterans Affairs.

508 (19)~~(11)~~ "Guardian" means the natural guardian of a minor,
509 or a person appointed by a court to act on behalf of a ward's
510 person if the ward is a minor or has been adjudicated
511 incapacitated.

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

518 (21)~~(13)~~ "Hospital" means a hospital ~~facility as defined in~~
519 ~~s. 395.002 and~~ licensed under chapter 395 and part II of chapter
520 408.

521 (22)~~(14)~~ "Incapacitated" means that a person has been
522 adjudicated incapacitated pursuant to part V of chapter 744 and

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523 a guardian of the person has been appointed.

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

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

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

536 (26)~~(16)~~ "Law enforcement officer" has the same meaning as
537 provided ~~means a law enforcement officer as defined in s.~~
538 943.10.

539 (27) "Marriage and family therapist" means a person
540 licensed to practice marriage and family therapy under s.
541 491.005 or s. 491.006.

542 (28) "Mental health counselor" means a person licensed to
543 practice mental health counseling under s. 491.005 or s.
544 491.006.

545 (29)~~(17)~~ "Mental health overlay program" means a mobile
546 service that ~~which~~ provides an independent examination for
547 voluntary admission ~~admissions~~ and a range of supplemental
548 onsite services to persons with a mental illness in a
549 residential setting such as a nursing home, an assisted living
550 facility, or an adult family-care home, ~~or a~~ nonresidential
551 setting such as an adult day care center. Independent

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552 examinations provided ~~pursuant to this part~~ through a mental
553 health overlay program must only be provided under contract with
554 the department ~~for this service~~ or be attached to a public
555 receiving facility that is also a community mental health
556 center.

557 ~~(30)-(18)~~ "Mental illness" means an impairment of the mental
558 or emotional processes that exercise conscious control of one's
559 actions or of the ability to perceive or understand reality,
560 which impairment substantially interferes with the person's
561 ability to meet the ordinary demands of living. For the purposes
562 of this part, the term does not include a developmental
563 disability as defined in chapter 393, intoxication, or
564 conditions manifested only by antisocial behavior or substance
565 abuse ~~impairment~~.

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

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

577 ~~(33)-(20)~~ "Patient" means any person, with or without a co-
578 occurring substance abuse disorder who is held or accepted for
579 mental health treatment.

580 ~~(34)-(21)~~ "Physician" means a medical practitioner licensed

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581 under chapter 458 or chapter 459 ~~who has experience in the~~
582 ~~diagnosis and treatment of mental and nervous disorders~~ or a
583 physician employed by a facility operated by the United States
584 Department of Veterans Affairs or the United States Department
585 of Defense ~~which qualifies as a receiving or treatment facility~~
586 ~~under this part.~~

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

590 (36)~~(22)~~ "Private facility" means any hospital or facility
591 operated by a for-profit or not-for-profit corporation or
592 association which ~~that~~ provides mental health or substance abuse
593 services and is not a public facility.

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

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

605 (39)~~(25)~~ "Public facility" means a ~~any~~ facility that has
606 contracted with the department to provide mental health services
607 to all persons, regardless of ~~their~~ ability to pay, and is
608 receiving state funds for such purpose.

609 (40) "Qualified professional" means a physician or a

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610 physician assistant licensed under chapter 458 or chapter 459; a
611 professional licensed under chapter 490.003(7) or chapter 491; a
612 psychiatrist licensed under chapter 458 or chapter 459; or a
613 psychiatric nurse as defined in subsection (37).

614 ~~(41)-(26)~~ "Receiving facility" means any public or private
615 facility or hospital designated by the department to receive and
616 hold or refer, as appropriate, involuntary patients under
617 emergency conditions ~~or~~ for mental health or substance abuse
618 psychiatric evaluation and to provide short-term treatment or
619 transportation to the appropriate service provider. The term
620 does not include a county jail.

621 ~~(42)-(27)~~ "Representative" means a person selected to
622 receive notice of proceedings during the time a patient is held
623 in or admitted to a receiving or treatment facility.

624 ~~(43)-(28)(a)~~ "Restraint" means: ~~a physical device, method,~~
625 ~~or drug used to control behavior.~~

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

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639 position or proper balance, or when used to protect a person
640 from falling out of bed.

641 (b) A drug or ~~used as a restraint is a~~ medication used to
642 control a ~~the~~ person's behavior or to restrict his or her
643 freedom of movement which ~~and~~ is not part of the standard
644 treatment regimen of a person with a diagnosed mental illness
645 ~~who is a client of the department. Physically holding a person~~
646 ~~during a procedure to forcibly administer psychotropic~~
647 ~~medication is a physical restraint.~~

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

656 (44) "School psychologist" has the same meaning as in s.
657 490.003.

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

666 (46) ~~(30)~~ "Secretary" means the Secretary of Children and
667 Families.

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668 (47) "Service provider" means a receiving facility, any
669 facility licensed under chapter 397, a treatment facility, an
670 entity under contract with the department to provide mental
671 health or substance abuse services, a community mental health
672 center or clinic, a psychologist, a clinical social worker, a
673 marriage and family therapist, a mental health counselor, a
674 physician, a psychiatrist, an advanced registered nurse
675 practitioner, a psychiatric nurse, or a qualified professional
676 as defined in this section.

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

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

690 (50)~~(32)~~ "Treatment facility" means a ~~any~~ state-owned,
691 state-operated, or state-supported hospital, center, or clinic
692 designated by the department for extended treatment and
693 hospitalization, beyond that provided for by a receiving
694 facility, of persons who have a mental illness, including
695 facilities of the United States Government, and any private
696 facility designated by the department when rendering such

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697 services to a person pursuant to the provisions of this part.
698 Patients treated in facilities of the United States Government
699 shall be solely those whose care is the responsibility of the
700 United States Department of Veterans Affairs.

701 (51) "Triage center" means a facility that is designated by
702 the department and has medical, behavioral, and substance abuse
703 professionals present or on call to provide emergency screening
704 and evaluation of individuals transported to the center by a law
705 enforcement officer.

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

713 ~~(34) "Involuntary examination" means an examination~~
714 ~~performed under s. 394.463 to determine if an individual~~
715 ~~qualifies for involuntary inpatient treatment under s.~~
716 ~~394.467(1) or involuntary outpatient treatment under s.~~
717 ~~394.4655(1).~~

718 ~~(35) "Involuntary placement" means either involuntary~~
719 ~~outpatient treatment pursuant to s. 394.4655 or involuntary~~
720 ~~inpatient treatment pursuant to s. 394.467.~~

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

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

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

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726 ~~that requires all parties to maintain visual as well as audio~~
 727 ~~communication.~~

728 Section 7. Section 394.4573, Florida Statutes, is amended
 729 to read:

730 394.4573 Coordinated system of care; annual assessment;
 731 essential elements ~~Continuity of care management system;~~
 732 measures of performance; system improvement grants; reports. ~~On~~
 733 or before October 1 of each year, the department shall submit to
 734 the Governor, the President of the Senate, and the Speaker of
 735 the House of Representatives an assessment of the behavioral
 736 health services in this state in the context of the No-Wrong-
 737 Door model and standards set forth in this section. The
 738 department's assessment shall be based on both quantitative and
 739 qualitative data and must identify any significant regional
 740 variations. The assessment must include information gathered
 741 from managing entities; service providers; facilities performing
 742 acute behavioral health care triage functions for the community;
 743 crisis stabilization units; detoxification units; addictions
 744 receiving facilities and hospitals, both public and private; law
 745 enforcement; judicial officials; local governments; behavioral
 746 health consumers and their family members; and the public.

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

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

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

758 (c) "Client manager" means an employee of the managing
759 entity or entity under contract with the managing entity
760 ~~department~~ who is assigned to specific provider agencies and
761 geographic areas to ensure that the full range of needed
762 services is available to clients.

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

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

776 (2) The essential elements of a coordinated system of care
777 include:

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

781 (b) A designated receiving system shall consist of one or
782 more facilities serving a defined geographic area and
783 responsible for assessment and evaluation, both voluntary and

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784 involuntary, and treatment or triage for patients who present
785 with mental illness, substance abuse disorder, or co-occurring
786 disorders. A county or several counties shall plan the
787 designated receiving system through an inclusive process, that
788 includes the managing entity and is open to participation from
789 individuals with behavioral health needs, their families,
790 providers, law enforcement, and other parties. The county or
791 counties, in collaboration with the managing entity, shall
792 document the designated receiving system through memorandum of
793 agreement or other binding arrangements. The county or counties
794 and the managing entity shall approve the designated receiving
795 system by October 31, 2017, and the county or counties shall
796 review, update as necessary, and reapprove the designated
797 receiving system at least once every three years. The designated
798 receiving system shall function as a no-wrong-door model and may
799 be organized in any manner which functions as a no-wrong-door
800 model that responds to individual needs and integrates services
801 among various providers. Such models include but are not limited
802 to:

803 1. A central receiving system, which consists of a
804 designated central receiving facility that serves as a single
805 entry point for persons with mental health or substance abuse
806 disorders, or both. The central receiving facility must be
807 capable of assessment, evaluation, and triage or treatment for
808 various conditions and circumstances.

809 2. A coordinated receiving system, which consists of
810 multiple entry points that are linked by shared data systems,
811 formal referral agreements, and cooperative arrangements for
812 care coordination and case management. Each entry point must be

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813 a designated receiving facility and must provide or arrange for
814 necessary services following an initial assessment and
815 evaluation.

816 3. A tiered receiving system, which consists of multiple
817 entry points, some of which offer only specialized or limited
818 services. Each service provider must be classified according to
819 its capabilities as either a designated receiving facility, or
820 another type of service provider such as a residential
821 detoxification center, triage center, or an access center. All
822 participating service providers must be linked by methods to
823 share data that are compliant with both state and federal
824 patient privacy and confidentiality laws, formal referral
825 agreements, and cooperative arrangements for care coordination
826 and case management. An accurate inventory of the participating
827 service providers which specifies the capabilities and
828 limitations of each provider must be maintained and made
829 available at all times to all first responders in the service
830 area.

831 (c) Transportation in accordance with a plan developed
832 under s. 394.462.

833 (d) Crisis services, including mobile response teams,
834 crisis stabilization units, addiction receiving facilities, and
835 detoxification facilities.

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

839 (f) Outpatient services.

840 (g) Residential services.

841 (h) Hospital inpatient care.

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

843 (j) Medication-assisted treatment and medication
844 management.

845 (k) Recovery support, including housing assistance and
846 support for competitive employment, educational attainment,
847 independent living skills development, family support and
848 education, and wellness management and self-care.

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

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

856 (b) The extent to which the behavioral health system uses
857 evidence-informed practices and broadly disseminates the results
858 of quality improvement activities to all service providers.

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

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

864 (4) Subject to a specific appropriation by the Legislature,
865 the department may award system improvement grants to managing
866 entities based on the submission of a detailed plan to enhance
867 services, coordination, or performance measurement in accordance
868 with the model and standards specified in this section. Such a
869 grant must be awarded through a performance-based contract that
870 links payments to the documented and measurable achievement of

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871 system improvements ~~The department is directed to implement a~~
872 ~~continuity of care management system for the provision of mental~~
873 ~~health care, through the provision of client and case~~
874 ~~management, including clients referred from state treatment~~
875 ~~facilities to community mental health facilities. Such system~~
876 ~~shall include a network of client managers and case managers~~
877 ~~throughout the state designed to:~~

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

880 ~~(b) Provide for the creation or designation of an agency in~~
881 ~~each county to provide single intake services for each person~~
882 ~~seeking mental health services. Such agency shall provide~~
883 ~~information and referral services necessary to ensure that~~
884 ~~clients receive the most appropriate and least restrictive form~~
885 ~~of care, based on the individual needs of the person seeking~~
886 ~~treatment. Such agency shall have a single telephone number,~~
887 ~~operating 24 hours per day, 7 days per week, where practicable,~~
888 ~~at a central location, where each client will have a central~~
889 ~~record.~~

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

893 ~~(d) Require that any public receiving facility initiating a~~
894 ~~patient transfer to a licensed hospital for acute care mental~~
895 ~~health services not accessible through the public receiving~~
896 ~~facility shall notify the hospital of such transfer and send all~~
897 ~~records relating to the emergency psychiatric or medical~~
898 ~~condition.~~

899 ~~(3) The department is directed to develop and include in~~

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900 ~~contracts with service providers measures of performance with~~
901 ~~regard to goals and objectives as specified in the state plan.~~
902 ~~Such measures shall use, to the extent practical, existing data~~
903 ~~collection methods and reports and shall not require, as a~~
904 ~~result of this subsection, additional reports on the part of~~
905 ~~service providers. The department shall plan monitoring visits~~
906 ~~of community mental health facilities with other state, federal,~~
907 ~~and local governmental and private agencies charged with~~
908 ~~monitoring such facilities.~~

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

911 394.4597 Persons to be notified; patient's representative.—

912 (2) INVOLUNTARY PATIENTS.—

913 (d) When the receiving or treatment facility selects a
914 representative, first preference shall be given to a health care
915 surrogate, if one has been previously selected by the patient.
916 If the patient has not previously selected a health care
917 surrogate, the selection, except for good cause documented in
918 the patient's clinical record, shall be made from the following
919 list in the order of listing:

920 1. The patient's spouse.

921 2. An adult child of the patient.

922 3. A parent of the patient.

923 4. The adult next of kin of the patient.

924 5. An adult friend of the patient.

925 ~~6. The appropriate Florida local advocacy council as~~
926 ~~provided in s. 402.166.~~

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

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929 1. A professional providing clinical services to the
930 patient under this part.

931 2. The licensed professional who initiated the involuntary
932 examination of the patient, if the examination was initiated by
933 professional certificate.

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

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

938 5. A person providing any substantial professional services
939 to the patient, including clinical services.

940 6. A creditor of the patient.

941 7. A person subject to an injunction for protection against
942 domestic violence under s. 741.30, whether the order of
943 injunction is temporary or final, and for which the patient was
944 the petitioner.

945 8. A person subject to an injunction for protection against
946 repeat violence, stalking, sexual violence, or dating violence
947 under s. 784.046, whether the order of injunction is temporary
948 or final, and for which the patient was the petitioner A
949 ~~licensed professional providing services to the patient under~~
950 ~~this part, an employee of a facility providing direct services~~
951 ~~to the patient under this part, a department employee, a person~~
952 ~~providing other substantial services to the patient in a~~
953 ~~professional or business capacity, or a creditor of the patient~~
954 ~~shall not be appointed as the patient's representative.~~

955 Section 9. Present subsections (2) through (7) of section
956 394.4598, Florida Statutes, are redesignated as subsections (3)
957 through (8), respectively, a new subsection (2) is added to that

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958 section, and present subsections (3) and (4) of that section are
959 amended, to read:

960 394.4598 Guardian advocate.—

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

963 (a) A professional providing clinical services to the
964 patient under this part.

965 (b) The licensed professional who initiated the involuntary
966 examination of the patient, if the examination was initiated by
967 professional certificate.

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

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

972 (e) A person providing any substantial professional
973 services, excluding public and professional guardians, to the
974 patient, including clinical services.

975 (f) A creditor of the patient.

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

980 (h) A person subject to an injunction for protection
981 against repeat violence, stalking, sexual violence, or dating
982 violence under s. 784.046, whether the order of injunction is
983 temporary or final, and for which the patient was the
984 petitioner.

985 (4)~~(3)~~ In lieu of the training required of guardians
986 appointed pursuant to chapter 744, ~~Prior to~~ a guardian advocate

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987 must, at a minimum, participate in a 4-hour training course
988 approved by the court before exercising his or her authority,
989 ~~the guardian advocate shall attend a training course approved by~~
990 ~~the court. At a minimum, this training course, of not less than~~
991 ~~4 hours,~~ must include, ~~at minimum,~~ information about ~~the~~ patient
992 rights, psychotropic medications, the diagnosis of mental
993 illness, the ethics of medical decisionmaking, and duties of
994 guardian advocates. ~~This training course shall take the place of~~
995 ~~the training required for guardians appointed pursuant to~~
996 ~~chapter 744.~~

997 (5) ~~(4)~~ The required training course and the information to
998 be supplied to prospective guardian advocates before ~~prior to~~
999 their appointment and ~~the training course for guardian advocates~~
1000 must be developed and completed through a course developed by
1001 the department, and approved by the chief judge of the circuit
1002 court, and taught by a court-approved organization, which-
1003 ~~Court-approved organizations~~ may include, but is ~~are~~ not limited
1004 to, a community college ~~community or junior colleges,~~ a
1005 guardianship organization ~~guardianship organizations,~~ a and the
1006 local bar association, or The Florida Bar. The training course
1007 may be web-based, provided in video format, or other electronic
1008 means but must be capable of ensuring the identity and
1009 participation of the prospective guardian advocate. The court
1010 may, ~~in its discretion,~~ waive some or all of the training
1011 requirements for guardian advocates or impose additional
1012 requirements. The court shall make its decision on a case-by-
1013 case basis and, in making its decision, shall consider the
1014 experience and education of the guardian advocate, the duties
1015 assigned to the guardian advocate, and the needs of the patient.

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1016 Section 10. Section 394.462, Florida Statutes, is amended
1017 to read:

1018 394.462 Transportation.—A transportation plan must be
1019 developed and implemented by each county, in consultation with
1020 the managing entity and in accordance with this section. A
1021 county may enter into a memorandum of understanding with the
1022 governing boards of nearby counties to establish a shared
1023 transportation plan. When multiple counties enter into a
1024 memorandum of understanding for this purpose, the counties shall
1025 provide a copy of the agreement to the managing entity. The
1026 transportation plan shall describe methods of transport to a
1027 facility within the designated receiving system for individuals
1028 subject to involuntary examination under s. 394.463 or
1029 involuntary assessment and stabilization under s. 397.675, and
1030 may identify responsibility for transportation between
1031 participating facilities when necessary and agreed to by the
1032 facility. The plan may rely on emergency medical transport
1033 services or private transport companies as appropriate. The plan
1034 shall comply with the transportation provisions of ss. 394.462,
1035 397.6772, 397.6795, 397.6822, and 397.697.

1036 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

1037 (a) Each county shall designate a single law enforcement
1038 agency within the county, or portions thereof, to take a person
1039 into custody upon the entry of an ex parte order or the
1040 execution of a certificate for involuntary examination by an
1041 authorized professional and to transport that person to an
1042 appropriate facility within the designated receiving system ~~the~~
1043 ~~nearest receiving facility~~ for examination.

1044 (b)1. The designated law enforcement agency may decline to

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1045 transport the person to a receiving facility only if:

1046 ~~a.1.~~ The jurisdiction designated by the county has
1047 contracted on an annual basis with an emergency medical
1048 transport service or private transport company for
1049 transportation of persons to receiving facilities pursuant to
1050 this section at the sole cost of the county; and

1051 ~~b.2.~~ The law enforcement agency and the emergency medical
1052 transport service or private transport company agree that the
1053 continued presence of law enforcement personnel is not necessary
1054 for the safety of the person or others.

1055 ~~2.3.~~ The entity providing transportation jurisdiction
1056 ~~designated by the county~~ may seek reimbursement for
1057 transportation expenses. The party responsible for payment for
1058 such transportation is the person receiving the transportation.
1059 The county shall seek reimbursement from the following sources
1060 in the following order:

1061 a. From a private or public third-party payor ~~an insurance~~
1062 ~~company, health care corporation, or other source~~, if the person
1063 receiving the transportation has applicable coverage ~~is covered~~
1064 ~~by an insurance policy or subscribes to a health care~~
1065 ~~corporation or other source for payment of such expenses.~~

1066 b. From the person receiving the transportation.

1067 c. From a financial settlement for medical care, treatment,
1068 hospitalization, or transportation payable or accruing to the
1069 injured party.

1070 ~~(c)(b)~~ A ~~Any~~ company that transports a patient pursuant to
1071 this subsection is considered an independent contractor and is
1072 solely liable for the safe and dignified transport
1073 ~~transportation~~ of the patient. Such company must be insured and

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1074 provide no less than \$100,000 in liability insurance with
1075 respect to the transport ~~transportation~~ of patients.

1076 (d) ~~(e)~~ Any company that contracts with a governing board of
1077 a county to transport patients shall comply with the applicable
1078 rules of the department to ensure the safety and dignity of ~~the~~
1079 patients.

1080 (e) ~~(d)~~ When a law enforcement officer takes custody of a
1081 person pursuant to this part, the officer may request assistance
1082 from emergency medical personnel if such assistance is needed
1083 for the safety of the officer or the person in custody.

1084 (f) ~~(e)~~ When a member of a mental health overlay program or
1085 a mobile crisis response service is a professional authorized to
1086 initiate an involuntary examination pursuant to s. 394.463 or s.
1087 397.675 and that professional evaluates a person and determines
1088 that transportation to a receiving facility is needed, the
1089 service, at its discretion, may transport the person to the
1090 facility or may call on the law enforcement agency or other
1091 transportation arrangement best suited to the needs of the
1092 patient.

1093 (g) ~~(f)~~ When any law enforcement officer has custody of a
1094 person based on either noncriminal or minor criminal behavior
1095 that meets the statutory guidelines for involuntary examination
1096 under this part, the law enforcement officer shall transport the
1097 person to an appropriate ~~the nearest receiving~~ facility within
1098 the designated receiving system for examination.

1099 (h) ~~(g)~~ When any law enforcement officer has arrested a
1100 person for a felony and it appears that the person meets the
1101 statutory guidelines for involuntary examination or placement
1102 under this part, such person must ~~shall~~ first be processed in

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1103 the same manner as any other criminal suspect. The law
1104 enforcement agency shall thereafter immediately notify the
1105 appropriate nearest public receiving facility within the
1106 designated receiving system, which shall be responsible for
1107 promptly arranging for the examination and treatment of the
1108 person. A receiving facility is not required to admit a person
1109 charged with a crime for whom the facility determines and
1110 documents that it is unable to provide adequate security, but
1111 shall provide ~~mental health~~ examination and treatment to the
1112 person where he or she is held.

1113 (i)~~(h)~~ If the appropriate law enforcement officer believes
1114 that a person has an emergency medical condition as defined in
1115 s. 395.002, the person may be first transported to a hospital
1116 for emergency medical treatment, regardless of whether the
1117 hospital is a designated receiving facility.

1118 (j)~~(i)~~ The costs of transportation, evaluation,
1119 hospitalization, and treatment incurred under this subsection by
1120 persons who have been arrested for violations of any state law
1121 or county or municipal ordinance may be recovered as provided in
1122 s. 901.35.

1123 (k)~~(j)~~ The ~~nearest receiving facility within the designated~~
1124 receiving system must accept, pursuant to this part, persons
1125 brought by law enforcement officers, an emergency medical
1126 transport service, or a private transport company for
1127 involuntary examination.

1128 (l)~~(k)~~ Each law enforcement agency designated pursuant to
1129 paragraph (a) shall establish a policy that develop a memorandum
1130 of understanding with each receiving facility within the law
1131 enforcement agency's jurisdiction which reflects a single set of

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1132 protocols approved by the managing entity for the safe and
1133 secure transportation ~~of the person~~ and transfer of custody of
1134 the person. ~~These protocols must also address crisis~~
1135 ~~intervention measures.~~

1136 (m) ~~(l)~~ When a jurisdiction has entered into a contract with
1137 an emergency medical transport service or a private transport
1138 company for transportation of persons to ~~receiving~~ facilities
1139 within the designated receiving system, such service or company
1140 shall be given preference for transportation of persons from
1141 nursing homes, assisted living facilities, adult day care
1142 centers, or adult family-care homes, unless the behavior of the
1143 person being transported is such that transportation by a law
1144 enforcement officer is necessary.

1145 (n) ~~(m)~~ ~~Nothing in~~ This section may not ~~shall~~ be construed
1146 to limit emergency examination and treatment of incapacitated
1147 persons provided in accordance with ~~the provisions of~~ s.
1148 401.445.

1149 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

1150 (a) If neither the patient nor any person legally obligated
1151 or responsible for the patient is able to pay for the expense of
1152 transporting a voluntary or involuntary patient to a treatment
1153 facility, the transportation plan established by the governing
1154 board of the county or counties must specify how ~~in which~~ the
1155 hospitalized patient will be transported to, from, and between
1156 facilities in a ~~is hospitalized shall arrange for such required~~
1157 ~~transportation and shall ensure the safe and dignified manner~~
1158 ~~transportation of the patient. The governing board of each~~
1159 ~~county is authorized to contract with private transport~~
1160 ~~companies for the transportation of such patients to and from a~~

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1161 ~~treatment facility.~~

1162 (b) A ~~Any~~ company that transports a patient pursuant to
1163 this subsection is considered an independent contractor and is
1164 solely liable for the safe and dignified transportation of the
1165 patient. Such company must be insured and provide no less than
1166 \$100,000 in liability insurance with respect to the transport
1167 ~~transportation~~ of patients.

1168 (c) A ~~Any~~ company that contracts with one or more counties
1169 ~~the governing board of a county~~ to transport patients in
1170 accordance with this section shall comply with the applicable
1171 rules of the department to ensure the safety and dignity of ~~the~~
1172 patients.

1173 (d) County or municipal law enforcement and correctional
1174 personnel and equipment may ~~shall~~ not be used to transport
1175 patients adjudicated incapacitated or found by the court to meet
1176 the criteria for involuntary placement pursuant to s. 394.467,
1177 except in small rural counties where there are no cost-efficient
1178 alternatives.

1179 (3) TRANSFER OF CUSTODY.—Custody of a person who is
1180 transported pursuant to this part, along with related
1181 documentation, shall be relinquished to a responsible individual
1182 at the appropriate receiving or treatment facility.

1183 ~~(4) EXCEPTIONS. An exception to the requirements of this~~
1184 ~~section may be granted by the secretary of the department for~~
1185 ~~the purposes of improving service coordination or better meeting~~
1186 ~~the special needs of individuals. A proposal for an exception~~
1187 ~~must be submitted by the district administrator after being~~
1188 ~~approved by the governing boards of any affected counties, prior~~
1189 ~~to submission to the secretary.~~

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1190 ~~(a) A proposal for an exception must identify the specific~~
1191 ~~provision from which an exception is requested; describe how the~~
1192 ~~proposal will be implemented by participating law enforcement~~
1193 ~~agencies and transportation authorities; and provide a plan for~~
1194 ~~the coordination of services such as case management.~~

1195 ~~(b) The exception may be granted only for:~~

1196 ~~1. An arrangement centralizing and improving the provision~~
1197 ~~of services within a district, which may include an exception to~~
1198 ~~the requirement for transportation to the nearest receiving~~
1199 ~~facility;~~

1200 ~~2. An arrangement by which a facility may provide, in~~
1201 ~~addition to required psychiatric services, an environment and~~
1202 ~~services which are uniquely tailored to the needs of an~~
1203 ~~identified group of persons with special needs, such as persons~~
1204 ~~with hearing impairments or visual impairments, or elderly~~
1205 ~~persons with physical frailties; or~~

1206 ~~3. A specialized transportation system that provides an~~
1207 ~~efficient and humane method of transporting patients to~~
1208 ~~receiving facilities, among receiving facilities, and to~~
1209 ~~treatment facilities.~~

1210 ~~(c) Any exception approved pursuant to this subsection~~
1211 ~~shall be reviewed and approved every 5 years by the secretary.~~

1212 Section 11. Subsection (2) of section 394.463, Florida
1213 Statutes, is amended to read:

1214 394.463 Involuntary examination.—

1215 (2) INVOLUNTARY EXAMINATION.—

1216 (a) An involuntary examination may be initiated by any one
1217 of the following means:

1218 1. A circuit or county court may enter an ex parte order

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1219 stating that a person appears to meet the criteria for
1220 involuntary examination and specifying,~~giving~~ the findings on
1221 which that conclusion is based. The ex parte order for
1222 involuntary examination must be based on written or oral sworn
1223 testimony that includes specific facts that support the
1224 findings,~~written or oral~~. If other, less restrictive, means are
1225 not available, such as voluntary appearance for outpatient
1226 evaluation, a law enforcement officer, or other designated agent
1227 of the court, shall take the person into custody and deliver him
1228 or her to an appropriate ~~the nearest receiving~~ facility within
1229 the designated receiving system for involuntary examination. The
1230 order of the court shall be made a part of the patient's
1231 clinical record. A ~~No~~ fee may not ~~shall~~ be charged for the
1232 filing of an order under this subsection. Any ~~receiving~~ facility
1233 accepting the patient based on this order must send a copy of
1234 the order to the managing entity in the region ~~Agency for Health~~
1235 ~~Care Administration~~ on the next working day. The order may be
1236 submitted electronically through existing data systems, if
1237 available. The order shall be valid only until the person is
1238 delivered to the appropriate facility ~~executed or, if not~~
1239 ~~executed,~~ for the period specified in the order itself,
1240 whichever comes first. If no time limit is specified in the
1241 order, the order shall be valid for 7 days after the date that
1242 the order was signed.

1243 2. A law enforcement officer shall take a person who
1244 appears to meet the criteria for involuntary examination into
1245 custody and deliver the person or have him or her delivered to
1246 the appropriate ~~nearest receiving~~ facility within the designated
1247 receiving system for examination. The officer shall execute a

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1248 written report detailing the circumstances under which the
1249 person was taken into custody, which must ~~and the report shall~~
1250 be made a part of the patient's clinical record. Any ~~receiving~~
1251 facility accepting the patient based on this report must send a
1252 copy of the report to the department and the managing entity
1253 ~~Agency for Health Care Administration on~~ the next working day.

1254 3. A physician, clinical psychologist, psychiatric nurse,
1255 mental health counselor, marriage and family therapist, or
1256 clinical social worker may execute a certificate stating that he
1257 or she has examined a person within the preceding 48 hours and
1258 finds that the person appears to meet the criteria for
1259 involuntary examination and stating the observations upon which
1260 that conclusion is based. If other, less restrictive means, such
1261 as voluntary appearance for outpatient evaluation, are not
1262 available, ~~such as voluntary appearance for outpatient~~
1263 ~~evaluation,~~ a law enforcement officer shall take into custody
1264 the person named in the certificate ~~into custody~~ and deliver him
1265 or her to the appropriate nearest receiving facility within the
1266 designated receiving system for involuntary examination. The law
1267 enforcement officer shall execute a written report detailing the
1268 circumstances under which the person was taken into custody. The
1269 report and certificate shall be made a part of the patient's
1270 clinical record. Any ~~receiving~~ facility accepting the patient
1271 based on this certificate must send a copy of the certificate to
1272 the managing entity ~~Agency for Health Care Administration on~~ the
1273 next working day. The document may be submitted electronically
1274 through existing data systems, if applicable.

1275 (b) A person may ~~shall~~ not be removed from any program or
1276 residential placement licensed under chapter 400 or chapter 429

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1277 and transported to a receiving facility for involuntary
1278 examination unless an ex parte order, a professional
1279 certificate, or a law enforcement officer's report is first
1280 prepared. If the condition of the person is such that
1281 preparation of a law enforcement officer's report is not
1282 practicable before removal, the report shall be completed as
1283 soon as possible after removal, but in any case before the
1284 person is transported to a receiving facility. A ~~receiving~~
1285 facility admitting a person for involuntary examination who is
1286 not accompanied by the required ex parte order, professional
1287 certificate, or law enforcement officer's report shall notify
1288 the managing entity ~~Agency for Health Care Administration~~ of
1289 such admission by certified mail or by e-mail, if available, by
1290 ~~no later than~~ the next working day. The provisions of this
1291 paragraph do not apply when transportation is provided by the
1292 patient's family or guardian.

1293 (c) A law enforcement officer acting in accordance with an
1294 ex parte order issued pursuant to this subsection may serve and
1295 execute such order on any day of the week, at any time of the
1296 day or night.

1297 (d) A law enforcement officer acting in accordance with an
1298 ex parte order issued pursuant to this subsection may use such
1299 reasonable physical force as is necessary to gain entry to the
1300 premises, and any dwellings, buildings, or other structures
1301 located on the premises, and to take custody of the person who
1302 is the subject of the ex parte order.

1303 (e) The managing entity and the department ~~Agency for~~
1304 ~~Health Care Administration~~ shall receive and maintain the copies
1305 of ex parte petitions and orders, involuntary outpatient

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1306 services placement orders issued pursuant to s. 394.4655,
1307 involuntary inpatient placement orders issued pursuant to s.
1308 394.467, professional certificates, and law enforcement
1309 officers' reports. These documents shall be considered part of
1310 the clinical record, governed by the provisions of s. 394.4615.
1311 These documents shall be used to ~~The agency shall~~ prepare annual
1312 reports analyzing the data obtained from these documents,
1313 without information identifying patients, and shall provide
1314 copies of reports to the department, the President of the
1315 Senate, the Speaker of the House of Representatives, and the
1316 minority leaders of the Senate and the House of Representatives.

1317 (f) A patient shall be examined by a physician or a
1318 clinical psychologist, or by a psychiatric nurse performing
1319 within the framework of an established protocol with a
1320 psychiatrist at a ~~receiving~~ facility without unnecessary delay
1321 to determine if the criteria for involuntary services are met.
1322 Emergency treatment may be provided ~~and may~~, upon the order of a
1323 physician, if the physician determines ~~be given emergency~~
1324 ~~treatment if it is determined~~ that such treatment is necessary
1325 for the safety of the patient or others. The patient may not be
1326 released by the receiving facility or its contractor without the
1327 documented approval of a psychiatrist or a clinical psychologist
1328 or, if the receiving facility is owned or operated by a hospital
1329 or health system, the release may also be approved by a
1330 psychiatric nurse performing within the framework of an
1331 established protocol with a psychiatrist, or an attending
1332 emergency department physician with experience in the diagnosis
1333 and treatment of mental illness ~~and nervous disorders~~ and after
1334 completion of an involuntary examination pursuant to this

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1335 subsection. A psychiatric nurse may not approve the release of a
1336 patient if the involuntary examination was initiated by a
1337 psychiatrist unless the release is approved by the initiating
1338 psychiatrist. ~~However, a patient may not be held in a receiving~~
1339 ~~facility for involuntary examination longer than 72 hours.~~

1340 (g) A person may not be held for involuntary examination
1341 for more than 72 hours from the time of his or her arrival at
1342 the facility unless one of the following actions is taken at the
1343 end of the 72-hour examination period or the next business day
1344 after the end of the 72-hour examination period if the
1345 examination period ends on a weekend or holiday:

1346 1. The person must be released with the approval of a
1347 physician, psychiatrist, psychiatric nurse, or clinical
1348 psychologist. However, if the examination is conducted in a
1349 hospital, an attending emergency department physician with
1350 experience in the diagnosis and treatment of mental illness may
1351 approve the release.

1352 2. The person must be asked to give express and informed
1353 consent for voluntary admission if a physician, psychiatrist,
1354 psychiatric nurse, or clinical psychologist has determined that
1355 the individual is competent to consent to treatment.

1356 3. A petition for involuntary services must be completed
1357 and filed in the circuit court by the facility administrator. If
1358 electronic filing of the petition is not available in the county
1359 and the 72-hour period ends on a weekend or legal holiday, the
1360 petition must be filed by the next working day. If involuntary
1361 services are deemed necessary, the least restrictive treatment
1362 consistent with the optimum improvement of the person's
1363 condition must be made available.

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1364 (h) An individual discharged from a facility who is
1365 currently charged with a crime shall be released to the custody
1366 of a law enforcement officer, unless the individual has been
1367 released from law enforcement custody by posting of a bond, by a
1368 pretrial conditional release, or by other judicial release.

1369 (i)~~(g)~~ A person for whom an involuntary examination has
1370 been initiated who is being evaluated or treated at a hospital
1371 for an emergency medical condition specified in s. 395.002 must
1372 be examined by an appropriate ~~a receiving~~ facility within 72
1373 hours. The 72-hour period begins when the patient arrives at the
1374 hospital and ceases when the attending physician documents that
1375 the patient has an emergency medical condition. If the patient
1376 is examined at a hospital providing emergency medical services
1377 by a professional qualified to perform an involuntary
1378 examination and is found as a result of that examination not to
1379 meet the criteria for involuntary outpatient services ~~placement~~
1380 pursuant to s. 394.4655(1) or involuntary inpatient placement
1381 pursuant to s. 394.467(1), the patient may be offered voluntary
1382 services or placement, if appropriate, or released directly from
1383 the hospital providing emergency medical services. The finding
1384 by the professional that the patient has been examined and does
1385 not meet the criteria for involuntary inpatient placement or
1386 involuntary outpatient services ~~placement~~ must be entered into
1387 the patient's clinical record. ~~Nothing in~~ This paragraph is not
1388 intended to prevent a hospital providing emergency medical
1389 services from appropriately transferring a patient to another
1390 hospital before ~~prior to~~ stabilization if, ~~provided~~ the
1391 requirements of s. 395.1041(3)(c) have been met.

1392 (j)~~(h)~~ One of the following must occur within 12 hours

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1393 after the patient's attending physician documents that the
1394 patient's medical condition has stabilized or that an emergency
1395 medical condition does not exist:

1396 1. The patient must be examined by an appropriate a
1397 ~~designated receiving~~ facility and released; or

1398 2. The patient must be transferred to a designated
1399 ~~receiving~~ facility in which appropriate medical treatment is
1400 available. However, the ~~receiving~~ facility must be notified of
1401 the transfer within 2 hours after the patient's condition has
1402 been stabilized or after determination that an emergency medical
1403 condition does not exist.

1404 ~~(i) Within the 72-hour examination period or, if the 72~~
1405 ~~hours ends on a weekend or holiday, no later than the next~~
1406 ~~working day thereafter, one of the following actions must be~~
1407 ~~taken, based on the individual needs of the patient:~~

1408 1. ~~The patient shall be released, unless he or she is~~
1409 ~~charged with a crime, in which case the patient shall be~~
1410 ~~returned to the custody of a law enforcement officer;~~

1411 2. ~~The patient shall be released, subject to the provisions~~
1412 ~~of subparagraph 1., for voluntary outpatient treatment;~~

1413 3. ~~The patient, unless he or she is charged with a crime,~~
1414 ~~shall be asked to give express and informed consent to placement~~
1415 ~~as a voluntary patient, and, if such consent is given, the~~
1416 ~~patient shall be admitted as a voluntary patient; or~~

1417 4. ~~A petition for involuntary placement shall be filed in~~
1418 ~~the circuit court when outpatient or inpatient treatment is~~
1419 ~~deemed necessary. When inpatient treatment is deemed necessary,~~
1420 ~~the least restrictive treatment consistent with the optimum~~
1421 ~~improvement of the patient's condition shall be made available.~~

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1422 ~~When a petition is to be filed for involuntary outpatient~~
1423 ~~placement, it shall be filed by one of the petitioners specified~~
1424 ~~in s. 394.4655(3)(a). A petition for involuntary inpatient~~
1425 ~~placement shall be filed by the facility administrator.~~

1426 Section 12. Section 394.4655, Florida Statutes, is amended
1427 to read:

1428 394.4655 Involuntary outpatient services placement.—

1429 (1) CRITERIA FOR INVOLUNTARY OUTPATIENT SERVICES
1430 PLACEMENT.—A person may be ordered to involuntary outpatient
1431 services placement upon a finding of the court, by clear and
1432 convincing evidence, that the person meets all of the following
1433 criteria by clear and convincing evidence:

1434 (a) The person is 18 years of age or older.†

1435 (b) The person has a mental illness.†

1436 (c) The person is unlikely to survive safely in the
1437 community without supervision, based on a clinical
1438 determination.†

1439 (d) The person has a history of lack of compliance with
1440 treatment for mental illness.†

1441 (e) The person has:

1442 1. At least twice within the immediately preceding 36
1443 months been involuntarily admitted to a receiving or treatment
1444 facility as defined in s. 394.455, or has received mental health
1445 services in a forensic or correctional facility. The 36-month
1446 period does not include any period during which the person was
1447 admitted or incarcerated; or

1448 2. Engaged in one or more acts of serious violent behavior
1449 toward self or others, or attempts at serious bodily harm to
1450 himself or herself or others, within the preceding 36 months.†

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1451 (f) The person is, as a result of his or her mental
1452 illness, unlikely to voluntarily participate in the recommended
1453 treatment plan and ~~either he or she~~ has refused voluntary
1454 services placement for treatment after sufficient and
1455 conscientious explanation and disclosure of why the services are
1456 necessary ~~purpose of placement for treatment~~ or ~~he or she~~ is
1457 unable to determine for himself or herself whether services are
1458 ~~placement is necessary.~~

1459 (g) In view of the person's treatment history and current
1460 behavior, the person is in need of involuntary outpatient
1461 services placement in order to prevent a relapse or
1462 deterioration that would be likely to result in serious bodily
1463 harm to himself or herself or others, or a substantial harm to
1464 his or her well-being as set forth in s. 394.463(1).~~†~~

1465 (h) It is likely that the person will benefit from
1466 involuntary outpatient services. ~~placement; and~~

1467 (i) All available, less restrictive alternatives that would
1468 offer an opportunity for improvement of his or her condition
1469 have been judged to be inappropriate or unavailable.

1470 (2) INVOLUNTARY OUTPATIENT SERVICES PLACEMENT.-

1471 (a)1. A patient who is being recommended for involuntary
1472 outpatient services placement by the administrator of the
1473 ~~receiving~~ facility where the patient has been examined may be
1474 retained by the facility after adherence to the notice
1475 procedures provided in s. 394.4599. The recommendation must be
1476 supported by the opinion of two qualified professionals ~~a~~
1477 ~~psychiatrist and the second opinion of a clinical psychologist~~
1478 ~~or another psychiatrist~~, both of whom have personally examined
1479 the patient within the preceding 72 hours, that the criteria for

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1480 involuntary outpatient services ~~placement~~ are met. However, ~~in a~~
1481 ~~county having a population of fewer than 50,000, if the~~
1482 ~~administrator certifies that a psychiatrist or clinical~~
1483 ~~psychologist is not available to provide the second opinion, the~~
1484 ~~second opinion may be provided by a licensed physician who has~~
1485 ~~postgraduate training and experience in diagnosis and treatment~~
1486 ~~of mental and nervous disorders or by a psychiatric nurse. Any~~
1487 ~~second opinion authorized in this subparagraph may be conducted~~
1488 ~~through a face-to-face examination, in person or by electronic~~
1489 ~~means.~~ Such recommendation must be entered on an involuntary
1490 outpatient services ~~placement~~ certificate that authorizes the
1491 ~~receiving~~ facility to retain the patient pending completion of a
1492 hearing. The certificate must ~~shall~~ be made a part of the
1493 patient's clinical record.

1494 2. If the patient has been stabilized and no longer meets
1495 the criteria for involuntary examination pursuant to s.
1496 394.463(1), the patient must be released from the ~~receiving~~
1497 facility while awaiting the hearing for involuntary outpatient
1498 services ~~placement~~. Before filing a petition for involuntary
1499 outpatient services ~~treatment~~, the administrator of the a
1500 ~~receiving~~ facility or a designated department representative
1501 must identify the service provider that will have primary
1502 responsibility for service provision under an order for
1503 involuntary outpatient services ~~placement~~, unless the person is
1504 otherwise participating in outpatient psychiatric treatment and
1505 is not in need of public financing for that treatment, in which
1506 case the individual, if eligible, may be ordered to involuntary
1507 treatment pursuant to the existing psychiatric treatment
1508 relationship.

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1509 3. The service provider shall prepare a written proposed
1510 treatment plan in consultation with the patient or the patient's
1511 guardian advocate, if appointed, for the court's consideration
1512 for inclusion in the involuntary outpatient services placement
1513 order. The service provider shall also provide a copy of the
1514 treatment plan that addresses the nature and extent of the
1515 mental illness and any co-occurring substance abuse disorders
1516 that necessitate involuntary outpatient services. The treatment
1517 plan must specify the likely level of care, including the use of
1518 medication, and anticipated discharge criteria for terminating
1519 involuntary outpatient services. The service provider shall also
1520 ~~provide a copy of the proposed treatment plan to the patient and~~
1521 ~~the administrator of the receiving facility. The treatment plan~~
1522 ~~must specify the nature and extent of the patient's mental~~
1523 ~~illness, address the reduction of symptoms that necessitate~~
1524 ~~involuntary outpatient placement, and include measurable goals~~
1525 ~~and objectives for the services and treatment that are provided~~
1526 ~~to treat the person's mental illness and assist the person in~~
1527 ~~living and functioning in the community or to prevent a relapse~~
1528 ~~or deterioration. Service providers may select and supervise~~
1529 other individuals to implement specific aspects of the treatment
1530 plan. The services in the ~~treatment~~ plan must be deemed
1531 clinically appropriate by a physician, clinical psychologist,
1532 psychiatric nurse, mental health counselor, marriage and family
1533 therapist, or clinical social worker who consults with, or is
1534 employed or contracted by, the service provider. The service
1535 provider must certify to the court in the proposed ~~treatment~~
1536 plan whether sufficient services for improvement and
1537 stabilization are currently available and whether the service

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1538 provider agrees to provide those services. If the service
1539 provider certifies that the services in the proposed treatment
1540 plan are not available, the petitioner may not file the
1541 petition. The service provider must notify the managing entity
1542 as to the availability of the requested services. The managing
1543 entity must document such efforts to obtain the requested
1544 services.

1545 (b) If a patient in involuntary inpatient placement meets
1546 the criteria for involuntary outpatient services placement, the
1547 administrator of the ~~treatment~~ facility may, before the
1548 expiration of the period during which the ~~treatment~~ facility is
1549 authorized to retain the patient, recommend involuntary
1550 outpatient services placement. The recommendation must be
1551 supported by the opinion of two qualified professionals ~~a~~
1552 ~~psychiatrist and the second opinion of a clinical psychologist~~
1553 ~~or another psychiatrist~~, both of whom have personally examined
1554 the patient within the preceding 72 hours, that the criteria for
1555 involuntary outpatient services placement are met. ~~However, in a~~
1556 ~~county having a population of fewer than 50,000, if the~~
1557 ~~administrator certifies that a psychiatrist or clinical~~
1558 ~~psychologist is not available to provide the second opinion, the~~
1559 ~~second opinion may be provided by a licensed physician who has~~
1560 ~~postgraduate training and experience in diagnosis and treatment~~
1561 ~~of mental and nervous disorders or by a psychiatric nurse. Any~~
1562 ~~second opinion authorized in this subparagraph may be conducted~~
1563 ~~through a face-to-face examination, in person or by electronic~~
1564 ~~means.~~ Such recommendation must be entered on an involuntary
1565 outpatient services placement certificate, and the certificate
1566 must be made a part of the patient's clinical record.

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1567 (c)1. The administrator of the treatment facility shall
1568 provide a copy of the involuntary outpatient services placement
1569 certificate and a copy of the state mental health discharge form
1570 to the managing entity ~~a department representative~~ in the county
1571 where the patient will be residing. For persons who are leaving
1572 a state mental health treatment facility, the petition for
1573 involuntary outpatient services placement must be filed in the
1574 county where the patient will be residing.

1575 2. The service provider that will have primary
1576 responsibility for service provision shall be identified by the
1577 designated department representative before ~~prior to~~ the order
1578 for involuntary outpatient services placement and must, before
1579 ~~prior to~~ filing a petition for involuntary outpatient services
1580 placement, certify to the court whether the services recommended
1581 in the patient's discharge plan are available ~~in the local~~
1582 ~~community~~ and whether the service provider agrees to provide
1583 those services. The service provider must develop with the
1584 patient, or the patient's guardian advocate, if appointed, a
1585 treatment or service plan that addresses the needs identified in
1586 the discharge plan. The plan must be deemed to be clinically
1587 appropriate by a physician, clinical psychologist, psychiatric
1588 nurse, mental health counselor, marriage and family therapist,
1589 or clinical social worker, as defined in this chapter, who
1590 consults with, or is employed or contracted by, the service
1591 provider.

1592 3. If the service provider certifies that the services in
1593 the proposed treatment or service plan are not available, the
1594 petitioner may not file the petition. The service provider must
1595 notify the managing entity as to the availability of the

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1596 requested services. The managing entity must document such
1597 efforts to obtain the requested services.

1598 (3) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES
1599 ~~PLACEMENT.~~—

1600 (a) A petition for involuntary outpatient services
1601 ~~placement~~ may be filed by:

- 1602 1. The administrator of a receiving facility; or
- 1603 2. The administrator of a treatment facility.

1604 (b) Each required criterion for involuntary outpatient
1605 services placement must be alleged and substantiated in the
1606 petition for involuntary outpatient services placement. A copy
1607 of the certificate recommending involuntary outpatient services
1608 ~~placement~~ completed by two ~~a~~ qualified professionals
1609 ~~professional specified in subsection (2)~~ must be attached to the
1610 petition. A copy of the proposed treatment plan must be attached
1611 to the petition. Before the petition is filed, the service
1612 provider shall certify that the services in the proposed
1613 ~~treatment~~ plan are available. If the necessary services are not
1614 available ~~in the patient's local community to respond to the~~
1615 ~~person's individual needs~~, the petition may not be filed. The
1616 service provider must notify the managing entity as to the
1617 availability of the requested services. The managing entity must
1618 document such efforts to obtain the requested services.

1619 (c) The petition for involuntary outpatient services
1620 ~~placement~~ must be filed in the county where the patient is
1621 located, unless the patient is being placed from a state
1622 treatment facility, in which case the petition must be filed in
1623 the county where the patient will reside. When the petition has
1624 been filed, the clerk of the court shall provide copies of the

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1625 petition and the proposed treatment plan to the department, the
1626 managing entity, the patient, the patient's guardian or
1627 representative, the state attorney, and the public defender or
1628 the patient's private counsel. A fee may not be charged for
1629 filing a petition under this subsection.

1630 (4) APPOINTMENT OF COUNSEL.—Within 1 court working day
1631 after the filing of a petition for involuntary outpatient
1632 services placement, the court shall appoint the public defender
1633 to represent the person who is the subject of the petition,
1634 unless the person is otherwise represented by counsel. The clerk
1635 of the court shall immediately notify the public defender of the
1636 appointment. The public defender shall represent the person
1637 until the petition is dismissed, the court order expires, or the
1638 patient is discharged from involuntary outpatient services
1639 placement. An attorney who represents the patient must be
1640 provided ~~shall have~~ access to the patient, witnesses, and
1641 records relevant to the presentation of the patient's case and
1642 shall represent the interests of the patient, regardless of the
1643 source of payment to the attorney.

1644 (5) CONTINUANCE OF HEARING.—The patient is entitled, with
1645 the concurrence of the patient's counsel, to at least one
1646 continuance of the hearing. The continuance shall be for a
1647 period of up to 4 weeks.

1648 (6) HEARING ON INVOLUNTARY OUTPATIENT SERVICES PLACEMENT.—

1649 (a)1. The court shall hold the hearing on involuntary
1650 outpatient services placement within 5 working days after the
1651 filing of the petition, unless a continuance is granted. The
1652 hearing must ~~shall~~ be held in the county where the petition is
1653 filed, must ~~shall~~ be as convenient to the patient as is

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1654 consistent with orderly procedure, and must ~~shall~~ be conducted
1655 in physical settings not likely to be injurious to the patient's
1656 condition. If the court finds that the patient's attendance at
1657 the hearing is not consistent with the best interests of the
1658 patient and if the patient's counsel does not object, the court
1659 may waive the presence of the patient from all or any portion of
1660 the hearing. The state attorney for the circuit in which the
1661 patient is located shall represent the state, rather than the
1662 petitioner, as the real party in interest in the proceeding.

1663 2. The court may appoint a magistrate ~~master~~ to preside at
1664 the hearing. One of the professionals who executed the
1665 involuntary outpatient services ~~placement~~ certificate shall be a
1666 witness. The patient and the patient's guardian or
1667 representative shall be informed by the court of the right to an
1668 independent expert examination. If the patient cannot afford
1669 such an examination, the court shall ensure that one is
1670 provided, as otherwise provided by law ~~provide for one~~. The
1671 independent expert's report is ~~shall be~~ confidential and not
1672 discoverable, unless the expert is to be called as a witness for
1673 the patient at the hearing. The court shall allow testimony from
1674 individuals, including family members, deemed by the court to be
1675 relevant under state law, regarding the person's prior history
1676 and how that prior history relates to the person's current
1677 condition. The testimony in the hearing must be given under
1678 oath, and the proceedings must be recorded. The patient may
1679 refuse to testify at the hearing.

1680 (b)1. If the court concludes that the patient meets the
1681 criteria for involuntary outpatient services ~~placement~~ pursuant
1682 to subsection (1), the court shall issue an order for

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1683 involuntary outpatient services ~~placement~~. The court order shall
1684 be for a period of up to 90 days ~~6 months~~. The order must
1685 specify the nature and extent of the patient's mental illness.
1686 The order of the court and the treatment plan must ~~shall~~ be made
1687 part of the patient's clinical record. The service provider
1688 shall discharge a patient from involuntary outpatient services
1689 ~~placement~~ when the order expires or any time the patient no
1690 longer meets the criteria for involuntary services ~~placement~~.
1691 Upon discharge, the service provider shall send a certificate of
1692 discharge to the court.

1693 2. The court may not order the department or the service
1694 provider to provide services if the program or service is not
1695 available in the patient's local community, if there is no space
1696 available in the program or service for the patient, or if
1697 funding is not available for the program or service. The service
1698 provider must notify the managing entity as to the availability
1699 of the requested services. The managing entity must document
1700 such efforts to obtain the requested services. A copy of the
1701 order must be sent to the managing entity ~~Agency for Health Care~~
1702 ~~Administration~~ by the service provider within 1 working day
1703 after it is received from the court. The order may be submitted
1704 electronically through existing data systems. After the
1705 ~~placement~~ order for involuntary services is issued, the service
1706 provider and the patient may modify ~~provisions of~~ the treatment
1707 plan. For any material modification of the treatment plan to
1708 which the patient or, if one is appointed, the patient's
1709 guardian advocate agrees, ~~if appointed, does agree,~~ the service
1710 provider shall send notice of the modification to the court. Any
1711 material modifications of the treatment plan which are contested

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1712 by the patient or the patient's guardian advocate, if applicable
1713 ~~appointed~~, must be approved or disapproved by the court
1714 consistent with subsection (2).

1715 3. If, in the clinical judgment of a physician, the patient
1716 has failed or ~~has~~ refused to comply with the treatment ordered
1717 by the court, and, in the clinical judgment of the physician,
1718 efforts were made to solicit compliance and the patient may meet
1719 the criteria for involuntary examination, a person may be
1720 brought to a receiving facility pursuant to s. 394.463. If,
1721 after examination, the patient does not meet the criteria for
1722 involuntary inpatient placement pursuant to s. 394.467, the
1723 patient must be discharged from the ~~receiving~~ facility. The
1724 involuntary outpatient services ~~placement~~ order shall remain in
1725 effect unless the service provider determines that the patient
1726 no longer meets the criteria for involuntary outpatient services
1727 ~~placement~~ or until the order expires. The service provider must
1728 determine whether modifications should be made to the existing
1729 treatment plan and must attempt to continue to engage the
1730 patient in treatment. For any material modification of the
1731 treatment plan to which the patient or the patient's guardian
1732 advocate, if applicable ~~appointed~~, agrees ~~does agree~~, the
1733 service provider shall send notice of the modification to the
1734 court. Any material modifications of the treatment plan which
1735 are contested by the patient or the patient's guardian advocate,
1736 if applicable ~~appointed~~, must be approved or disapproved by the
1737 court consistent with subsection (2).

1738 (c) If, at any time before the conclusion of the initial
1739 hearing on involuntary outpatient services ~~placement~~, it appears
1740 to the court that the person does not meet the criteria for

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1741 involuntary outpatient services ~~placement~~ under this section
1742 but, instead, meets the criteria for involuntary inpatient
1743 placement, the court may order the person admitted for
1744 involuntary inpatient examination under s. 394.463. If the
1745 person instead meets the criteria for involuntary assessment,
1746 protective custody, or involuntary admission pursuant to s.
1747 397.675, the court may order the person to be admitted for
1748 involuntary assessment for a period of 5 days pursuant to s.
1749 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by
1750 chapter 397.

1751 (d) At the hearing on involuntary outpatient services
1752 ~~placement~~, the court shall consider testimony and evidence
1753 regarding the patient's competence to consent to treatment. If
1754 the court finds that the patient is incompetent to consent to
1755 treatment, it shall appoint a guardian advocate as provided in
1756 s. 394.4598. The guardian advocate shall be appointed or
1757 discharged in accordance with s. 394.4598.

1758 (e) The administrator of the receiving facility or the
1759 designated department representative shall provide a copy of the
1760 court order and adequate documentation of a patient's mental
1761 illness to the service provider for involuntary outpatient
1762 services ~~placement~~. Such documentation must include any advance
1763 directives made by the patient, a psychiatric evaluation of the
1764 patient, and any evaluations of the patient performed by a
1765 ~~clinical~~ psychologist or a clinical social worker.

1766 (7) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT SERVICES
1767 ~~PLACEMENT~~.—

1768 (a)1. If the person continues to meet the criteria for
1769 involuntary outpatient services ~~placement~~, the service provider

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1770 shall, at least 10 days before the expiration of the period
1771 during which the treatment is ordered for the person, file in
1772 the circuit court a petition for continued involuntary
1773 outpatient services placement. The court shall immediately
1774 schedule a hearing on the petition to be held within 15 days
1775 after the petition is filed.

1776 2. The existing involuntary outpatient services placement
1777 order remains in effect until disposition on the petition for
1778 continued involuntary outpatient services placement.

1779 3. A certificate shall be attached to the petition which
1780 includes a statement from the person's physician or clinical
1781 psychologist justifying the request, a brief description of the
1782 patient's treatment during the time he or she was receiving
1783 involuntarily services placed, and an individualized plan of
1784 continued treatment.

1785 4. The service provider shall develop the individualized
1786 plan of continued treatment in consultation with the patient or
1787 the patient's guardian advocate, if applicable appointed. When
1788 the petition has been filed, the clerk of the court shall
1789 provide copies of the certificate and the individualized plan of
1790 continued treatment to the department, the patient, the
1791 patient's guardian advocate, the state attorney, and the
1792 patient's private counsel or the public defender.

1793 (b) Within 1 court working day after the filing of a
1794 petition for continued involuntary outpatient services
1795 placement, the court shall appoint the public defender to
1796 represent the person who is the subject of the petition, unless
1797 the person is otherwise represented by counsel. The clerk of the
1798 court shall immediately notify the public defender of such

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1799 appointment. The public defender shall represent the person
1800 until the petition is dismissed or the court order expires or
1801 the patient is discharged from involuntary outpatient services
1802 ~~placement~~. Any attorney representing the patient shall have
1803 access to the patient, witnesses, and records relevant to the
1804 presentation of the patient's case and shall represent the
1805 interests of the patient, regardless of the source of payment to
1806 the attorney.

1807 (c) Hearings on petitions for continued involuntary
1808 outpatient services must ~~placement shall~~ be before the circuit
1809 court. The court may appoint a magistrate ~~master~~ to preside at
1810 the hearing. The procedures for obtaining an order pursuant to
1811 this paragraph must meet the requirements of ~~shall be in~~
1812 ~~accordance with~~ subsection (6), except that the time period
1813 included in paragraph (1) (e) does not apply when is not
1814 ~~applicable in~~ determining the appropriateness of additional
1815 periods of involuntary outpatient services placement.

1816 (d) Notice of the hearing must ~~shall~~ be provided as set
1817 forth in s. 394.4599. The patient and the patient's attorney may
1818 agree to a period of continued outpatient services ~~placement~~
1819 without a court hearing.

1820 (e) The same procedure must ~~shall~~ be repeated before the
1821 expiration of each additional period the patient is placed in
1822 treatment.

1823 (f) If the patient has previously been found incompetent to
1824 consent to treatment, the court shall consider testimony and
1825 evidence regarding the patient's competence. Section 394.4598
1826 governs the discharge of the guardian advocate if the patient's
1827 competency to consent to treatment has been restored.

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1828 Section 13. Section 394.467, Florida Statutes, is amended
1829 to read:

1830 394.467 Involuntary inpatient placement.—

1831 (1) CRITERIA.—A person may be ordered for ~~placed in~~
1832 involuntary inpatient placement for treatment upon a finding of
1833 the court by clear and convincing evidence that:

1834 (a) He or she has a mental illness ~~is mentally ill~~ and
1835 because of his or her mental illness:

1836 1.a. He or she has refused voluntary inpatient placement
1837 for treatment after sufficient and conscientious explanation and
1838 disclosure of the purpose of inpatient placement for treatment;
1839 or

1840 b. He or she is unable to determine for himself or herself
1841 whether inpatient placement is necessary; and

1842 2.a. He or she is ~~manifestly~~ incapable of surviving alone
1843 or with the help of willing and responsible family or friends,
1844 including available alternative services, and, without
1845 treatment, is likely to suffer from neglect or refuse to care
1846 for himself or herself, and such neglect or refusal poses a real
1847 and present threat of substantial harm to his or her well-being;
1848 or

1849 b. There is substantial likelihood that in the near future
1850 he or she will inflict serious bodily harm on self or others
1851 ~~himself or herself or another person~~, as evidenced by recent
1852 behavior causing, attempting, or threatening such harm; and

1853 (b) All available less restrictive treatment alternatives
1854 that ~~which~~ would offer an opportunity for improvement of his or
1855 her condition have been judged to be inappropriate.

1856 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be

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1857 retained by a ~~receiving~~ facility or involuntarily placed in a
1858 treatment facility upon the recommendation of the administrator
1859 of the ~~receiving~~ facility where the patient has been examined
1860 and after adherence to the notice and hearing procedures
1861 provided in s. 394.4599. The recommendation must be supported by
1862 the opinion of two qualified professionals ~~of a psychiatrist and~~
1863 ~~the second opinion of a clinical psychologist or another~~
1864 ~~psychiatrist~~, both of whom have personally examined the patient
1865 within the preceding 72 hours, that the criteria for involuntary
1866 inpatient placement are met. ~~However, in a county that has a~~
1867 ~~population of fewer than 50,000, if the administrator certifies~~
1868 ~~that a psychiatrist or clinical psychologist is not available to~~
1869 ~~provide the second opinion, the second opinion may be provided~~
1870 ~~by a licensed physician who has postgraduate training and~~
1871 ~~experience in diagnosis and treatment of mental and nervous~~
1872 ~~disorders or by a psychiatric nurse. Any second opinion~~
1873 ~~authorized in this subsection may be conducted through a face-~~
1874 ~~to-face examination, in person or by electronic means. Such~~
1875 recommendation shall be entered on a petition for ~~an~~ involuntary
1876 inpatient placement certificate that authorizes the ~~receiving~~
1877 facility to retain the patient pending transfer to a treatment
1878 facility or completion of a hearing.

1879 (3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT.—

1880 (a) The administrator of the facility shall file a petition
1881 for involuntary inpatient placement in the court in the county
1882 where the patient is located. Upon filing, the clerk of the
1883 court shall provide copies to the department, the patient, the
1884 patient's guardian or representative, and the state attorney and
1885 public defender of the judicial circuit in which the patient is

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1886 located. ~~A No~~ fee may not ~~shall~~ be charged for the filing of a
1887 petition under this subsection.

1888 (b) A facility filing a petition under this subsection for
1889 involuntary inpatient placement shall send a copy of the
1890 petition to the managing entity in its area.

1891 (4) APPOINTMENT OF COUNSEL.—Within 1 court working day
1892 after the filing of a petition for involuntary inpatient
1893 placement, the court shall appoint the public defender to
1894 represent the person who is the subject of the petition, unless
1895 the person is otherwise represented by counsel. The clerk of the
1896 court shall immediately notify the public defender of such
1897 appointment. Any attorney representing the patient shall have
1898 access to the patient, witnesses, and records relevant to the
1899 presentation of the patient's case and shall represent the
1900 interests of the patient, regardless of the source of payment to
1901 the attorney.

1902 (5) CONTINUANCE OF HEARING.—The patient is entitled, with
1903 the concurrence of the patient's counsel, to at least one
1904 continuance of the hearing. ~~The continuance shall be for a~~
1905 ~~period of~~ up to 4 weeks.

1906 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

1907 (a)1. The court shall hold the hearing on involuntary
1908 inpatient placement within 5 court working days, unless a
1909 continuance is granted.

1910 2. Except for good cause documented in the court file, the
1911 hearing must ~~shall~~ be held in the county or the facility, as
1912 appropriate, where the patient is located, must ~~and shall~~ be as
1913 convenient to the patient as is ~~may be~~ consistent with orderly
1914 procedure, and shall be conducted in physical settings not

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1915 likely to be injurious to the patient's condition. If the court
1916 finds that the patient's attendance at the hearing is not
1917 consistent with the best interests of the patient, and the
1918 patient's counsel does not object, the court may waive the
1919 presence of the patient from all or any portion of the hearing.
1920 The state attorney for the circuit in which the patient is
1921 located shall represent the state, rather than the petitioning
1922 facility administrator, as the real party in interest in the
1923 proceeding.

1924 3.2. The court may appoint a ~~general or special~~ magistrate
1925 to preside at the hearing. One of the two professionals who
1926 executed the petition for involuntary inpatient placement
1927 certificate shall be a witness. The patient and the patient's
1928 guardian or representative shall be informed by the court of the
1929 right to an independent expert examination. If the patient
1930 cannot afford such an examination, the court shall ensure that
1931 one is provided, as otherwise provided for by law ~~provide for~~
1932 ~~one~~. The independent expert's report is ~~shall be~~ confidential
1933 and not discoverable, unless the expert is to be called as a
1934 witness for the patient at the hearing. The testimony in the
1935 hearing must be given under oath, and the proceedings must be
1936 recorded. The patient may refuse to testify at the hearing.

1937 (b) If the court concludes that the patient meets the
1938 criteria for involuntary inpatient placement, it may ~~shall~~ order
1939 that the patient be transferred to a treatment facility or, if
1940 the patient is at a treatment facility, that the patient be
1941 retained there or be treated at any other appropriate ~~receiving~~
1942 ~~or treatment~~ facility, or that the patient receive services from
1943 such a receiving or treatment facility or service provider, on

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1944 an involuntary basis, for a period of up to 90 days ~~6 months~~.
1945 However, any order for involuntary mental health services in a
1946 treatment facility may be for up to 6 months. The order shall
1947 specify the nature and extent of the patient's mental illness.
1948 The facility shall discharge a patient any time the patient no
1949 longer meets the criteria for involuntary inpatient placement,
1950 unless the patient has transferred to voluntary status.

1951 (c) If at any time before ~~prior to~~ the conclusion of the
1952 hearing on involuntary inpatient placement it appears to the
1953 court that the person does not meet the criteria for involuntary
1954 inpatient placement under this section, but instead meets the
1955 criteria for involuntary outpatient services ~~placement~~, the
1956 court may order the person evaluated for involuntary outpatient
1957 services ~~placement~~ pursuant to s. 394.4655. The petition and
1958 hearing procedures set forth in s. 394.4655 shall apply. If the
1959 person instead meets the criteria for involuntary assessment,
1960 protective custody, or involuntary admission pursuant to s.
1961 397.675, then the court may order the person to be admitted for
1962 involuntary assessment for a period of 5 days pursuant to s.
1963 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by
1964 chapter 397.

1965 (d) At the hearing on involuntary inpatient placement, the
1966 court shall consider testimony and evidence regarding the
1967 patient's competence to consent to treatment. If the court finds
1968 that the patient is incompetent to consent to treatment, it
1969 shall appoint a guardian advocate as provided in s. 394.4598.

1970 (e) The administrator of the petitioning ~~receiving~~ facility
1971 shall provide a copy of the court order and adequate
1972 documentation of a patient's mental illness to the administrator

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1973 of a treatment facility if the ~~whenever~~ a patient is ordered for
1974 involuntary inpatient placement, whether by civil or criminal
1975 court. The documentation must ~~shall~~ include any advance
1976 directives made by the patient, a psychiatric evaluation of the
1977 patient, and any evaluations of the patient performed by a
1978 psychiatric nurse, clinical psychologist, a marriage and family
1979 therapist, a mental health counselor, or a clinical social
1980 worker. The administrator of a treatment facility may refuse
1981 admission to any patient directed to its facilities on an
1982 involuntary basis, whether by civil or criminal court order, who
1983 is not accompanied ~~at the same time~~ by adequate orders and
1984 documentation.

1985 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT
1986 PLACEMENT.—

1987 (a) Hearings on petitions for continued involuntary
1988 inpatient placement of an individual placed at any treatment
1989 facility are ~~shall be~~ administrative hearings and must ~~shall~~ be
1990 conducted in accordance with ~~the provisions of~~ s. 120.57(1),
1991 except that any order entered by the administrative law judge is
1992 ~~shall be~~ final and subject to judicial review in accordance with
1993 s. 120.68. Orders concerning patients committed after
1994 successfully pleading not guilty by reason of insanity are ~~shall~~
1995 ~~be~~ governed by ~~the provisions of~~ s. 916.15.

1996 (b) If the patient continues to meet the criteria for
1997 involuntary inpatient placement and is being treated at a
1998 treatment facility, the administrator shall, before ~~prior to~~ the
1999 expiration of the period ~~during which~~ the treatment facility is
2000 authorized to retain the patient, file a petition requesting
2001 authorization for continued involuntary inpatient placement. The

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2002 request must ~~shall~~ be accompanied by a statement from the
2003 patient's physician, psychiatrist, psychiatric nurse, or
2004 clinical psychologist justifying the request, a brief
2005 description of the patient's treatment during the time he or she
2006 was involuntarily placed, and an individualized plan of
2007 continued treatment. Notice of the hearing must ~~shall~~ be
2008 provided as provided ~~set forth~~ in s. 394.4599. If a patient's
2009 attendance at the hearing is voluntarily waived, the
2010 administrative law judge must determine that the waiver is
2011 knowing and voluntary before waiving the presence of the patient
2012 from all or a portion of the hearing. Alternatively, if at the
2013 hearing the administrative law judge finds that attendance at
2014 the hearing is not consistent with the best interests of the
2015 patient, the administrative law judge may waive the presence of
2016 the patient from all or any portion of the hearing, unless the
2017 patient, through counsel, objects to the waiver of presence. The
2018 testimony in the hearing must be under oath, and the proceedings
2019 must be recorded.

2020 (c) Unless the patient is otherwise represented or is
2021 ineligible, he or she shall be represented at the hearing on the
2022 petition for continued involuntary inpatient placement by the
2023 public defender of the circuit in which the facility is located.

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

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2031 expiration of each additional period the patient is retained.

2032 (e) If continued involuntary inpatient placement is
2033 necessary for a patient admitted while serving a criminal
2034 sentence, but his or her ~~whose~~ sentence is about to expire, or
2035 for a minor patient involuntarily placed, ~~while a minor~~ but who
2036 is about to reach the age of 18, the administrator shall
2037 petition the administrative law judge for an order authorizing
2038 continued involuntary inpatient placement.

2039 (f) If the patient has been previously found incompetent to
2040 consent to treatment, the administrative law judge shall
2041 consider testimony and evidence regarding the patient's
2042 competence. If the administrative law judge finds evidence that
2043 the patient is now competent to consent to treatment, the
2044 administrative law judge may issue a recommended order to the
2045 court that found the patient incompetent to consent to treatment
2046 that the patient's competence be restored and that any guardian
2047 advocate previously appointed be discharged.

2048 (g) If the patient has been ordered to undergo involuntary
2049 inpatient placement and has previously been found incompetent to
2050 consent to treatment, the court shall consider testimony and
2051 evidence regarding the patient's incompetence. If the patient's
2052 competency to consent to treatment is restored, the discharge of
2053 the guardian advocate shall be governed by the provisions of s.
2054 394.4598.

2055
2056 The procedure required in this subsection must be followed
2057 before the expiration of each additional period the patient is
2058 involuntarily receiving services.

2059 (8) RETURN TO FACILITY OF PATIENTS.—If a patient

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2060 involuntarily held ~~When a patient~~ at a treatment facility under
2061 this part leaves the facility without the administrator's
2062 authorization, the administrator may authorize a search for the
2063 patient and his or her ~~the return of the patient~~ to the
2064 facility. The administrator may request the assistance of a law
2065 enforcement agency in this regard ~~the search for and return of~~
2066 ~~the patient.~~

2067 Section 14. Section 394.46715, Florida Statutes, is amended
2068 to read:

2069 394.46715 Rulemaking authority.—The department may adopt
2070 rules to administer this part ~~Department of Children and~~
2071 ~~Families shall have rulemaking authority to implement the~~
2072 ~~provisions of ss. 394.455, 394.4598, 394.4615, 394.463,~~
2073 ~~394.4655, and 394.467 as amended or created by this act. These~~
2074 ~~rules shall be for the purpose of protecting the health, safety,~~
2075 ~~and well-being of persons examined, treated, or placed under~~
2076 ~~this act.~~

2077 Section 15. Section 394.656, Florida Statutes, is amended
2078 to read:

2079 394.656 Criminal Justice, Mental Health, and Substance
2080 Abuse Reinvestment Grant Program.—

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

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2089 substance abuse disorder, or co-occurring mental health and
2090 substance abuse disorders and who are in, or at risk of
2091 entering, the criminal or juvenile justice systems.

2092 (2) The department shall establish a Criminal Justice,
2093 Mental Health, and Substance Abuse Statewide Grant Review
2094 Committee. The committee shall include:

2095 (a) One representative of the Department of Children and
2096 Families;

2097 (b) One representative of the Department of Corrections;

2098 (c) One representative of the Department of Juvenile
2099 Justice;

2100 (d) One representative of the Department of Elderly
2101 Affairs; ~~and~~

2102 (e) One representative of the Office of the State Courts
2103 Administrator; ~~-~~

2104 (f) One representative of the Department of Veterans'
2105 Affairs;

2106 (g) One representative of the Florida Sheriffs Association;

2107 (h) One representative of the Florida Police Chiefs
2108 Association;

2109 (i) One representative of the Florida Association of
2110 Counties;

2111 (j) One representative of the Florida Alcohol and Drug
2112 Abuse Association;

2113 (k) One representative of the Florida Association of
2114 Managing Entities;

2115 (l) One representative of the Florida Council for Community
2116 Mental Health;

2117 (m) One representative of the National Alliance of Mental

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2118 Illness;

2119 (n) One representative of the Florida Prosecuting Attorneys
2120 Association;

2121 (o) One representative of the Florida Public Defender
2122 Association; and

2123 (p) One administrator of an assisted living facility that
2124 holds a limited mental health license.

2125 (3) The committee shall serve as the advisory body to
2126 review policy and funding issues that help reduce the impact of
2127 persons with mental illness and substance abuse disorders on
2128 communities, criminal justice agencies, and the court system.
2129 The committee shall advise the department in selecting
2130 priorities for grants and investing awarded grant moneys.

2131 (4) The committee must have experience in substance use and
2132 mental health disorders, community corrections, and law
2133 enforcement. To the extent possible, the ~~members of the~~
2134 ~~committee shall have expertise in grant review writing, grant~~
2135 ~~reviewing,~~ and grant application scoring.

2136 (5) (a) ~~(3) (a)~~ A county, or a not-for-profit community
2137 provider or managing entity designated by the county planning
2138 council or committee, as described in s. 394.657, may apply for
2139 a 1-year planning grant or a 3-year implementation or expansion
2140 grant. The purpose of the grants is to demonstrate that
2141 investment in treatment efforts related to mental illness,
2142 substance abuse disorders, or co-occurring mental health and
2143 substance abuse disorders results in a reduced demand on the
2144 resources of the judicial, corrections, juvenile detention, and
2145 health and social services systems.

2146 (b) To be eligible to receive a 1-year planning grant or a

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2147 3-year implementation or expansion grant:⁷

2148 1. A county applicant must have a ~~county~~ planning council
2149 or committee that is in compliance with the membership
2150 requirements set forth in this section.

2151 2. A not-for-profit community provider or managing entity
2152 must be designated by the county planning council or committee
2153 and have written authorization to submit an application. A not-
2154 for-profit community provider or managing entity must have
2155 written authorization for each submitted application.

2156 (c) The department may award a 3-year implementation or
2157 expansion grant to an applicant who has not received a 1-year
2158 planning grant.

2159 (d) The department may require an applicant to conduct
2160 sequential intercept mapping for a project. For purposes of this
2161 paragraph, the term "sequential intercept mapping" means a
2162 process for reviewing a local community's mental health,
2163 substance abuse, criminal justice, and related systems and
2164 identifying points of interceptions where interventions may be
2165 made to prevent an individual with a substance abuse disorder or
2166 mental illness from deeper involvement in the criminal justice
2167 system.

2168 (6)-(4) The grant review and selection committee shall
2169 select the grant recipients and notify the department of
2170 ~~Children and Families~~ in writing of the recipients' names of the
2171 applicants who have been selected by the committee to receive a
2172 grant. Contingent upon the availability of funds and upon
2173 notification by the grant review and selection committee of
2174 those applicants approved to receive planning, implementation,
2175 or expansion grants, the department of ~~Children and Families~~ may

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2176 transfer funds appropriated for the grant program to a selected
2177 grant recipient ~~to any county awarded a grant.~~

2178 Section 16. Section 394.761, Florida Statutes, is created
2179 to read:

2180 394.761 Revenue maximization.—The department, in
2181 coordination with the Agency for Health Care Administration and
2182 the managing entities, shall compile detailed documentation of
2183 the cost and reimbursements for Medicaid covered services
2184 provided to Medicaid eligible individuals by providers of
2185 behavioral health services that are also funded for programs
2186 authorized by this chapter and chapter 397. The department's
2187 documentation, along with a report of general revenue funds
2188 supporting behavioral health services that are not counted as
2189 maintenance of effort or match for any other federal program,
2190 will be submitted to the Agency for Health Care Administration
2191 by December 31, 2016. Copies of the report must also be provided
2192 to the Governor, the President of the Senate, and the Speaker of
2193 the House of Representatives. If this report presents clear
2194 evidence that Medicaid reimbursements are less than the costs of
2195 providing the services, the Agency for Health Care
2196 Administration and the Department of Children and Families shall
2197 prepare and submit any budget amendments necessary to use
2198 unmatched general revenue funds in the 2016-2017 fiscal year to
2199 draw additional federal funding to increase Medicaid funding to
2200 behavioral health service providers receiving the unmatched
2201 general revenue. Payments shall be made to providers in such
2202 manner as is allowed by federal law and regulations.

2203 Section 17. Subsection (11) is added to section 394.875,
2204 Florida Statutes, to read:

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2205 394.875 Crisis stabilization units, residential treatment
2206 facilities, and residential treatment centers for children and
2207 adolescents; authorized services; license required.—

2208 (11) By January 1, 2017, the department and the agency
2209 shall modify licensure rules and procedures to create an option
2210 for a single, consolidated license for a provider who offers
2211 multiple types of mental health and substance abuse services
2212 regulated under this chapter and chapter 397. Providers eligible
2213 for a consolidated license shall operate these services through
2214 a single corporate entity and a unified management structure.
2215 Any provider serving adults and children must meet department
2216 standards for separate facilities and other requirements
2217 necessary to ensure children's safety and promote therapeutic
2218 efficacy.

2219 Section 18. Section 394.9082, Florida Statutes, is amended
2220 to read:

2221 (Substantial rewording of section. See
2222 s. 394.9082, F.S., for present text.)

2223 394.9082 Behavioral health managing entities' purpose;
2224 definitions; duties; contracting; accountability.—

2225 (1) PURPOSE.—The purpose of the behavioral health managing
2226 entities is to plan, coordinate and contract for the delivery of
2227 community mental health and substance abuse services, to improve
2228 access to care, to promote service continuity, to purchase
2229 services, and to support efficient and effective delivery of
2230 services.

2231 (2) DEFINITIONS.—As used in this section, the term:

2232 (a) "Behavioral health services" means mental health
2233 services and substance abuse prevention and treatment services

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2234 as described in this chapter and chapter 397.

2235 (b) "Case management" means those direct services provided
2236 to a client in order to assess needs, plan or arrange services,
2237 coordinate service providers, monitor service delivery, and
2238 evaluate outcomes.

2239 (c) "Coordinated system of care" means the full array of
2240 behavioral health and related services in a region or a
2241 community offered by all service providers, whether
2242 participating under contract with the managing entity or through
2243 another method of community partnership or mutual agreement.

2244 (d) "Geographic area" means one or more contiguous
2245 counties, circuits, or regions as described in s. 409.966.

2246 (e) "High-need or high-utilization individual" means a
2247 recipient who meets one or more of the following criteria and
2248 may be eligible for intensive case management services:

2249 1. Has resided in a state mental health facility for at
2250 least 6 months in the last 36 months;

2251 2. Has had two or more admissions to a state mental health
2252 facility in the last 36 months; or

2253 3. Has had three or more admissions to a crisis
2254 stabilization unit, an addictions receiving facility, a short-
2255 term residential detoxification facility, or an inpatient
2256 psychiatric unit within the last 12 months.

2257 (f) "Managed behavioral health organization" means a
2258 Medicaid managed care organization currently under contract with
2259 the statewide Medicaid managed medical assistance program in
2260 this state pursuant to part IV of chapter 409, including a
2261 managed care organization operating as a behavioral health
2262 specialty plan.

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2263 (g) "Managing entity" means a corporation selected by and
2264 under contract with the department to manage the daily
2265 operational delivery of behavioral health services through a
2266 coordinated system of care.

2267 (h) "Provider network" means the group of direct service
2268 providers, facilities, and organizations under contract with a
2269 managing entity to provide a comprehensive array of emergency,
2270 acute care, residential, outpatient, recovery support, and
2271 consumer support services, including prevention services.

2272 (i) "Receiving facility" means any public or private
2273 facility designated by the department to receive and hold or to
2274 refer, as appropriate, involuntary patients under emergency
2275 conditions for mental health or substance abuse evaluation and
2276 to provide treatment or transportation to the appropriate
2277 service provider. County jails may not be used or designated as
2278 a receiving facility, a triage center, or an access center.

2279 (3) DEPARTMENT DUTIES.—The department shall:

2280 (a) Designate, with input from the managing entity,
2281 facilities that meet the definitions in s. 394.455(1), (2),
2282 (13), and (41) and the receiving system developed by one or more
2283 counties pursuant to s. 394.4573(2) (b).

2284 (b) Contract with organizations to serve as the managing
2285 entity in accordance with the requirements of this section.

2286 (c) Specify the geographic area served.

2287 (d) Specify data reporting and use of shared data systems.

2288 (e) Develop strategies to divert persons with mental
2289 illness or substance abuse disorders from the criminal and
2290 juvenile justice systems.

2291 (f) Support the development and implementation of a

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2292 coordinated system of care by requiring each provider that
2293 receives state funds for behavioral health services through a
2294 direct contract with the department to work with the managing
2295 entity in the provider's service area to coordinate the
2296 provision of behavioral health services, as part of the contract
2297 with the department.

2298 (g) Provide technical assistance to the managing entities.

2299 (h) Promote the integration of behavioral health care and
2300 primary care.

2301 (i) Facilitate the coordination between the managing entity
2302 and other payors of behavioral health care.

2303 (j) Develop and provide a unique identifier for clients
2304 receiving services under the managing entity to coordinate care.

2305 (k) Coordinate procedures for the referral and admission of
2306 patients to, and the discharge of patients from, state treatment
2307 facilities and their return to the community.

2308 (l) Ensure that managing entities comply with state and
2309 federal laws, rules, and regulations.

2310 (m) Develop rules for the operations of, and the
2311 requirements that must be met by, the managing entity, if
2312 necessary.

2313 (4) CONTRACTS FOR SERVICES.-

2314 (a) In contracting for services with managing entities
2315 under this section, the department must first attempt to
2316 contract with not-for-profit, community-based organizations that
2317 have competence in managing networks of providers serving
2318 persons with mental health and substance abuse disorders.

2319 (b) The department shall issue an invitation to negotiate
2320 under s. 287.057 to select an organization to serve as a

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2321 managing entity. If the department receives fewer than two
2322 responsive bids to the solicitation, the department shall
2323 reissue the invitation to negotiate, in which case managed
2324 behavioral health organizations shall be eligible to bid and be
2325 awarded a contract.

2326 (c) If the managing entity is a not-for-profit, community-
2327 based organization, it must have a governing board that is
2328 representative. At a minimum, the governing board must include
2329 consumers and their family members; representatives of local
2330 government, area law enforcement agencies, health care
2331 facilities, and community-based care lead agencies; business
2332 leaders; and providers of substance abuse and mental health
2333 services as defined in this chapter and chapter 397.

2334 (d) If the managing entity is a managed behavioral health
2335 organization, it must establish an advisory board that meets the
2336 same requirements specified in paragraph (c) for a governing
2337 board.

2338 (e) If the department issues an invitation to negotiate
2339 pursuant to paragraph (b), the department shall consider the
2340 advice and recommendations of the provider network and community
2341 stakeholders in determining the criteria and relative weight of
2342 the criteria that will be used in the solicitation of the new
2343 contractor. The department shall consider all of the following
2344 factors:

2345 1. Experience serving persons with mental health and
2346 substance abuse disorders.

2347 2. Establishment of community partnerships with behavioral
2348 health providers.

2349 3. Demonstrated organizational capabilities for network

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2350 management functions.

2351 4. Capability to coordinate behavioral health with primary
2352 care services.

2353 (f) The department's contracts with managing entities must
2354 support efficient and effective administration of the behavioral
2355 health system and ensure accountability for performance.

2356 (g) A contractor serving as a managing entity shall operate
2357 under the same data reporting, administrative, and
2358 administrative rate requirements, regardless of whether it is a
2359 for-profit or a not-for-profit entity.

2360 (h) The contract must designate the geographic area that
2361 will be served by the managing entity, which area must be of
2362 sufficient size in population, funding, and services to allow
2363 for flexibility and efficiency.

2364 (i) The contract must require that, when there is a change
2365 in the managing entity in a geographic area, a transition plan
2366 be developed and implemented by the department which ensures
2367 continuity of care for patients receiving behavioral health
2368 services.

2369 (j) By October 31, 2019, if all other contract requirements
2370 and performance standards are met and the department determines
2371 that the managing entity has made progress toward the
2372 implementation of a coordinated system of care in its geographic
2373 region, the department may continue its contract with the
2374 managing entity for up to, but not exceeding, 5 years, including
2375 any and all renewals and extensions. Thereafter, the department
2376 must issue a competitive solicitation pursuant to paragraph (b).

2377 (5) DUTIES OF MANAGING ENTITIES.—A managing entity shall:

2378 (a) Maintain a board of directors that is representative of

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2379 the community and that, at a minimum, includes consumers and
2380 family members, community stakeholders and organizations, and
2381 providers of mental health and substance abuse services,
2382 including public and private receiving facilities.

2383 (b) Conduct a community behavioral health care needs
2384 assessment in the geographic area served by the managing entity.
2385 The needs assessment must be updated annually and provided to
2386 the department. The assessment must include, at a minimum, the
2387 information the department needs for its annual report to the
2388 Governor and Legislature pursuant to s. 394.4573.

2389 (c) Develop local resources by pursuing third-party
2390 payments for services, applying for grants, assisting providers
2391 in securing local matching funds and in-kind services, and any
2392 other methods needed to ensure services are available and
2393 accessible.

2394 (d) Provide assistance to counties to develop a designated
2395 receiving system pursuant to s. 394.4573(2)(b) and a
2396 transportation plan pursuant to s. 394.462.

2397 (e) Promote the development and effective implementation of
2398 a coordinated system of care pursuant to s. 394.4573.

2399 (f) Develop a comprehensive network of qualified providers
2400 to deliver behavioral health services. The managing entity is
2401 not required to competitively procure network providers, but
2402 must have a process in place to publicize opportunities to join
2403 the network and to evaluate providers in the network to
2404 determine if they can remain in the network. These processes
2405 must be published on the website of the managing entity. The
2406 managing entity must ensure continuity of care for clients if a
2407 provider ceases to provide a service or leaves the network.

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2408 (g) Enter into cooperative agreements with local homeless
2409 councils and organizations to allow the sharing of available
2410 resource information, shared client information, client referral
2411 services, and any other data or information that may be useful
2412 in addressing the homelessness of persons suffering from a
2413 behavioral health crisis. All information sharing must comply
2414 with federal and state privacy and confidentiality laws,
2415 statutes and regulations.

2416 (h) Monitor network providers' performance and their
2417 compliance with contract requirements and federal and state
2418 laws, rules, and regulations.

2419 (i) Provide or contract for case management services.

2420 (j) Manage and allocate funds for services to meet the
2421 requirements of law or rule.

2422 (k) Promote integration of behavioral health with primary
2423 care.

2424 (l) Implement shared data systems necessary for the
2425 delivery of coordinated care and integrated services, the
2426 assessment of managing entity performance and provider
2427 performance, and the reporting of outcomes and costs of
2428 services.

2429 (m) Operate in a transparent manner, providing public
2430 access to information, notice of meetings, and opportunities for
2431 public participation in managing entity decision-making.

2432 (n) Establish and maintain effective relationships with
2433 community stakeholders, including local governments and other
2434 organizations that serve individuals with behavioral health
2435 needs.

2436 (o) Collaborate with local criminal and juvenile justice

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2437 systems to divert persons with mental illness or substance abuse
2438 disorders, or both, from the criminal and juvenile justice
2439 systems.

2440 (p) Collaborate with the local court system to develop
2441 procedures to maximize the use of involuntary outpatient
2442 services; reduce involuntary inpatient treatment; and increase
2443 diversion from the criminal and juvenile justice systems.

2444 (6) NETWORK ACCREDITATION AND SYSTEMS COORDINATION
2445 AGREEMENTS.—

2446 (a)1. The department shall identify acceptable
2447 accreditations which address coordination within a network and,
2448 if possible, between the network and major systems and programs
2449 with which the network interacts, such as the child welfare
2450 system, state courts system, and the Medicaid program. In
2451 identifying acceptable accreditations, the department shall
2452 consider whether the accreditation facilitates integrated
2453 strategic planning, resource coordination, technology
2454 integration, performance measurement, and increased value to
2455 consumers through choice of access to services, improved
2456 coordination of services, and effectiveness and efficiency of
2457 service delivery.

2458 2. All managing entities under contract as of July 1, 2016,
2459 shall earn accreditation deemed acceptable by the department
2460 pursuant to paragraph (a) by June 30, 2019. Managing entities
2461 whose initial contract with the state is executed after July 1,
2462 2016, shall earn network accreditation within 3 years after the
2463 contract execution date. Pursuant to paragraph (4) (j) above, the
2464 department may continue the contract of a managing entity that
2465 earns the network accreditation within the required timeframe

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2466 and maintains it throughout the contract term.

2467 (b) If no accreditations are available or deemed acceptable
2468 which address coordination between the network and other major
2469 systems and programs, by July 1, 2017, for managing entities
2470 under contract as of July 1, 2016, and within one year after the
2471 contract execution date for managing entities initially under
2472 contract after that date, each managing entity shall enter into
2473 a memorandum of understanding detailing mechanisms for
2474 communication and coordination with any community-based care
2475 lead agencies, state court system, sheriff's offices, public
2476 defenders, offices of regional conflict counsel Medicaid managed
2477 medical assistance plans, and homeless coalitions in its service
2478 area. Such entities shall cooperate with the managing entities
2479 in entering into such memoranda.

2480 (c) By February 1 of each year, beginning in 2018, each
2481 managing entity shall develop and submit to the department a
2482 plan for the enhancement of the behavioral health system of care
2483 of the managing entity's service area, if appropriate, based on
2484 the assessed behavioral health care needs of the service area.
2485 Individual sections of the plan shall address:

2486 1. The designated receiving systems developed pursuant to
2487 s. 394.4573, and shall give consideration to evidence-based,
2488 evidence-informed, and innovative practices for diverting
2489 individuals from the acute behavioral health care system and
2490 addressing their needs once they are in the system in the most
2491 efficient and cost-effective manner.

2492 2. Treatment and recovery services, and shall emphasize the
2493 provision of care coordination and the use of recovery-oriented,
2494 peer-involved approaches.

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2495 3. Coordination between the behavioral health system of
2496 care and other systems such as the child welfare system, state
2497 courts system and Medicaid program.

2498 (d) If the plan recommends additional funding, the plan
2499 shall describe, at a minimum, the specific needs that would be
2500 met, the specific services that would be purchased, the
2501 estimated benefits of the services, the projected costs, the
2502 projected number of individuals that would be served, and any
2503 other information indicating the estimated benefit to the
2504 community. The managing entity shall include consumers and their
2505 family members, local governments, law enforcement agencies,
2506 providers, community partners, and other stakeholders when
2507 developing the plan.

2508 (e) Subject to a specific appropriation by the Legislature,
2509 the department may award system improvement grants to managing
2510 entities based on the submission of the plans as described and
2511 required in paragraphs (c) and (d).

2512 (7) PERFORMANCE MEASUREMENT AND ACCOUNTABILITY.-

2513 (a) Managing entities shall collect and submit data to the
2514 department regarding persons served, outcomes of persons served,
2515 costs of services provided through the department's contract,
2516 and other data as required by the department.

2517 (b) The department shall evaluate the managing entity's
2518 performance and the overall progress made by the managing
2519 entity, together with other systems, in meeting the community's
2520 behavioral health needs, based on consumer-centered outcome
2521 measures that reflect national standards, if possible, and that
2522 can dependably be measured. The department shall work with
2523 managing entities to establish performance standards related at

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2524 a minimum to:

2525 1. The extent to which individuals in the community receive
2526 services.

2527 2. The improvement in the overall behavioral health of a
2528 community.

2529 3. The improvement in functioning or progress in the
2530 recovery of individuals served by the managing entity, as
2531 determined using person-centered measures tailored to the
2532 population.

2533 4. The success of strategies to divert admissions to acute
2534 levels of care, jails, prisons, and forensic facilities as
2535 measured by, at a minimum, the total number and percentage of
2536 clients who, during a specified period, experience multiple
2537 admissions to acute levels of care, jails, prisons, or forensic
2538 facilities.

2539 5. Consumer and family satisfaction.

2540 6. The satisfaction of key community constituencies such as
2541 law enforcement agencies, juvenile justice agencies, the state
2542 courts system, school districts, local government entities,
2543 hospitals, and others as appropriate for the geographical area
2544 of the managing entity.

2545 (8) FUNDING FOR MANAGING ENTITIES.—

2546 (a) A contract established between the department and a
2547 managing entity under this section must be funded by general
2548 revenue, other applicable state funds, or applicable federal
2549 funding sources. A managing entity may carry forward documented
2550 unexpended state funds from one fiscal year to the next, but the
2551 cumulative amount carried forward may not exceed 8 percent of
2552 the total value of the contract. Any unexpended state funds in

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2553 excess of that percentage must be returned to the department.
2554 The funds carried forward may not be used in a way that would
2555 increase future recurring obligations or for any program or
2556 service that was not authorized as of July 1, 2016, under the
2557 existing contract with the department. Expenditures of funds
2558 carried forward must be separately reported to the department.
2559 Any unexpended funds that remain at the end of the contract
2560 period must be returned to the department. Funds carried forward
2561 may be retained through contract renewals and new contract
2562 procurements as long as the same managing entity is retained by
2563 the department.

2564 (b) The method of payment for a fixed-price contract with a
2565 managing entity must provide for a 2-month advance payment at
2566 the beginning of each fiscal year and equal monthly payments
2567 thereafter.

2568 (9) ACUTE CARE SERVICES UTILIZATION DATABASE.—The
2569 department shall develop, implement, and maintain standards
2570 under which a managing entity shall collect utilization data
2571 from all public receiving facilities situated within its
2572 geographic service area and all detoxification and addictions
2573 receiving facilities under contract with the managing entity. As
2574 used in this subsection, the term "public receiving facility"
2575 means an entity that meets the licensure requirements of, and is
2576 designated by, the department to operate as a public receiving
2577 facility under s. 394.875 and that is operating as a licensed
2578 crisis stabilization unit.

2579 (a) The department shall develop standards and protocols to
2580 be used for data collection, storage, transmittal, and analysis.
2581 The standards and protocols shall allow for compatibility of

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2582 data and data transmittal between public receiving facilities,
2583 detoxification facilities, addiction receiving facilities,
2584 managing entities, and the department for the implementation and
2585 requirements of this subsection.

2586 (b) A managing entity shall require providers specified in
2587 paragraph (1)(a) to submit data, in real time or at least daily,
2588 to the managing entity for:

2589 1. All admissions and discharges of clients receiving
2590 public receiving facility services who qualify as indigent, as
2591 defined in s. 394.4787;

2592 2. The current active census of total licensed beds, the
2593 number of beds purchased by the department, the number of
2594 clients qualifying as indigent who occupy those beds, and the
2595 total number of unoccupied licensed beds regardless of funding
2596 for each public receiving facility;

2597 3. All admissions and discharges of clients receiving
2598 substance abuse services in an addictions receiving facility or
2599 detoxification facility pursuant to parts IV and V of chapter
2600 397.

2601 (c) A managing entity shall require providers specified in
2602 paragraph (1)(a) to submit data, on a monthly basis, to the
2603 managing entity which aggregates the daily data submitted under
2604 paragraph (b). The managing entity shall reconcile the data in
2605 the monthly submission to the data received by the managing
2606 entity under paragraph (b) to check for consistency. If the
2607 monthly aggregate data submitted by a provider under this
2608 paragraph are inconsistent with the daily data submitted under
2609 paragraph (b), the managing entity shall consult with the
2610 provider to make corrections necessary to ensure accurate data.

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2611 (d) A managing entity shall require providers specified in
2612 paragraph (1)(a) within its provider network to submit data, on
2613 an annual basis, to the managing entity which aggregates the
2614 data submitted and reconciled under paragraph (c). The managing
2615 entity shall reconcile the data in the annual submission to the
2616 data received and reconciled by the managing entity under
2617 paragraph (c) to check for consistency. If the annual aggregate
2618 data submitted by a provider under this paragraph are
2619 inconsistent with the data received and reconciled under
2620 paragraph (c), the managing entity shall consult with the
2621 provider to make corrections necessary to ensure accurate data.

2622 (e) After ensuring the accuracy of data pursuant to
2623 paragraphs (c) and (d), the managing entity shall submit the
2624 data to the department on a monthly and an annual basis. The
2625 department shall create a statewide database for the data
2626 described under paragraph (b) and submitted under this paragraph
2627 for the purpose of analyzing the payments for and the use of
2628 crisis stabilization services funded by the Baker Act and
2629 detoxification and addictions receiving services provided
2630 pursuant to parts IV and V of chapter 397 on a statewide basis
2631 and on an individual provider basis.

2632 Section 19. Present subsections (20) through (45) of
2633 section 397.311, Florida Statutes, are redesignated as
2634 subsections (22) through (47), respectively, new subsections
2635 (20) and (21) are added to that section, and present subsections
2636 (30) and (38) of that section are amended, to read:

2637 397.311 Definitions.—As used in this chapter, except part
2638 VIII, the term:

2639 (20) "Informed consent" means consent voluntarily given in

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2640 writing by a competent person after sufficient explanation and
2641 disclosure of the subject matter involved to enable the person
2642 to make a knowing and willful decision without any element of
2643 force, fraud, deceit, duress, or other form of constraint or
2644 coercion.

2645 (21) "Involuntary services" means an array of behavioral
2646 health services that may be ordered by the court for persons
2647 with substance abuse or co-occurring mental health disorders.

2648 (32)~~(30)~~ "Qualified professional" means a physician or a
2649 physician assistant licensed under chapter 458 or chapter 459; a
2650 professional licensed under chapter 490 or chapter 491; an
2651 advanced registered nurse practitioner ~~having a specialty in~~
2652 ~~psychiatry~~ licensed under part I of chapter 464; or a person who
2653 is certified through a department-recognized certification
2654 process for substance abuse treatment services and who holds, at
2655 a minimum, a bachelor's degree. A person who is certified in
2656 substance abuse treatment services by a state-recognized
2657 certification process in another state at the time of employment
2658 with a licensed substance abuse provider in this state may
2659 perform the functions of a qualified professional as defined in
2660 this chapter but must meet certification requirements contained
2661 in this subsection no later than 1 year after his or her date of
2662 employment.

2663 (40)~~(38)~~ "Service component" or "component" means a
2664 discrete operational entity within a service provider which is
2665 subject to licensing as defined by rule. Service components
2666 include prevention, intervention, and clinical treatment
2667 described in subsection (24) ~~(22)~~.

2668 Section 20. Section 397.675, Florida Statutes, is amended

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2669 to read:

2670 397.675 Criteria for involuntary admissions, including
2671 protective custody, emergency admission, and other involuntary
2672 assessment, involuntary treatment, and alternative involuntary
2673 assessment for minors, for purposes of assessment and
2674 stabilization, and for involuntary treatment.—A person meets the
2675 criteria for involuntary admission if there is good faith reason
2676 to believe that the person has a substance abuse or co-occurring
2677 mental health disorder ~~is substance abuse impaired~~ and, because
2678 of such disorder ~~impairment~~:

2679 (1) Has lost the power of self-control with respect to
2680 substance abuse ~~use~~; and ~~either~~

2681 (2) (a) ~~Has inflicted, or threatened or attempted to~~
2682 ~~inflict, or unless admitted is likely to inflict, physical harm~~
2683 ~~on himself or herself or another; or~~

2684 ~~(b)~~ Is in need of substance abuse services and, by reason
2685 of substance abuse impairment, his or her judgment has been so
2686 impaired that he or she ~~the person~~ is incapable of appreciating
2687 his or her need for such services and of making a rational
2688 decision in that regard, although ~~thereto; however,~~ mere refusal
2689 to receive such services does not constitute evidence of lack of
2690 judgment with respect to his or her need for such services.

2691 (b) Without care or treatment, is likely to suffer from
2692 neglect or to refuse to care for himself or herself, that such
2693 neglect or refusal poses a real and present threat of
2694 substantial harm to his or her well-being and that it is not
2695 apparent that such harm may be avoided through the help of
2696 willing family members or friends or the provision of other
2697 services, or there is substantial likelihood that the person has

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2698 inflicted, or threatened to or attempted to inflict, or, unless
2699 admitted, is likely to inflict, physical harm on himself,
2700 herself, or another.

2701 Section 21. Section 397.679, Florida Statutes, is amended
2702 to read:

2703 397.679 Emergency admission; circumstances justifying.—A
2704 person who meets the criteria for involuntary admission in s.
2705 397.675 may be admitted to a hospital or to a licensed
2706 detoxification facility or addictions receiving facility for
2707 emergency assessment and stabilization, or to a less intensive
2708 component of a licensed service provider for assessment only,
2709 upon receipt by the facility of a ~~the physician's~~ certificate by
2710 a physician, an advanced registered nurse practitioner, a
2711 clinical psychologist, a licensed clinical social worker, a
2712 licensed marriage and family therapist, a licensed mental health
2713 counselor, a physician assistant working under the scope of
2714 practice of the supervising physician, or a master's-level-
2715 certified addictions professional, if the certificate is
2716 specific to substance abuse disorders, and the completion of an
2717 application for emergency admission.

2718 Section 22. Section 397.6791, Florida Statutes, is amended
2719 to read:

2720 397.6791 Emergency admission; persons who may initiate.—The
2721 following professionals ~~persons~~ may request a certificate for an
2722 emergency assessment or admission:

2723 (1) In the case of an adult, physicians, advanced
2724 registered nurse practitioners, clinical psychologists, licensed
2725 clinical social workers, licensed marriage and family
2726 therapists, licensed mental health counselors, physician

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2727 assistants working under the scope of practice of the
 2728 supervising physician, and a master's-level-certified addictions
 2729 professional, if the certificate is specific to substance abuse
 2730 disorders ~~the certifying physician,~~ the person's spouse or legal
 2731 guardian, any relative of the person, or any other responsible
 2732 adult who has personal knowledge of the person's substance abuse
 2733 impairment.

2734 (2) In the case of a minor, the minor's parent, legal
 2735 guardian, or legal custodian.

2736 Section 23. Section 397.6793, Florida Statutes, is amended
 2737 to read:

2738 397.6793 Professional's ~~Physician's~~ certificate for
 2739 emergency admission.—

2740 (1) The professional's ~~physician's~~ certificate must include
 2741 the name of the person to be admitted, the relationship between
 2742 the person and the professional executing the certificate
 2743 ~~physician,~~ the relationship between the applicant and the
 2744 professional ~~physician,~~ any relationship between the
 2745 professional ~~physician~~ and the licensed service provider, and a
 2746 statement that the person has been examined and assessed within
 2747 the preceding 5 days of the application date, and ~~must include~~
 2748 factual allegations with respect to the need for emergency
 2749 admission, including:

2750 (a) The reason for the ~~physician's~~ belief that the person
 2751 is substance abuse impaired; and

2752 (b) The reason for the ~~physician's~~ belief that because of
 2753 such impairment the person has lost the power of self-control
 2754 with respect to substance abuse; and ~~either~~

2755 (c)1. The reason for the belief ~~physician believes~~ that,

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2756 without care or treatment, the person is likely to suffer from
2757 neglect or refuse to care for himself or herself; that such
2758 neglect or refusal poses a real and present threat of
2759 substantial harm to his or her well-being; and that it is not
2760 apparent that such harm may be avoided through the help of
2761 willing family members or friends or the provision of other
2762 services or there is substantial likelihood that the person has
2763 inflicted or is likely to inflict physical harm on himself or
2764 herself or others unless admitted; or

2765 2. The reason for the belief ~~physician believes~~ that the
2766 person's refusal to voluntarily receive care is based on
2767 judgment so impaired by reason of substance abuse that the
2768 person is incapable of appreciating his or her need for care and
2769 of making a rational decision regarding his or her need for
2770 care.

2771 (2) The professional's ~~physician's~~ certificate must
2772 recommend the least restrictive type of service that is
2773 appropriate for the person. The certificate must be signed by
2774 the professional ~~physician~~. If other less restrictive means are
2775 not available, such as voluntary appearance for outpatient
2776 evaluation, a law enforcement officer shall take the person
2777 named in the certificate into custody and deliver him or her to
2778 the appropriate facility for involuntary examination.

2779 (3) A signed copy of the professional's ~~physician's~~
2780 certificate shall accompany the person, and shall be made a part
2781 of the person's clinical record, together with a signed copy of
2782 the application. The application and the professional's
2783 ~~physician's~~ certificate authorize the involuntary admission of
2784 the person pursuant to, and subject to the provisions of, ss.

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2785 397.679-397.6797.

2786 (4) The professional's certificate is valid for 7 days
2787 after issuance.

2788 (5) The professional's ~~physician's~~ certificate must
2789 indicate whether the person requires transportation assistance
2790 for delivery for emergency admission and specify, pursuant to s.
2791 397.6795, the type of transportation assistance necessary.

2792 Section 24. Section 397.6795, Florida Statutes, is amended
2793 to read:

2794 397.6795 Transportation-assisted delivery of persons for
2795 emergency assessment.—An applicant for a person's emergency
2796 admission, ~~or~~ the person's spouse or guardian, or a law
2797 enforcement officer, ~~or a health officer~~ may deliver a person
2798 named in the professional's ~~physician's~~ certificate for
2799 emergency admission to a hospital or a licensed detoxification
2800 facility or addictions receiving facility for emergency
2801 assessment and stabilization.

2802 Section 25. Subsection (1) of section 397.681, Florida
2803 Statutes, is amended to read:

2804 397.681 Involuntary petitions; general provisions; court
2805 jurisdiction and right to counsel.—

2806 (1) JURISDICTION.—The courts have jurisdiction of
2807 involuntary assessment and stabilization petitions and
2808 involuntary treatment petitions for substance abuse impaired
2809 persons, and such petitions must be filed with the clerk of the
2810 court in the county where the person is located. The clerk of
2811 the court may not charge a fee for the filing of a petition
2812 under this section. The chief judge may appoint a general or
2813 special magistrate to preside over all or part of the

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2814 proceedings. The alleged impaired person is named as the
2815 respondent.

2816 Section 26. Subsection (1) of section 397.6811, Florida
2817 Statutes, is amended to read:

2818 397.6811 Involuntary assessment and stabilization.—A person
2819 determined by the court to appear to meet the criteria for
2820 involuntary admission under s. 397.675 may be admitted for a
2821 period of 5 days to a hospital or to a licensed detoxification
2822 facility or addictions receiving facility, for involuntary
2823 assessment and stabilization or to a less restrictive component
2824 of a licensed service provider for assessment only upon entry of
2825 a court order or upon receipt by the licensed service provider
2826 of a petition. Involuntary assessment and stabilization may be
2827 initiated by the submission of a petition to the court.

2828 (1) If the person upon whose behalf the petition is being
2829 filed is an adult, a petition for involuntary assessment and
2830 stabilization may be filed by the respondent's spouse, or legal
2831 guardian, any relative, a private practitioner, the director of
2832 a licensed service provider or the director's designee, or any
2833 individual ~~three adults~~ who has direct ~~have~~ personal knowledge
2834 of the respondent's substance abuse impairment.

2835 Section 27. Section 397.6814, Florida Statutes, is amended
2836 to read:

2837 397.6814 Involuntary assessment and stabilization; contents
2838 of petition.—A petition for involuntary assessment and
2839 stabilization must contain the name of the respondent, + the name
2840 of the applicant or applicants, + the relationship between the
2841 respondent and the applicant, and ~~+~~ the name of the respondent's
2842 attorney, if known, ~~and a statement of the respondent's ability~~

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2843 ~~to afford an attorney;~~ and must state facts to support the need
2844 for involuntary assessment and stabilization, including:

2845 (1) The reason for the petitioner's belief that the
2846 respondent is substance abuse impaired; ~~and~~

2847 (2) The reason for the petitioner's belief that because of
2848 such impairment the respondent has lost the power of self-
2849 control with respect to substance abuse; and ~~either~~

2850 (3) (a) The reason the petitioner believes that the
2851 respondent has inflicted or is likely to inflict physical harm
2852 on himself or herself or others unless admitted; or

2853 (b) The reason the petitioner believes that the
2854 respondent's refusal to voluntarily receive care is based on
2855 judgment so impaired by reason of substance abuse that the
2856 respondent is incapable of appreciating his or her need for care
2857 and of making a rational decision regarding that need for care.
2858 If the respondent has refused to submit to an assessment, such
2859 refusal must be alleged in the petition.

2860

2861 A fee may not be charged for the filing of a petition pursuant
2862 to this section.

2863 Section 28. Section 397.6819, Florida Statutes, is amended
2864 to read:

2865 397.6819 Involuntary assessment and stabilization;
2866 responsibility of licensed service provider.—

2867 (1) A licensed service provider may admit an individual for
2868 involuntary assessment and stabilization for a period not to
2869 exceed 5 days unless a petition has been filed pursuant to s.
2870 397.6821 or s. 397.6822. The individual must be assessed within
2871 72 hours ~~without unnecessary delay~~ by a qualified professional.

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2872 If an assessment is performed by a qualified professional who is
2873 not a physician, the assessment must be reviewed by a physician
2874 before the end of the assessment period.

2875 (2) The managing entity must be notified of the
2876 recommendation for involuntary services so that it may assist in
2877 locating and providing the requested services, if such services
2878 are available. The managing entity shall document its efforts to
2879 obtain the recommended services.

2880 Section 29. Section 397.695, Florida Statutes, is amended
2881 to read:

2882 397.695 Involuntary services treatment; persons who may
2883 petition.—

2884 (1) (a) If the respondent is an adult, a petition for
2885 involuntary services treatment may be filed by the respondent's
2886 spouse or legal guardian, any relative, a service provider, or
2887 any individual ~~three adults~~ who has direct ~~have~~ personal
2888 knowledge of the respondent's substance abuse impairment and his
2889 or her prior course of assessment and treatment.

2890 (2) If the respondent is a minor, a petition for
2891 involuntary treatment may be filed by a parent, legal guardian,
2892 or service provider.

2893 Section 30. Section 397.6951, Florida Statutes, is amended
2894 to read:

2895 397.6951 Contents of petition for involuntary services
2896 ~~treatment~~.—A petition for involuntary services treatment must
2897 contain the name of the respondent ~~to be admitted~~; the name of
2898 the petitioner or petitioners; the relationship between the
2899 respondent and the petitioner; the name of the respondent's
2900 attorney, if known, ~~and a statement of the petitioner's~~

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2901 ~~knowledge of the respondent's ability to afford an attorney;~~ the
2902 findings and recommendations of the assessment performed by the
2903 qualified professional; and the factual allegations presented by
2904 the petitioner establishing the need for involuntary outpatient
2905 services. The factual allegations must demonstrate treatment,
2906 including:

2907 (1) The reason for the petitioner's belief that the
2908 respondent is substance abuse impaired; ~~and~~

2909 (2) The reason for the petitioner's belief that because of
2910 such impairment the respondent has lost the power of self-
2911 control with respect to substance abuse; and either

2912 (3) (a) The reason the petitioner believes that the
2913 respondent has inflicted or is likely to inflict physical harm
2914 on himself or herself or others unless the court orders the
2915 involuntary services admitted; or

2916 (b) The reason the petitioner believes that the
2917 respondent's refusal to voluntarily receive care is based on
2918 judgment so impaired by reason of substance abuse that the
2919 respondent is incapable of appreciating his or her need for care
2920 and of making a rational decision regarding that need for care.

2921 Section 31. Section 397.6955, Florida Statutes, is amended
2922 to read:

2923 397.6955 Duties of court upon filing of petition for
2924 involuntary services ~~treatment~~.—

2925 (1) Upon the filing of a petition for ~~the~~ involuntary
2926 services for ~~treatment~~ of a substance abuse impaired person with
2927 the clerk of the court, the court shall immediately determine
2928 whether the respondent is represented by an attorney or whether
2929 the appointment of counsel for the respondent is appropriate. If

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2930 the court appoints counsel for the person, the clerk of the
2931 court shall immediately notify the regional conflict counsel,
2932 created pursuant to s. 27.511, of the appointment. The regional
2933 conflict counsel shall represent the person until the petition
2934 is dismissed, the court order expires, or the person is
2935 discharged from involuntary services. An attorney that
2936 represents the person named in the petition shall have access to
2937 the person, witnesses, and records relevant to the presentation
2938 of the person's case and shall represent the interests of the
2939 person, regardless of the source of payment to the attorney.

2940 (2) The court shall schedule a hearing to be held on the
2941 petition within 5 ~~10~~ days unless a continuance is granted. The
2942 court may appoint a magistrate to preside at the hearing.

2943 (3) A copy of the petition and notice of the hearing must
2944 be provided to the respondent; the respondent's parent,
2945 guardian, or legal custodian, in the case of a minor; the
2946 respondent's attorney, if known; the petitioner; the
2947 respondent's spouse or guardian, if applicable; and such other
2948 persons as the court may direct. If the respondent is a minor, a
2949 copy of the petition and notice of the hearing must be ~~and have~~
2950 ~~such petition and order~~ personally delivered to the respondent
2951 ~~if he or she is a minor~~. The court shall also issue a summons to
2952 the person whose admission is sought.

2953 Section 32. Section 397.6957, Florida Statutes, is amended
2954 to read:

2955 397.6957 Hearing on petition for involuntary services
2956 ~~treatment~~.—

2957 (1) At a hearing on a petition for involuntary services
2958 ~~treatment~~, the court shall hear and review all relevant

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2959 evidence, including the review of results of the assessment
2960 completed by the qualified professional in connection with the
2961 respondent's protective custody, emergency admission,
2962 involuntary assessment, or alternative involuntary admission.
2963 The respondent must be present unless the court finds that his
2964 or her presence is likely to be injurious to himself or herself
2965 or others, in which event the court must appoint a guardian
2966 advocate to act in behalf of the respondent throughout the
2967 proceedings.

2968 (2) The petitioner has the burden of proving by clear and
2969 convincing evidence that:

2970 (a) The respondent is substance abuse impaired and has a
2971 history of lack of compliance with treatment for substance
2972 abuse; and

2973 (b) Because of such impairment the respondent is unlikely
2974 to voluntarily participate in the recommended services or is
2975 unable to determine for himself or herself whether services are
2976 necessary ~~the respondent has lost the power of self-control with~~
2977 ~~respect to substance abuse;~~ and: ~~either~~

2978 1. Without services, the respondent is likely to suffer
2979 from neglect or to refuse to care for himself or herself; that
2980 such neglect or refusal poses a real and present threat of
2981 substantial harm to his or her well-being; and that there is a
2982 substantial likelihood that without services the respondent will
2983 cause serious bodily harm to himself or herself or others in the
2984 near future, as evidenced by recent behavior ~~The respondent has~~
2985 ~~inflicted or is likely to inflict physical harm on himself or~~
2986 ~~herself or others unless admitted; or~~

2987 2. The respondent's refusal to voluntarily receive care is

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2988 based on judgment so impaired by reason of substance abuse that
 2989 the respondent is incapable of appreciating his or her need for
 2990 care and of making a rational decision regarding that need for
 2991 care.

2992 (3) One of the qualified professionals who executed the
 2993 involuntary services certificate must be a witness. The court
 2994 shall allow testimony from individuals, including family
 2995 members, deemed by the court to be relevant under state law,
 2996 regarding the respondent's prior history and how that prior
 2997 history relates to the person's current condition. The testimony
 2998 in the hearing must be under oath, and the proceedings must be
 2999 recorded. The patient may refuse to testify at the hearing.

3000 (4)~~(3)~~ At the conclusion of the hearing the court shall
 3001 ~~either~~ dismiss the petition or order the respondent to receive
 3002 ~~undergo~~ involuntary services from his or her substance abuse
 3003 ~~treatment, with the respondent's~~ chosen licensed service
 3004 provider ~~if to deliver the involuntary substance abuse treatment~~
 3005 ~~where~~ possible and appropriate.

3006 Section 33. Section 397.697, Florida Statutes, is amended
 3007 to read:

3008 397.697 Court determination; effect of court order for
 3009 involuntary services ~~substance abuse treatment~~.

3010 (1) When the court finds that the conditions for
 3011 involuntary services ~~substance abuse treatment~~ have been proved
 3012 by clear and convincing evidence, it may order the respondent to
 3013 receive ~~undergo~~ involuntary services from ~~treatment by a~~
 3014 licensed service provider for a period not to exceed 90 ~~60~~ days.
 3015 The court may order a respondent to undergo treatment through a
 3016 privately funded licensed service provider if the respondent has

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3017 the ability to pay for the treatment, or if any person on the
3018 respondent's behalf voluntarily demonstrates a willingness and
3019 an ability to pay for the treatment. If the court finds it
3020 necessary, it may direct the sheriff to take the respondent into
3021 custody and deliver him or her to the licensed service provider
3022 specified in the court order, or to the nearest appropriate
3023 licensed service provider, for involuntary services ~~treatment~~.
3024 When the conditions justifying involuntary services ~~treatment~~ no
3025 longer exist, the individual must be released as provided in s.
3026 397.6971. When the conditions justifying involuntary services
3027 ~~treatment~~ are expected to exist after 90 ~~60~~ days of services
3028 ~~treatment~~, a renewal of the involuntary services ~~treatment~~ order
3029 may be requested pursuant to s. 397.6975 before ~~prior to~~ the end
3030 of the 90 ~~60~~-day period.

3031 (2) In all cases resulting in an order for involuntary
3032 services ~~substance abuse treatment~~, the court shall retain
3033 jurisdiction over the case and the parties for the entry of such
3034 further orders as the circumstances may require. The court's
3035 requirements for notification of proposed release must be
3036 included in the original ~~treatment~~ order.

3037 (3) An involuntary services ~~treatment~~ order authorizes the
3038 licensed service provider to require the individual to receive
3039 services that ~~undergo such treatment as~~ will benefit him or her,
3040 including services ~~treatment~~ at any licensable service component
3041 of a licensed service provider.

3042 (4) If the court orders involuntary services, a copy of the
3043 order must be sent to the managing entity within 1 working day
3044 after it is received from the court. Documents may be submitted
3045 electronically through existing data systems, if applicable.

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3046 Section 34. Section 397.6971, Florida Statutes, is amended
3047 to read:

3048 397.6971 Early release from involuntary services ~~substance~~
3049 ~~abuse treatment.~~

3050 (1) At any time before ~~prior to~~ the end of the 90 ~~60~~-day
3051 involuntary services ~~treatment~~ period, or ~~prior to~~ the end of
3052 any extension granted pursuant to s. 397.6975, an individual
3053 receiving ~~admitted for~~ involuntary services ~~treatment~~ may be
3054 determined eligible for discharge to the most appropriate
3055 referral or disposition for the individual when any of the
3056 following apply:

3057 (a) The individual no longer meets the criteria for
3058 involuntary admission and has given his or her informed consent
3059 to be transferred to voluntary treatment status. ~~†~~

3060 (b) If the individual was admitted on the grounds of
3061 likelihood of infliction of physical harm upon himself or
3062 herself or others, such likelihood no longer exists. ~~† or~~

3063 (c) If the individual was admitted on the grounds of need
3064 for assessment and stabilization or treatment, accompanied by
3065 inability to make a determination respecting such need, ~~either~~:

- 3066 1. Such inability no longer exists; or
3067 2. It is evident that further treatment will not bring
3068 about further significant improvements in the individual's
3069 condition. ~~†~~

3070 (d) The individual is no longer in need of services. ~~† or~~

3071 (e) The director of the service provider determines that
3072 the individual is beyond the safe management capabilities of the
3073 provider.

3074 (2) Whenever a qualified professional determines that an

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3075 individual admitted for involuntary services ~~qualifies treatment~~
3076 ~~is ready~~ for early release under ~~for any of the reasons listed~~
3077 ~~in~~ subsection (1), the service provider shall immediately
3078 discharge the individual, and must notify all persons specified
3079 by the court in the original treatment order.

3080 Section 35. Section 397.6975, Florida Statutes, is amended
3081 to read:

3082 397.6975 Extension of involuntary services ~~substance abuse~~
3083 ~~treatment~~ period.—

3084 (1) Whenever a service provider believes that an individual
3085 who is nearing the scheduled date of his or her release from
3086 involuntary services ~~treatment~~ continues to meet the criteria
3087 for involuntary services ~~treatment~~ in s. 397.693, a petition for
3088 renewal of the involuntary services ~~treatment~~ order may be filed
3089 with the court at least 10 days before the expiration of the
3090 court-ordered services ~~treatment~~ period. The court shall
3091 immediately schedule a hearing to be held not more than 15 days
3092 after filing of the petition. The court shall provide the copy
3093 of the petition for renewal and the notice of the hearing to all
3094 parties to the proceeding. The hearing is conducted pursuant to
3095 s. 397.6957.

3096 (2) If the court finds that the petition for renewal of the
3097 involuntary services ~~treatment~~ order should be granted, it may
3098 order the respondent to receive ~~undergo~~ involuntary services
3099 ~~treatment~~ for a period not to exceed an additional 90 days. When
3100 the conditions justifying involuntary services ~~treatment~~ no
3101 longer exist, the individual must be released as provided in s.
3102 397.6971. When the conditions justifying involuntary services
3103 ~~treatment~~ continue to exist after an additional 90 days of

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3104 ~~service additional treatment~~, a new petition requesting renewal
3105 of the involuntary services ~~treatment~~ order may be filed
3106 pursuant to this section.

3107 (3) Within 1 court working day after the filing of a
3108 petition for continued involuntary services, the court shall
3109 appoint the regional conflict counsel to represent the
3110 respondent, unless the respondent is otherwise represented by
3111 counsel. The clerk of the court shall immediately notify the
3112 regional conflict counsel of such appointment. The regional
3113 conflict counsel shall represent the respondent until the
3114 petition is dismissed or the court order expires or the
3115 respondent is discharged from involuntary services. Any attorney
3116 representing the respondent shall have access to the respondent,
3117 witnesses, and records relevant to the presentation of the
3118 respondent's case and shall represent the interests of the
3119 respondent, regardless of the source of payment to the attorney.

3120 (4) Hearings on petitions for continued involuntary
3121 services shall be before the circuit court. The court may
3122 appoint a magistrate to preside at the hearing. The procedures
3123 for obtaining an order pursuant to this section shall be in
3124 accordance with s. 397.697.

3125 (5) Notice of hearing shall be provided to the respondent
3126 or his or her counsel. The respondent and the respondent's
3127 counsel may agree to a period of continued involuntary services
3128 without a court hearing.

3129 (6) The same procedure shall be repeated before the
3130 expiration of each additional period of involuntary services.

3131 (7) If the respondent has previously been found incompetent
3132 to consent to treatment, the court shall consider testimony and

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3133 evidence regarding the respondent's competence.

3134 Section 36. Section 397.6977, Florida Statutes, is amended
3135 to read:

3136 397.6977 Disposition of individual upon completion of
3137 involuntary services ~~substance abuse treatment~~.—At the
3138 conclusion of the 90 ~~60~~-day period of court-ordered involuntary
3139 services treatment, the respondent individual is automatically
3140 discharged unless a motion for renewal of the involuntary
3141 services treatment order has been filed with the court pursuant
3142 to s. 397.6975.

3143 Section 37. Section 397.6978, Florida Statutes, is created
3144 to read:

3145 397.6978 Guardian advocate; patient incompetent to consent;
3146 substance abuse disorder.—

3147 (1) The administrator of a receiving facility or addictions
3148 receiving facility may petition the court for the appointment of
3149 a guardian advocate based upon the opinion of a qualified
3150 professional that the patient is incompetent to consent to
3151 treatment. If the court finds that a patient is incompetent to
3152 consent to treatment and has not been adjudicated incapacitated
3153 and that a guardian with the authority to consent to mental
3154 health treatment has not been appointed, it may appoint a
3155 guardian advocate. The patient has the right to have an attorney
3156 represent him or her at the hearing. If the person is indigent,
3157 the court shall appoint the office of the regional conflict
3158 counsel to represent him or her at the hearing. The patient has
3159 the right to testify, cross-examine witnesses, and present
3160 witnesses. The proceeding shall be recorded electronically or
3161 stenographically, and testimony must be provided under oath. One

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3162 of the qualified professionals authorized to give an opinion in
3163 support of a petition for involuntary placement, as described in
3164 s. 397.675 or s. 397.6981, must testify. A guardian advocate
3165 must meet the qualifications of a guardian contained in part IV
3166 of chapter 744. The person who is appointed as a guardian
3167 advocate must agree to the appointment.

3168 (2) The following persons are prohibited from appointment
3169 as a patient's guardian advocate:

3170 (a) A professional providing clinical services to the
3171 individual under this part.

3172 (b) The qualified professional who initiated the
3173 involuntary examination of the individual, if the examination
3174 was initiated by a qualified professional's certificate.

3175 (c) An employee, an administrator, or a board member of the
3176 facility providing the examination of the individual.

3177 (d) An employee, an administrator, or a board member of the
3178 treatment facility providing treatment of the individual.

3179 (e) A person providing any substantial professional
3180 services, excluding public guardians or professional guardians,
3181 to the individual, including clinical services.

3182 (f) A creditor of the individual.

3183 (g) A person subject to an injunction for protection
3184 against domestic violence under s. 741.30, whether the order of
3185 injunction is temporary or final, and for which the individual
3186 was the petitioner.

3187 (h) A person subject to an injunction for protection
3188 against repeat violence, stalking, sexual violence, or dating
3189 violence under s. 784.046, whether the order of injunction is
3190 temporary or final, and for which the individual was the

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3191 petitioner.

3192 (3) A facility requesting appointment of a guardian
3193 advocate must, before the appointment, provide the prospective
3194 guardian advocate with information about the duties and
3195 responsibilities of guardian advocates, including information
3196 about the ethics of medical decision-making. Before asking a
3197 guardian advocate to give consent to treatment for a patient,
3198 the facility must provide to the guardian advocate sufficient
3199 information so that the guardian advocate can decide whether to
3200 give express and informed consent to the treatment. Such
3201 information must include information that demonstrates that the
3202 treatment is essential to the care of the patient and does not
3203 present an unreasonable risk of serious, hazardous, or
3204 irreversible side effects. If possible, before giving consent to
3205 treatment, the guardian advocate must personally meet and talk
3206 with the patient and the patient's physician. If that is not
3207 possible, the discussion may be conducted by telephone. The
3208 decision of the guardian advocate may be reviewed by the court,
3209 upon petition of the patient's attorney, the patient's family,
3210 or the facility administrator.

3211 (4) In lieu of the training required for guardians
3212 appointed pursuant to chapter 744, a guardian advocate shall
3213 attend at least a 4-hour training course approved by the court
3214 before exercising his or her authority. At a minimum, the
3215 training course must include information about patient rights,
3216 the diagnosis of substance abuse disorders, the ethics of
3217 medical decision-making, and the duties of guardian advocates.

3218 (5) The required training course and the information to be
3219 supplied to prospective guardian advocates before their

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3220 appointment must be developed by the department, approved by the
3221 chief judge of the circuit court, and taught by a court-approved
3222 organization, which may include, but need not be limited to, a
3223 community college, a guardianship organization, a local bar
3224 association, or The Florida Bar. The training course may be web-
3225 based, provided in video format, or other electronic means but
3226 must be capable of ensuring the identity and participation of
3227 the prospective guardian advocate. The court may waive some or
3228 all of the training requirements for guardian advocates or
3229 impose additional requirements. The court shall make its
3230 decision on a case-by-case basis and, in making its decision,
3231 shall consider the experience and education of the guardian
3232 advocate, the duties assigned to the guardian advocate, and the
3233 needs of the patient.

3234 (6) In selecting a guardian advocate, the court shall give
3235 preference to the patient's health care surrogate, if one has
3236 already been designated by the patient. If the patient has not
3237 previously designated a health care surrogate, the selection
3238 shall be made, except for good cause documented in the court
3239 record, from among the following persons, listed in order of
3240 priority:

3241 (a) The patient's spouse.

3242 (b) An adult child of the patient.

3243 (c) A parent of the patient.

3244 (d) The adult next of kin of the patient.

3245 (e) An adult friend of the patient.

3246 (f) An adult trained and willing to serve as the guardian
3247 advocate for the patient.

3248 (7) If a guardian with the authority to consent to medical

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3249 treatment has not already been appointed, or if the patient has
3250 not already designated a health care surrogate, the court may
3251 authorize the guardian advocate to consent to medical treatment
3252 as well as substance abuse disorder treatment. Unless otherwise
3253 limited by the court, a guardian advocate with authority to
3254 consent to medical treatment has the same authority to make
3255 health care decisions and is subject to the same restrictions as
3256 a proxy appointed under part IV of chapter 765. Unless the
3257 guardian advocate has sought and received express court approval
3258 in a proceeding separate from the proceeding to determine the
3259 competence of the patient to consent to medical treatment, the
3260 guardian advocate may not consent to:

3261 (a) Abortion.

3262 (b) Sterilization.

3263 (c) Electroshock therapy.

3264 (d) Psychosurgery.

3265 (e) Experimental treatments that have not been approved by
3266 a federally approved institutional review board in accordance
3267 with 45 C.F.R. part 46 or 21 C.F.R. part 56.

3268
3269 The court must base its authorization on evidence that the
3270 treatment or procedure is essential to the care of the patient
3271 and that the treatment does not present an unreasonable risk of
3272 serious, hazardous, or irreversible side effects. In complying
3273 with this subsection, the court shall follow the procedures set
3274 forth in subsection (1).

3275 (8) The guardian advocate shall be discharged when the
3276 patient is discharged from an order for involuntary services or
3277 when the patient is transferred from involuntary to voluntary

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3278 status. The court or a hearing officer shall consider the
3279 competence of the patient as provided in subsection (1) and may
3280 consider an involuntarily placed patient's competence to consent
3281 to services at any hearing. Upon sufficient evidence, the court
3282 may restore, or the magistrate may recommend that the court
3283 restore, the patient's competence. A copy of the order restoring
3284 competence or the certificate of discharge containing the
3285 restoration of competence shall be provided to the patient and
3286 the guardian advocate.

3287 Section 38. Present paragraphs (d) through (m) of
3288 subsection (2) of section 409.967, are redesignated as
3289 paragraphs (e) through (n), respectively, and a new paragraph
3290 (d) is added to that subsection, to read:

3291 409.967 Managed care plan accountability.—

3292 (2) The agency shall establish such contract requirements
3293 as are necessary for the operation of the statewide managed care
3294 program. In addition to any other provisions the agency may deem
3295 necessary, the contract must require:

3296 (d) *Quality care.*—Managed care plans shall provide, or
3297 contract for the provision of, care coordination to facilitate
3298 the appropriate delivery of behavioral health care services in
3299 the least restrictive setting with treatment and recovery
3300 capabilities that address the needs of the patient. Services
3301 shall be provided in a manner that integrates behavioral health
3302 services and primary care. Plans shall be required to achieve
3303 specific behavioral health outcome standards, established by the
3304 agency in consultation with the department.

3305 Section 39. Subsection (5) is added to section 409.973,
3306 Florida Statutes, to read:

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3307 409.973 Benefits.—

3308 (5) INTEGRATED BEHAVIORAL HEALTH INITIATIVE.—Each plan
3309 operating in the managed medical assistance program shall work
3310 with the managing entity in its service area to establish
3311 specific organizational supports and protocols that enhance the
3312 integration and coordination of primary care and behavioral
3313 health services for Medicaid recipients. Progress in this
3314 initiative shall be measured using the integration framework and
3315 core measures developed by the Agency for Healthcare Research
3316 and Quality.

3317 Section 40. Section 491.0045, Florida Statutes, is amended
3318 to read:

3319 491.0045 Intern registration; requirements.—

3320 (1) ~~Effective January 1, 1998,~~ An individual who has not
3321 satisfied intends to practice in Florida to satisfy the
3322 postgraduate or post-master's level experience requirements, as
3323 specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register
3324 as an intern in the profession for which he or she is seeking
3325 licensure prior to commencing the post-master's experience
3326 requirement or an individual who intends to satisfy part of the
3327 required graduate-level practicum, internship, or field
3328 experience, outside the academic arena for any profession, must
3329 register as an intern in the profession for which he or she is
3330 seeking licensure prior to commencing the practicum, internship,
3331 or field experience.

3332 (2) The department shall register as a clinical social
3333 worker intern, marriage and family therapist intern, or mental
3334 health counselor intern each applicant who the board certifies
3335 has:

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3336 (a) Completed the application form and remitted a
3337 nonrefundable application fee not to exceed \$200, as set by
3338 board rule;

3339 (b)1. Completed the education requirements as specified in
3340 s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for which
3341 he or she is applying for licensure, if needed; and

3342 2. Submitted an acceptable supervision plan, as determined
3343 by the board, for meeting the practicum, internship, or field
3344 work required for licensure that was not satisfied in his or her
3345 graduate program.

3346 (c) Identified a qualified supervisor.

3347 (3) An individual registered under this section must remain
3348 under supervision while practicing under registered intern
3349 status until he or she is in receipt of a license or a letter
3350 from the department stating that he or she is licensed to
3351 practice the profession for which he or she applied.

3352 ~~(4) An individual who has applied for intern registration~~
3353 ~~on or before December 31, 2001, and has satisfied the education~~
3354 ~~requirements of s. 491.005 that are in effect through December~~
3355 ~~31, 2000, will have met the educational requirements for~~
3356 ~~licensure for the profession for which he or she has applied.~~

3357 (4)(5) An individual who fails ~~Individuals who have~~
3358 ~~commenced the experience requirement as specified in s.~~
3359 ~~491.005(1)(c), (3)(c), or (4)(c) but failed to register as~~
3360 ~~required by subsection (1) shall register with the department~~
3361 ~~before January 1, 2000. Individuals who fail to comply with this~~
3362 section may subsection shall not be granted a license under this
3363 chapter, and any time spent by the individual completing the
3364 experience requirement as specified in s. 491.005(1)(c), (3)(c),

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3365 or (4) (c) before ~~prior to~~ registering as an intern does ~~shall~~
3366 not count toward completion of the ~~such~~ requirement.

3367 (5) An intern registration is valid for 5 years.

3368 (6) A registration issued on or before March 31, 2017,
3369 expires March 31, 2022, and may not be renewed or reissued. Any
3370 registration issued after March 31, 2017, expires 60 months
3371 after the date it is issued. A subsequent intern registration
3372 may not be issued unless the candidate has passed the theory and
3373 practice examination described in s. 491.005(1) (d), (3) (d), and
3374 (4) (d).

3375 (7) An individual who has held a provisional license issued
3376 by the board may not apply for an intern registration in the
3377 same profession.

3378 Section 41. Section 394.4674, Florida Statutes, is
3379 repealed.

3380 Section 42. Section 394.4985, Florida Statutes, is
3381 repealed.

3382 Section 43. Section 394.745, Florida Statutes, is repealed.

3383 Section 44. Section 397.331, Florida Statutes, is repealed.

3384 Section 45. Section 397.801, Florida Statutes, is repealed.

3385 Section 46. Section 397.811, Florida Statutes, is repealed.

3386 Section 47. Section 397.821, Florida Statutes, is repealed.

3387 Section 48. Section 397.901, Florida Statutes, is repealed.

3388 Section 49. Section 397.93, Florida Statutes, is repealed.

3389 Section 50. Section 397.94, Florida Statutes, is repealed.

3390 Section 51. Section 397.951, Florida Statutes, is repealed.

3391 Section 52. Section 397.97, Florida Statutes, is repealed.

3392 Section 53. Section 397.98, Florida Statutes, is repealed.

3393 Section 54. Paragraph (a) of subsection (3) of section

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3394 39.407, Florida Statutes, is amended to read:

3395 39.407 Medical, psychiatric, and psychological examination
3396 and treatment of child; physical, mental, or substance abuse
3397 examination of person with or requesting child custody.—

3398 (3) (a) 1. Except as otherwise provided in subparagraph (b) 1.
3399 or paragraph (e), before the department provides psychotropic
3400 medications to a child in its custody, the prescribing physician
3401 shall attempt to obtain express and informed consent, as defined
3402 in s. 394.455(16) ~~s. 394.455(9)~~ and as described in s.
3403 394.459(3) (a), from the child's parent or legal guardian. The
3404 department must take steps necessary to facilitate the inclusion
3405 of the parent in the child's consultation with the physician.
3406 However, if the parental rights of the parent have been
3407 terminated, the parent's location or identity is unknown or
3408 cannot reasonably be ascertained, or the parent declines to give
3409 express and informed consent, the department may, after
3410 consultation with the prescribing physician, seek court
3411 authorization to provide the psychotropic medications to the
3412 child. Unless parental rights have been terminated and if it is
3413 possible to do so, the department shall continue to involve the
3414 parent in the decisionmaking process regarding the provision of
3415 psychotropic medications. If, at any time, a parent whose
3416 parental rights have not been terminated provides express and
3417 informed consent to the provision of a psychotropic medication,
3418 the requirements of this section that the department seek court
3419 authorization do not apply to that medication until such time as
3420 the parent no longer consents.

3421 2. Any time the department seeks a medical evaluation to
3422 determine the need to initiate or continue a psychotropic

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3423 medication for a child, the department must provide to the
3424 evaluating physician all pertinent medical information known to
3425 the department concerning that child.

3426 Section 55. Paragraph (e) of subsection (5) of section
3427 212.055, Florida Statutes, is amended to read:

3428 212.055 Discretionary sales surtaxes; legislative intent;
3429 authorization and use of proceeds.—It is the legislative intent
3430 that any authorization for imposition of a discretionary sales
3431 surtax shall be published in the Florida Statutes as a
3432 subsection of this section, irrespective of the duration of the
3433 levy. Each enactment shall specify the types of counties
3434 authorized to levy; the rate or rates which may be imposed; the
3435 maximum length of time the surtax may be imposed, if any; the
3436 procedure which must be followed to secure voter approval, if
3437 required; the purpose for which the proceeds may be expended;
3438 and such other requirements as the Legislature may provide.
3439 Taxable transactions and administrative procedures shall be as
3440 provided in s. 212.054.

3441 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined in
3442 s. 125.011(1) may levy the surtax authorized in this subsection
3443 pursuant to an ordinance either approved by extraordinary vote
3444 of the county commission or conditioned to take effect only upon
3445 approval by a majority vote of the electors of the county voting
3446 in a referendum. In a county as defined in s. 125.011(1), for
3447 the purposes of this subsection, "county public general
3448 hospital" means a general hospital as defined in s. 395.002
3449 which is owned, operated, maintained, or governed by the county
3450 or its agency, authority, or public health trust.

3451 (e) A governing board, agency, or authority shall be

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3452 chartered by the county commission upon this act becoming law.
3453 The governing board, agency, or authority shall adopt and
3454 implement a health care plan for indigent health care services.
3455 The governing board, agency, or authority shall consist of no
3456 more than seven and no fewer than five members appointed by the
3457 county commission. The members of the governing board, agency,
3458 or authority shall be at least 18 years of age and residents of
3459 the county. No member may be employed by or affiliated with a
3460 health care provider or the public health trust, agency, or
3461 authority responsible for the county public general hospital.
3462 The following community organizations shall each appoint a
3463 representative to a nominating committee: the South Florida
3464 Hospital and Healthcare Association, the Miami-Dade County
3465 Public Health Trust, the Dade County Medical Association, the
3466 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
3467 County. This committee shall nominate between 10 and 14 county
3468 citizens for the governing board, agency, or authority. The
3469 slate shall be presented to the county commission and the county
3470 commission shall confirm the top five to seven nominees,
3471 depending on the size of the governing board. Until such time as
3472 the governing board, agency, or authority is created, the funds
3473 provided for in subparagraph (d)2. shall be placed in a
3474 restricted account set aside from other county funds and not
3475 disbursed by the county for any other purpose.

3476 1. The plan shall divide the county into a minimum of four
3477 and maximum of six service areas, with no more than one
3478 participant hospital per service area. The county public general
3479 hospital shall be designated as the provider for one of the
3480 service areas. Services shall be provided through participants'

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3481 primary acute care facilities.

3482 2. The plan and subsequent amendments to it shall fund a
3483 defined range of health care services for both indigent persons
3484 and the medically poor, including primary care, preventive care,
3485 hospital emergency room care, and hospital care necessary to
3486 stabilize the patient. For the purposes of this section,
3487 "stabilization" means stabilization as defined in s. 397.311(43)
3488 ~~s. 397.311(41)~~. Where consistent with these objectives, the plan
3489 may include services rendered by physicians, clinics, community
3490 hospitals, and alternative delivery sites, as well as at least
3491 one regional referral hospital per service area. The plan shall
3492 provide that agreements negotiated between the governing board,
3493 agency, or authority and providers shall recognize hospitals
3494 that render a disproportionate share of indigent care, provide
3495 other incentives to promote the delivery of charity care to draw
3496 down federal funds where appropriate, and require cost
3497 containment, including, but not limited to, case management.
3498 From the funds specified in subparagraphs (d)1. and 2. for
3499 indigent health care services, service providers shall receive
3500 reimbursement at a Medicaid rate to be determined by the
3501 governing board, agency, or authority created pursuant to this
3502 paragraph for the initial emergency room visit, and a per-member
3503 per-month fee or capitation for those members enrolled in their
3504 service area, as compensation for the services rendered
3505 following the initial emergency visit. Except for provisions of
3506 emergency services, upon determination of eligibility,
3507 enrollment shall be deemed to have occurred at the time services
3508 were rendered. The provisions for specific reimbursement of
3509 emergency services shall be repealed on July 1, 2001, unless

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3510 otherwise reenacted by the Legislature. The capitation amount or
3511 rate shall be determined before ~~prior to~~ program implementation
3512 by an independent actuarial consultant. In no event shall such
3513 reimbursement rates exceed the Medicaid rate. The plan must also
3514 provide that any hospitals owned and operated by government
3515 entities on or after the effective date of this act must, as a
3516 condition of receiving funds under this subsection, afford
3517 public access equal to that provided under s. 286.011 as to any
3518 meeting of the governing board, agency, or authority the subject
3519 of which is budgeting resources for the retention of charity
3520 care, as that term is defined in the rules of the Agency for
3521 Health Care Administration. The plan shall also include
3522 innovative health care programs that provide cost-effective
3523 alternatives to traditional methods of service and delivery
3524 funding.

3525 3. The plan's benefits shall be made available to all
3526 county residents currently eligible to receive health care
3527 services as indigents or medically poor as defined in paragraph
3528 (4) (d).

3529 4. Eligible residents who participate in the health care
3530 plan shall receive coverage for a period of 12 months or the
3531 period extending from the time of enrollment to the end of the
3532 current fiscal year, per enrollment period, whichever is less.

3533 5. At the end of each fiscal year, the governing board,
3534 agency, or authority shall prepare an audit that reviews the
3535 budget of the plan, delivery of services, and quality of
3536 services, and makes recommendations to increase the plan's
3537 efficiency. The audit shall take into account participant
3538 hospital satisfaction with the plan and assess the amount of

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3539 poststabilization patient transfers requested, and accepted or
3540 denied, by the county public general hospital.

3541 Section 56. Paragraph (c) of subsection (2) of section
3542 394.4599, Florida Statutes, is amended to read:

3543 394.4599 Notice.—

3544 (2) INVOLUNTARY ADMISSION.—

3545 (c)1. A receiving facility shall give notice of the
3546 whereabouts of a minor who is being involuntarily held for
3547 examination pursuant to s. 394.463 to the minor's parent,
3548 guardian, caregiver, or guardian advocate, in person or by
3549 telephone or other form of electronic communication, immediately
3550 after the minor's arrival at the facility. The facility may
3551 delay notification for no more than 24 hours after the minor's
3552 arrival if the facility has submitted a report to the central
3553 abuse hotline, pursuant to s. 39.201, based upon knowledge or
3554 suspicion of abuse, abandonment, or neglect and if the facility
3555 deems a delay in notification to be in the minor's best
3556 interest.

3557 2. The receiving facility shall attempt to notify the
3558 minor's parent, guardian, caregiver, or guardian advocate until
3559 the receiving facility receives confirmation from the parent,
3560 guardian, caregiver, or guardian advocate, verbally, by
3561 telephone or other form of electronic communication, or by
3562 recorded message, that notification has been received. Attempts
3563 to notify the parent, guardian, caregiver, or guardian advocate
3564 must be repeated at least once every hour during the first 12
3565 hours after the minor's arrival and once every 24 hours
3566 thereafter and must continue until such confirmation is
3567 received, unless the minor is released at the end of the 72-hour

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3568 examination period, or until a petition for involuntary services
3569 ~~placement~~ is filed with the court pursuant to s. 394.463(2)(g)
3570 ~~s. 394.463(2)(i)~~. The receiving facility may seek assistance
3571 from a law enforcement agency to notify the minor's parent,
3572 guardian, caregiver, or guardian advocate if the facility has
3573 not received within the first 24 hours after the minor's arrival
3574 a confirmation by the parent, guardian, caregiver, or guardian
3575 advocate that notification has been received. The receiving
3576 facility must document notification attempts in the minor's
3577 clinical record.

3578 Section 57. Subsection (3) of section 394.495, Florida
3579 Statutes, is amended to read:

3580 394.495 Child and adolescent mental health system of care;
3581 programs and services.—

3582 (3) Assessments must be performed by:

3583 (a) A professional as defined in s. 394.455(6), (8), (34),
3584 (37), or (38) ~~s. 394.455(2), (4), (21), (23), or (24)~~;

3585 (b) A professional licensed under chapter 491; or

3586 (c) A person who is under the direct supervision of a
3587 professional as defined in s. 394.455(6), (8), (34), (37), or
3588 (38) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a professional
3589 licensed under chapter 491.

3590 Section 58. Subsection (5) of section 394.496, Florida
3591 Statutes, is amended to read:

3592 394.496 Service planning.—

3593 (5) A professional as defined in s. 394.455(6), (8), (34),
3594 (37), or (38) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a
3595 professional licensed under chapter 491 must be included among
3596 those persons developing the services plan.

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3597 Section 59. Subsection (6) of section 394.9085, Florida
3598 Statutes, is amended to read:

3599 394.9085 Behavioral provider liability.—

3600 (6) For purposes of this section, the terms "detoxification
3601 services," "addictions receiving facility," and "receiving
3602 facility" have the same meanings as those provided in ss.
3603 397.311(24)(a)4., 397.311(24)(a)1., and 394.455(41) ss.
3604 ~~397.311(22)(a)4., 397.311(22)(a)1., and 394.455(26),~~
3605 respectively.

3606 Section 60. Subsection (15) of section 397.321, Florida
3607 Statutes, is amended, and subsections (16) through (20) of that
3608 section are redesignated as subsections (15) through (19),
3609 respectively, to read:

3610 397.321 Duties of the department.—The department shall:

3611 ~~(15) Appoint a substance abuse impairment coordinator to~~
3612 ~~represent the department in efforts initiated by the statewide~~
3613 ~~substance abuse impairment prevention and treatment coordinator~~
3614 ~~established in s. 397.801 and to assist the statewide~~
3615 ~~coordinator in fulfilling the responsibilities of that position.~~

3616 Section 61. Subsection (8) of section 397.405, Florida
3617 Statutes, is amended to read:

3618 397.405 Exemptions from licensure.—The following are exempt
3619 from the licensing provisions of this chapter:

3620 (8) A legally cognizable church or nonprofit religious
3621 organization or denomination providing substance abuse services,
3622 including prevention services, which are solely religious,
3623 spiritual, or ecclesiastical in nature. A church or nonprofit
3624 religious organization or denomination providing any of the
3625 licensed service components itemized under s. 397.311(24) s.

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3626 ~~397.311(22)~~ is not exempt from substance abuse licensure but
3627 retains its exemption with respect to all services which are
3628 solely religious, spiritual, or ecclesiastical in nature.

3629
3630 The exemptions from licensure in this section do not apply to
3631 any service provider that receives an appropriation, grant, or
3632 contract from the state to operate as a service provider as
3633 defined in this chapter or to any substance abuse program
3634 regulated pursuant to s. 397.406. Furthermore, this chapter may
3635 not be construed to limit the practice of a physician or
3636 physician assistant licensed under chapter 458 or chapter 459, a
3637 psychologist licensed under chapter 490, a psychotherapist
3638 licensed under chapter 491, or an advanced registered nurse
3639 practitioner licensed under part I of chapter 464, who provides
3640 substance abuse treatment, so long as the physician, physician
3641 assistant, psychologist, psychotherapist, or advanced registered
3642 nurse practitioner does not represent to the public that he or
3643 she is a licensed service provider and does not provide services
3644 to individuals pursuant to part V of this chapter. Failure to
3645 comply with any requirement necessary to maintain an exempt
3646 status under this section is a misdemeanor of the first degree,
3647 punishable as provided in s. 775.082 or s. 775.083.

3648 Section 62. Subsections (1) and (5) of section 397.407,
3649 Florida Statutes, are amended to read:

3650 397.407 Licensure process; fees.—

3651 (1) The department shall establish the licensure process to
3652 include fees and categories of licenses and must prescribe a fee
3653 range that is based, at least in part, on the number and
3654 complexity of programs listed in s. 397.311(24) ~~s. 397.311(22)~~

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3655 which are operated by a licensee. The fees from the licensure of
3656 service components are sufficient to cover at least 50 percent
3657 of the costs of regulating the service components. The
3658 department shall specify a fee range for public and privately
3659 funded licensed service providers. Fees for privately funded
3660 licensed service providers must exceed the fees for publicly
3661 funded licensed service providers.

3662 (5) The department may issue probationary, regular, and
3663 interim licenses. The department shall issue one license for
3664 each service component that is operated by a service provider
3665 and defined pursuant to s. 397.311(24) ~~s. 397.311(22)~~. The
3666 license is valid only for the specific service components listed
3667 for each specific location identified on the license. The
3668 licensed service provider shall apply for a new license at least
3669 60 days before the addition of any service components or 30 days
3670 before the relocation of any of its service sites. Provision of
3671 service components or delivery of services at a location not
3672 identified on the license may be considered an unlicensed
3673 operation that authorizes the department to seek an injunction
3674 against operation as provided in s. 397.401, in addition to
3675 other sanctions authorized by s. 397.415. Probationary and
3676 regular licenses may be issued only after all required
3677 information has been submitted. A license may not be
3678 transferred. As used in this subsection, the term "transfer"
3679 includes, but is not limited to, the transfer of a majority of
3680 the ownership interest in the licensed entity or transfer of
3681 responsibilities under the license to another entity by
3682 contractual arrangement.

3683 Section 63. Section 397.416, Florida Statutes, is amended

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3684 to read:

3685 397.416 Substance abuse treatment services; qualified
3686 professional.—Notwithstanding any other provision of law, a
3687 person who was certified through a certification process
3688 recognized by the former Department of Health and Rehabilitative
3689 Services before January 1, 1995, may perform the duties of a
3690 qualified professional with respect to substance abuse treatment
3691 services as defined in this chapter, and need not meet the
3692 certification requirements contained in s. 397.311(32) ~~s.~~
3693 ~~397.311(30)~~.

3694 Section 64. Subsection (2) of section 397.4871, Florida
3695 Statutes, is amended to read:

3696 397.4871 Recovery residence administrator certification.—

3697 (2) The department shall approve at least one credentialing
3698 entity by December 1, 2015, for the purpose of developing and
3699 administering a voluntary credentialing program for
3700 administrators. The department shall approve any credentialing
3701 entity that the department endorses pursuant to s. 397.321(15)
3702 ~~s. 397.321(16)~~ if the credentialing entity also meets the
3703 requirements of this section. The approved credentialing entity
3704 shall:

3705 (a) Establish recovery residence administrator core
3706 competencies, certification requirements, testing instruments,
3707 and recertification requirements.

3708 (b) Establish a process to administer the certification
3709 application, award, and maintenance processes.

3710 (c) Develop and administer:

3711 1. A code of ethics and disciplinary process.

3712 2. Biennial continuing education requirements and annual

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3713 certification renewal requirements.

3714 3. An education provider program to approve training
3715 entities that are qualified to provide precertification training
3716 to applicants and continuing education opportunities to
3717 certified persons.

3718 Section 65. Paragraph (e) of subsection (3) of section
3719 409.966, Florida Statutes, is amended to read:

3720 409.966 Eligible plans; selection.—

3721 (3) QUALITY SELECTION CRITERIA.—

3722 (e) To ensure managed care plan participation in Regions 1
3723 and 2, the agency shall award an additional contract to each
3724 plan with a contract award in Region 1 or Region 2. Such
3725 contract shall be in any other region in which the plan
3726 submitted a responsive bid and negotiates a rate acceptable to
3727 the agency. If a plan that is awarded an additional contract
3728 pursuant to this paragraph is subject to penalties pursuant to
3729 s. 409.967(2)(i) ~~s. 409.967(2)(h)~~ for activities in Region 1 or
3730 Region 2, the additional contract is automatically terminated
3731 180 days after the imposition of the penalties. The plan must
3732 reimburse the agency for the cost of enrollment changes and
3733 other transition activities.

3734 Section 66. Paragraph (b) of subsection (1) of section
3735 409.972, Florida Statutes, is amended to read:

3736 409.972 Mandatory and voluntary enrollment.—

3737 (1) The following Medicaid-eligible persons are exempt from
3738 mandatory managed care enrollment required by s. 409.965, and
3739 may voluntarily choose to participate in the managed medical
3740 assistance program:

3741 (b) Medicaid recipients residing in residential commitment

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3742 facilities operated through the Department of Juvenile Justice
3743 or a mental health treatment facility ~~facilities~~ as defined in
3744 s. 394.455(50) ~~by s. 394.455(32)~~.

3745 Section 67. Paragraphs (d) and (g) of subsection (1) of
3746 section 440.102, Florida Statutes, are amended to read:

3747 440.102 Drug-free workplace program requirements.—The
3748 following provisions apply to a drug-free workplace program
3749 implemented pursuant to law or to rules adopted by the Agency
3750 for Health Care Administration:

3751 (1) DEFINITIONS.—Except where the context otherwise
3752 requires, as used in this act:

3753 (d) "Drug rehabilitation program" means a service provider,
3754 established pursuant to s. 397.311(41) ~~s. 397.311(39)~~, that
3755 provides confidential, timely, and expert identification,
3756 assessment, and resolution of employee drug abuse.

3757 (g) "Employee assistance program" means an established
3758 program capable of providing expert assessment of employee
3759 personal concerns; confidential and timely identification
3760 services with regard to employee drug abuse; referrals of
3761 employees for appropriate diagnosis, treatment, and assistance;
3762 and followup services for employees who participate in the
3763 program or require monitoring after returning to work. If, in
3764 addition to the above activities, an employee assistance program
3765 provides diagnostic and treatment services, these services shall
3766 in all cases be provided by service providers pursuant to s.
3767 397.311(41) ~~s. 397.311(39)~~.

3768 Section 68. Subsection (7) of section 744.704, Florida
3769 Statutes, is amended to read:

3770 744.704 Powers and duties.—

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3771 (7) A public guardian may ~~shall~~ not commit a ward to a
3772 ~~mental health~~ treatment facility, as defined in s. 394.455(50)
3773 ~~s. 394.455(32)~~, without an involuntary placement proceeding as
3774 provided by law.

3775 Section 69. Paragraph (a) of subsection (2) of section
3776 790.065, Florida Statutes, is amended to read:

3777 790.065 Sale and delivery of firearms.-

3778 (2) Upon receipt of a request for a criminal history record
3779 check, the Department of Law Enforcement shall, during the
3780 licensee's call or by return call, forthwith:

3781 (a) Review any records available to determine if the
3782 potential buyer or transferee:

3783 1. Has been convicted of a felony and is prohibited from
3784 receipt or possession of a firearm pursuant to s. 790.23;

3785 2. Has been convicted of a misdemeanor crime of domestic
3786 violence, and therefore is prohibited from purchasing a firearm;

3787 3. Has had adjudication of guilt withheld or imposition of
3788 sentence suspended on any felony or misdemeanor crime of
3789 domestic violence unless 3 years have elapsed since probation or
3790 any other conditions set by the court have been fulfilled or
3791 expunction has occurred; or

3792 4. Has been adjudicated mentally defective or has been
3793 committed to a mental institution by a court or as provided in
3794 sub-sub-subparagraph b.(II), and as a result is prohibited by
3795 state or federal law from purchasing a firearm.

3796 a. As used in this subparagraph, "adjudicated mentally
3797 defective" means a determination by a court that a person, as a
3798 result of marked subnormal intelligence, or mental illness,
3799 incompetency, condition, or disease, is a danger to himself or

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3800 herself or to others or lacks the mental capacity to contract or
3801 manage his or her own affairs. The phrase includes a judicial
3802 finding of incapacity under s. 744.331(6)(a), an acquittal by
3803 reason of insanity of a person charged with a criminal offense,
3804 and a judicial finding that a criminal defendant is not
3805 competent to stand trial.

3806 b. As used in this subparagraph, "committed to a mental
3807 institution" means:

3808 (I) Involuntary commitment, commitment for mental
3809 defectiveness or mental illness, and commitment for substance
3810 abuse. The phrase includes involuntary inpatient placement as
3811 defined in s. 394.467, involuntary outpatient services ~~placement~~
3812 as defined in s. 394.4655, involuntary assessment and
3813 stabilization under s. 397.6818, and involuntary substance abuse
3814 treatment under s. 397.6957, but does not include a person in a
3815 mental institution for observation or discharged from a mental
3816 institution based upon the initial review by the physician or a
3817 voluntary admission to a mental institution; or

3818 (II) Notwithstanding sub-sub-subparagraph (I), voluntary
3819 admission to a mental institution for outpatient or inpatient
3820 treatment of a person who had an involuntary examination under
3821 s. 394.463, where each of the following conditions have been
3822 met:

3823 (A) An examining physician found that the person is an
3824 imminent danger to himself or herself or others.

3825 (B) The examining physician certified that if the person
3826 did not agree to voluntary treatment, a petition for involuntary
3827 outpatient or inpatient services ~~treatment~~ would have been filed
3828 under s. 394.463(2)(g) ~~s. 394.463(2)(i)4.~~, or the examining

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3829 physician certified that a petition was filed and the person
3830 subsequently agreed to voluntary treatment before ~~prior to~~ a
3831 court hearing on the petition.

3832 (C) Before agreeing to voluntary treatment, the person
3833 received written notice of that finding and certification, and
3834 written notice that as a result of such finding, he or she may
3835 be prohibited from purchasing a firearm, and may not be eligible
3836 to apply for or retain a concealed weapon or firearms license
3837 under s. 790.06 and the person acknowledged such notice in
3838 writing, in substantially the following form:

3839
3840 "I understand that the doctor who examined me believes
3841 I am a danger to myself or to others. I understand
3842 that if I do not agree to voluntary treatment, a
3843 petition will be filed in court to require me to
3844 receive involuntary treatment. I understand that if
3845 that petition is filed, I have the right to contest
3846 it. In the event a petition has been filed, I
3847 understand that I can subsequently agree to voluntary
3848 treatment prior to a court hearing. I understand that
3849 by agreeing to voluntary treatment in either of these
3850 situations, I may be prohibited from buying firearms
3851 and from applying for or retaining a concealed weapons
3852 or firearms license until I apply for and receive
3853 relief from that restriction under Florida law."

3854
3855 (D) A judge or a magistrate has, pursuant to sub-sub-
3856 subparagraph c.(II), reviewed the record of the finding,
3857 certification, notice, and written acknowledgment classifying

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3858 the person as an imminent danger to himself or herself or
3859 others, and ordered that such record be submitted to the
3860 department.

3861 c. In order to check for these conditions, the department
3862 shall compile and maintain an automated database of persons who
3863 are prohibited from purchasing a firearm based on court records
3864 of adjudications of mental defectiveness or commitments to
3865 mental institutions.

3866 (I) Except as provided in sub-sub-subparagraph (II), clerks
3867 of court shall submit these records to the department within 1
3868 month after the rendition of the adjudication or commitment.
3869 Reports shall be submitted in an automated format. The reports
3870 must, at a minimum, include the name, along with any known alias
3871 or former name, the sex, and the date of birth of the subject.

3872 (II) For persons committed to a mental institution pursuant
3873 to sub-sub-subparagraph b.(II), within 24 hours after the
3874 person's agreement to voluntary admission, a record of the
3875 finding, certification, notice, and written acknowledgment must
3876 be filed by the administrator of the receiving or treatment
3877 facility, as defined in s. 394.455, with the clerk of the court
3878 for the county in which the involuntary examination under s.
3879 394.463 occurred. No fee shall be charged for the filing under
3880 this sub-sub-subparagraph. The clerk must present the records to
3881 a judge or magistrate within 24 hours after receipt of the
3882 records. A judge or magistrate is required and has the lawful
3883 authority to review the records ex parte and, if the judge or
3884 magistrate determines that the record supports the classifying
3885 of the person as an imminent danger to himself or herself or
3886 others, to order that the record be submitted to the department.

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3887 If a judge or magistrate orders the submittal of the record to
3888 the department, the record must be submitted to the department
3889 within 24 hours.

3890 d. A person who has been adjudicated mentally defective or
3891 committed to a mental institution, as those terms are defined in
3892 this paragraph, may petition the circuit court that made the
3893 adjudication or commitment, or the court that ordered that the
3894 record be submitted to the department pursuant to sub-sub-
3895 subparagraph c.(II), for relief from the firearm disabilities
3896 imposed by such adjudication or commitment. A copy of the
3897 petition shall be served on the state attorney for the county in
3898 which the person was adjudicated or committed. The state
3899 attorney may object to and present evidence relevant to the
3900 relief sought by the petition. The hearing on the petition may
3901 be open or closed as the petitioner may choose. The petitioner
3902 may present evidence and subpoena witnesses to appear at the
3903 hearing on the petition. The petitioner may confront and cross-
3904 examine witnesses called by the state attorney. A record of the
3905 hearing shall be made by a certified court reporter or by court-
3906 approved electronic means. The court shall make written findings
3907 of fact and conclusions of law on the issues before it and issue
3908 a final order. The court shall grant the relief requested in the
3909 petition if the court finds, based on the evidence presented
3910 with respect to the petitioner's reputation, the petitioner's
3911 mental health record and, if applicable, criminal history
3912 record, the circumstances surrounding the firearm disability,
3913 and any other evidence in the record, that the petitioner will
3914 not be likely to act in a manner that is dangerous to public
3915 safety and that granting the relief would not be contrary to the

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3916 public interest. If the final order denies relief, the
3917 petitioner may not petition again for relief from firearm
3918 disabilities until 1 year after the date of the final order. The
3919 petitioner may seek judicial review of a final order denying
3920 relief in the district court of appeal having jurisdiction over
3921 the court that issued the order. The review shall be conducted
3922 de novo. Relief from a firearm disability granted under this
3923 sub-subparagraph has no effect on the loss of civil rights,
3924 including firearm rights, for any reason other than the
3925 particular adjudication of mental defectiveness or commitment to
3926 a mental institution from which relief is granted.

3927 e. Upon receipt of proper notice of relief from firearm
3928 disabilities granted under sub-subparagraph d., the department
3929 shall delete any mental health record of the person granted
3930 relief from the automated database of persons who are prohibited
3931 from purchasing a firearm based on court records of
3932 adjudications of mental defectiveness or commitments to mental
3933 institutions.

3934 f. The department is authorized to disclose data collected
3935 pursuant to this subparagraph to agencies of the Federal
3936 Government and other states for use exclusively in determining
3937 the lawfulness of a firearm sale or transfer. The department is
3938 also authorized to disclose this data to the Department of
3939 Agriculture and Consumer Services for purposes of determining
3940 eligibility for issuance of a concealed weapons or concealed
3941 firearms license and for determining whether a basis exists for
3942 revoking or suspending a previously issued license pursuant to
3943 s. 790.06(10). When a potential buyer or transferee appeals a
3944 nonapproval based on these records, the clerks of court and

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3945 mental institutions shall, upon request by the department,
3946 provide information to help determine whether the potential
3947 buyer or transferee is the same person as the subject of the
3948 record. Photographs and any other data that could confirm or
3949 negate identity must be made available to the department for
3950 such purposes, notwithstanding any other provision of state law
3951 to the contrary. Any such information that is made confidential
3952 or exempt from disclosure by law shall retain such confidential
3953 or exempt status when transferred to the department.

3954 Section 70. The Secretary of the Department of Children and
3955 Families will appoint a workgroup to consider the feasibility of
3956 individuals using advance directives to express the treatment
3957 wishes for substance use disorders. The workgroup shall be
3958 composed of individuals with expertise in the treatment of
3959 substance use disorders. The workgroup must review the use of
3960 advance directives in mental health, the use of advance
3961 directives for substance use disorders in other states, and the
3962 use of similar legal instruments to express the treatment wishes
3963 of individuals suffering from substance use disorder. The
3964 workgroup will provide a report to the Governor, President of
3965 the Senate, and Speaker of the House by January 1, 2017. The
3966 report must include recommendations on the feasibility of using
3967 advance directives for individuals with substance use disorders
3968 and recommendations for any law changes or changes in agency
3969 rules. The members of the workgroup are not entitled to
3970 reimbursement from the Department of Children and Families for
3971 travel for workgroup meetings unless they are employees of the
3972 department. This section expires May 6, 2017.

3973 Section 71. This act shall take effect July 1, 2016.