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1
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. 39.01, F.S.;
7 defining a term; amending s. 39.407, F.S.; requiring
8 assessment findings to be provided to the plan that is
9 financially responsible for a child's care in
10 residential treatment under certain circumstances;
11 amending s. 394.453, F.S.; revising legislative
12 intent; amending s. 394.4573, F.S.; requiring the
13 Department of Children and Families to submit a
14 certain assessment to the Governor and Legislature by
15 a specified date; defining and revising terms;
16 providing essential elements of a coordinated system
17 of care; providing requirements for the department's
18 annual assessment; authorizing the department to award
19 certain grants; deleting duties and measures of the
20 department regarding continuity of care management
21 systems; amending s. 394.461, F.S.; creating a
22 designated receiving system that functions as a no-
23 wrong-door model, based on certain receiving system
24 models; authorizing, rather than requiring, the
25 department to adopt rules to implement the designated
26 receiving system; repealing s. 394.675, F.S., relating
27 to the substance abuse and mental health service
28 system; amending ss. 394.75 and 394.76, F.S.;
29 conforming provisions and cross-references to changes

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30 made by the act; amending s. 394.4597, F.S.; revising
31 the prioritization of health care surrogates to be
32 selected for involuntary patients; specifying certain
33 persons who are prohibited from being selected as an
34 individual's representative; amending s. 394.4598,
35 F.S.; specifying certain persons who are prohibited
36 from being appointed as a person's guardian advocate;
37 amending s. 394.462, F.S.; requiring that counties
38 develop and implement transportation plans; providing
39 requirements for the plans; revising requirements for
40 transportation to receiving facilities and treatment
41 facilities; revising exceptions to such requirements;
42 amending s. 394.467, F.S.; revising criteria for
43 involuntary inpatient placement; revising criteria for
44 a procedure for continued involuntary inpatient
45 services; specifying requirements for a certain waiver
46 of the patient's attendance at a hearing; requiring
47 the court to consider certain testimony and evidence
48 regarding a patient's incompetence; amending s.
49 394.46715, F.S.; revising rulemaking authority of the
50 department; amending s. 394.4685, F.S.; requiring a
51 public receiving facility initiating a patient
52 transfer to a licensed hospital for certain mental
53 health services to provide notice and transfer patient
54 records to the hospital; amending s. 394.656, F.S.;
55 revising the membership of the Criminal Justice,
56 Mental Health, and Substance Abuse Statewide Grant
57 Review Committee; providing duties for the committee;
58 authorizing a not-for-profit community provider or

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59 managing entity to apply for certain grants; revising
60 eligibility for such grants; defining a term; creating
61 s. 394.761, F.S.; requiring the agency and the
62 department to develop a plan for revenue maximization;
63 providing requirements for the plan; providing duties
64 for the agency and department relating to the plan;
65 requiring the plan to be submitted to the Legislature
66 by a certain date; amending s. 394.879, F.S.;

67 providing that certain facilities may be in a multi-
68 story building and authorized on certain floors;
69 requiring the department to develop a plan to create
70 an option for a single, consolidated license for
71 certain providers by a specified date; amending s.
72 394.9082, F.S.; providing a purpose for behavioral
73 health managing entities; revising definitions;
74 providing duties of the department; requiring the
75 department to revise its contracts with managing
76 entities; providing duties for managing entities;
77 providing requirements for network accreditation and
78 systems coordination agreements; providing for
79 performance measurement and accountability and
80 enhancements plans; providing a funding mechanism for
81 managing entities; renaming the Crisis Stabilization
82 Services Utilization Database as the Acute Care
83 Services Utilization Database; requiring certain
84 providers to provide utilization data; deleting
85 provisions relating to legislative findings and
86 intent, service delivery strategies, essential
87 elements, reporting requirements, and rulemaking

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88 authority; amending s. 397.305, F.S.; providing
89 legislative intent; amending s. 397.311, F.S.;
90 defining and redefining terms; conforming a cross-
91 reference; amending s. 397.321, F.S.; deleting a
92 requirement for the department to appoint a substance
93 abuse impairment coordinator; requiring the department
94 to develop certain forms, display such forms on its
95 website, and notify certain entities of the existence
96 and availability of such forms; amending s. 397.675,
97 F.S.; revising the criteria for involuntary admissions
98 due to substance abuse or co-occurring mental health
99 disorders; amending s. 397.6772, F.S.; requiring law
100 enforcement officers to use standard forms developed
101 by the department to execute a certain written report;
102 amending s. 397.6773, F.S.; revising a cross-
103 reference; amending s. 397.679, F.S.; authorizing
104 specified licensed professionals to complete a
105 certificate for the involuntary admission of an
106 individual; amending s. 397.6791, F.S.; providing a
107 list of professionals authorized to initiate a
108 certificate for an emergency assessment or admission
109 of a person who has a substance abuse disorder;
110 amending s. 397.6793, F.S.; revising the criteria for
111 initiation of a certificate for an emergency admission
112 for a person who is substance abuse impaired; amending
113 s. 397.6795, F.S.; revising the list of persons
114 authorized to deliver a person for an emergency
115 assessment; amending s. 397.681, F.S.; prohibiting the
116 court from charging a fee for involuntary petitions;

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117 amending s. 397.6811, F.S.; revising the list of
118 persons authorized to file a petition for an
119 involuntary assessment and stabilization; amending s.
120 397.6814, F.S.; prohibiting a fee from being charged
121 for the filing of a petition for involuntary
122 assessment and stabilization; amending s. 397.6818,
123 F.S.; limiting the validity of an order for
124 involuntary admission to 7 days after it is signed
125 unless otherwise specified in the order; amending s.
126 397.6819, F.S.; revising the responsibilities of
127 service providers who admit an individual for an
128 involuntary assessment and stabilization; amending s.
129 397.695, F.S.; authorizing certain persons to file a
130 petition for involuntary outpatient services of an
131 individual; providing procedures and requirements for
132 such petitions; amending s. 397.6951, F.S.; requiring
133 that 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; extending the timeframe a
143 respondent receives certain publicly funded licensed
144 services; authorizing a court to order a respondent to
145 undergo treatment through a publicly or privately

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146 funded licensed service provider under certain
147 circumstances; requiring a copy of the court's order
148 to be sent to the managing entity; amending s.
149 397.6971, F.S.; establishing the requirements for an
150 early release from involuntary outpatient services;
151 amending s. 397.6975, F.S.; requiring the court to
152 appoint certain counsel; providing requirements for
153 hearings on petitions for continued involuntary
154 outpatient services; requiring notice of such
155 hearings; amending s. 397.6977, F.S.; conforming
156 provisions to changes made by the act; creating s.
157 397.6978, F.S.; providing for the appointment of
158 guardian advocates if an individual is found
159 incompetent to consent to treatment; prohibiting
160 specified persons from being appointed as an
161 individual's guardian advocate; providing requirements
162 for a facility requesting the appointment of a
163 guardian advocate; requiring a training course for
164 guardian advocates; providing requirements for the
165 training course; providing requirements for the
166 prioritization of individuals to be selected as
167 guardian advocates; authorizing certain guardian
168 advocates to consent to medical treatment; providing
169 exceptions; providing procedures for the discharge of
170 a guardian advocate; amending s. 409.967, F.S.;
171 requiring managed care plans to provide for quality
172 care; amending s. 409.973, F.S.; providing an
173 integrated behavioral health initiative; reenacting s.
174 409.975(6), F.S., relating to provider payment;

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175 providing legislative intent; amending s. 491.0045,
176 F.S.; revising registration requirements for interns;
177 repealing s. 394.4674, F.S., relating to the
178 comprehensive plan and report on the
179 deinstitutionalization of patients in a treatment
180 facility; repealing s. 394.4985, F.S., relating to the
181 implementation of a districtwide information and
182 referral network; repealing s. 394.745, F.S., relating
183 to the annual report on the compliance of providers
184 under contract with the department; repealing s.
185 397.331, F.S., relating to definitions and legislative
186 intent; repealing part IX of chapter 397, F.S.,
187 consisting of ss. 397.801, 397.811, and 397.821, F.S.,
188 relating to substance abuse impairment coordination,
189 juvenile substance abuse impairment coordination, and
190 juvenile substance abuse impairment prevention and
191 early intervention councils, respectively; repealing
192 s. 397.901, F.S., relating to prototype juvenile
193 addictions receiving facilities; repealing s. 397.93,
194 F.S., relating to target populations for children's
195 substance abuse services; repealing s. 397.94, F.S.,
196 relating to the information and referral network for
197 children's substance abuse services; repealing s.
198 397.951, F.S., relating to substance abuse treatment
199 and sanctions; repealing s. 397.97, F.S., relating to
200 demonstration models for children's substance abuse
201 services; repealing s. 397.98, F.S., relating to
202 utilization management for children's substance abuse
203 services; amending ss. 39.407, 39.524, 212.055,

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204 394.4599, 394.495, 394.496, 394.9085, 397.321,
205 397.405, 397.407, 397.416, 397.4871, 409.1678,
206 409.966, 409.972, 440.102, 744.704, and 960.065, F.S.;
207 conforming cross-references; requiring the Secretary
208 of Children and Families to appoint a workgroup on the
209 use of advance directives for substance use disorders;
210 requiring a report to the Governor and Legislature by
211 a specified date; providing for expiration of the
212 workgroup; amending s. 61.13, F.S.; providing that a
213 parenting plan that provides for shared parental
214 responsibility over health care decisions must
215 authorize either parent to consent to mental health
216 treatment for the child; amending s. 39.001, F.S.;
217 conforming provisions to changes made by the act;
218 amending ss. 39.507 and 39.521, F.S.; providing for
219 consideration of mental health issues and involvement
220 in mental health programs in adjudicatory hearings and
221 orders; providing requirements for certain court
222 orders; revising the qualifications for administrators
223 of mental health and substance abuse assessments or
224 evaluations; amending s. 394.4655, F.S.; defining the
225 terms "court" and "criminal county court"; providing
226 for involuntary outpatient services; authorizing
227 certain licensed physicians and psychiatric nurses to
228 provide a second opinion regarding a recommendation
229 for involuntary outpatient services under certain
230 circumstances; requiring a service provider to
231 document certain inquiries; requiring the managing
232 entity to document certain efforts; making technical

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233 changes; amending s. 394.4599, F.S.; conforming
234 provisions to changes made by the act; amending s.
235 394.455, F.S.; defining and redefining terms; amending
236 s. 394.463, F.S.; authorizing circuit or county courts
237 to enter ex parte orders for involuntary examinations;
238 requiring a facility to provide copies of ex parte
239 orders, reports, and certificates to the department,
240 rather than the Agency for Health Care Administration;
241 requiring the department to receive certain orders,
242 certificates, and reports; requiring the department to
243 receive and maintain copies of certain documents;
244 prohibiting a person from being held for involuntary
245 examination for more than a specified period of time;
246 providing exceptions; requiring certain individuals to
247 be released to law enforcement custody; providing
248 exceptions; conforming cross-references; amending s.
249 394.4615, F.S.; conforming a cross-reference;
250 providing an appropriation; providing an effective
251 date.

252
253 Be It Enacted by the Legislature of the State of Florida:

254
255 Section 1. Paragraph (e) is added to subsection (10) of
256 section 29.004, Florida Statutes, to read:

257 29.004 State courts system.—For purposes of implementing s.
258 14, Art. V of the State Constitution, the elements of the state
259 courts system to be provided from state revenues appropriated by
260 general law are as follows:

261 (10) Case management. Case management includes:

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262 (e) Service referral, coordination, monitoring, and
263 tracking for treatment-based mental health court programs under
264 chapter 394.

265
266 Case management may not include costs associated with the
267 application of therapeutic jurisprudence principles by the
268 courts. Case management also may not include case intake and
269 records management conducted by the clerk of court.

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

274 39.01 Definitions.—When used in this chapter, unless the
275 context otherwise requires:

276 (65) "Qualified professional" means a physician or a
277 physician assistant licensed under chapter 458 or chapter 459; a
278 psychiatrist licensed under chapter 458 or chapter 459; a
279 psychologist as defined in s. 490.003(7) or a professional
280 licensed under chapter 491; or a psychiatric nurse as defined in
281 s. 394.455.

282 Section 3. Paragraph (c) of subsection (6) of section
283 39.407, Florida Statutes, is amended to read:

284 39.407 Medical, psychiatric, and psychological examination
285 and treatment of child; physical, mental, or substance abuse
286 examination of person with or requesting child custody.—

287 (6) Children who are in the legal custody of the department
288 may be placed by the department, without prior approval of the
289 court, in a residential treatment center licensed under s.
290 394.875 or a hospital licensed under chapter 395 for residential

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

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

302 1. The child appears to have an emotional disturbance
303 serious enough to require residential treatment and is
304 reasonably likely to benefit from the treatment.

305 2. The child has been provided with a clinically
306 appropriate explanation of the nature and purpose of the
307 treatment.

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

312
313 A copy of the written findings of the evaluation and suitability
314 assessment must be provided to the department, ~~and~~ to the
315 guardian ad litem, and, if the child is a member of a Medicaid
316 managed care plan, to the plan that is financially responsible
317 for the child's care in residential treatment, all of whom must
318 be provided with ~~who shall have~~ the opportunity to discuss the
319 findings with the evaluator.

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320 Section 4. Section 394.453, Florida Statutes, is amended to
321 read:

322 394.453 Legislative intent.—

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

324 (a) To authorize and direct the Department of Children and
325 Families to evaluate, research, plan, and recommend to the
326 Governor and the Legislature programs designed to reduce the
327 occurrence, severity, duration, and disabling aspects of mental,
328 emotional, and behavioral disorders.

329 ~~(b) It is the intent of the Legislature~~ That treatment
330 programs for such disorders ~~shall~~ include, but not be limited
331 to, comprehensive health, social, educational, and
332 rehabilitative services to persons requiring intensive short-
333 term and continued treatment in order to encourage them to
334 assume responsibility for their treatment and recovery. It is
335 intended that:

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

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

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

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

347 5. ~~that~~ Individual dignity and human rights be guaranteed
348 to all persons who are admitted to mental health facilities or

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349 who are being held under s. 394.463.

350 (c) That services provided to persons in this state use the
351 coordination-of-care principles characteristic of recovery-
352 oriented services and include social support services, such as
353 housing support, life skills and vocational training, and
354 employment assistance, necessary for persons with mental health
355 disorders and co-occurring mental health and substance use
356 disorders to live successfully in their communities.

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

361 ~~(2) It is the further intent of the Legislature that the~~
362 ~~least restrictive means of intervention be employed based on the~~
363 ~~individual needs of each person, within the scope of available~~
364 ~~services. It is the policy of this state that the use of~~
365 ~~restraint and seclusion on clients is justified only as an~~
366 ~~emergency safety measure to be used in response to imminent~~
367 ~~danger to the client or others. It is, therefore, the intent of~~
368 ~~the Legislature to achieve an ongoing reduction in the use of~~
369 ~~restraint and seclusion in programs and facilities serving~~
370 ~~persons with mental illness.~~

371 Section 5. Section 394.4573, Florida Statutes, is amended
372 to read:

373 394.4573 Coordinated system of care; annual assessment;
374 essential elements ~~Continuity of care management system;~~
375 ~~measures of performance; system improvement grants; reports.~~-On
376 or before December 1 of each year, the department shall submit
377 to the Governor, the President of the Senate, and the Speaker of

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378 the House of Representatives an assessment of the behavioral
379 health services in this state. The assessment shall consider, at
380 a minimum, the extent to which designated receiving systems
381 function as no-wrong-door models, the availability of treatment
382 and recovery services that use recovery-oriented and peer-
383 involved approaches, the availability of less-restrictive
384 services, and the use of evidence-informed practices. The
385 department's assessment shall consider, at a minimum, the needs
386 assessments conducted by the managing entities pursuant to s.
387 394.9082(5). Beginning in 2017, the department shall compile and
388 include in the report all plans submitted by managing entities
389 pursuant to s. 394.9082(8) and the department's evaluation of
390 each plan.

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

392 (a) "Care coordination" means the implementation of
393 deliberate and planned organizational relationships and service
394 procedures that improve the effectiveness and efficiency of the
395 behavioral health system by engaging in purposeful interactions
396 with individuals who are not yet effectively connected with
397 services to ensure service linkage. Examples of care
398 coordination activities include development of referral
399 agreements, shared protocols, and information exchange
400 procedures. The purpose of care coordination is to enhance the
401 delivery of treatment services and recovery supports and to
402 improve outcomes among priority populations.

403 (b) ~~(a)~~ "Case management" means those direct services
404 provided to a client in order to assess his or her activities
405 aimed at assessing client needs, plan, or arrange planning
406 services, coordinate service providers, link ~~linking~~ the service

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407 system to a client, monitor ~~coordinating the various system~~
408 ~~components, monitoring service delivery, and evaluate patient~~
409 outcomes to ensure the client is receiving the appropriate
410 services ~~evaluating the effect of service delivery.~~

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

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

418 ~~(c)-(d) "Coordinated system~~ Continuity of care management
419 ~~system" means a system that assures, within available resources,~~
420 ~~that clients have access to the full array of~~ behavioral and
421 related services in a region or community offered by all service
422 providers, whether participating under contract with the
423 managing entity or by another method of community partnership or
424 mutual agreement within the mental health services delivery
425 system.

426 ~~(d) "No-wrong-door model" means a model for the delivery of~~
427 acute care services to persons who have mental health or
428 substance use disorders, or both, which optimizes access to
429 care, regardless of the entry point to the behavioral health
430 care system.

431 ~~(2) The essential elements of a coordinated system of care~~
432 include:

433 ~~(a) Community interventions, such as prevention, primary~~
434 care for behavioral health needs, therapeutic and supportive
435 services, crisis response services, and diversion programs.

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436 (b) A designated receiving system that consists of one or
437 more facilities serving a defined geographic area and
438 responsible for assessment and evaluation, both voluntary and
439 involuntary, and treatment or triage of patients who have a
440 mental health or substance use disorder, or co-occurring
441 disorders.

442 1. A county or several counties shall plan the designated
443 receiving system using a process that includes the managing
444 entity and is open to participation by individuals with
445 behavioral health needs and their families, service providers,
446 law enforcement agencies, and other parties. The county or
447 counties, in collaboration with the managing entity, shall
448 document the designated receiving system through written
449 memoranda of agreement or other binding arrangements. The county
450 or counties and the managing entity shall complete the plan and
451 implement the designated receiving system by July 1, 2017, and
452 the county or counties and the managing entity shall review and
453 update, as necessary, the designated receiving system at least
454 once every 3 years.

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

461 a. A central receiving system that consists of a designated
462 central receiving facility that serves as a single entry point
463 for persons with mental health or substance use disorders, or
464 co-occurring disorders. The central receiving facility shall be

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465 capable of assessment, evaluation, and triage or treatment or
466 stabilization of persons with mental health or substance use
467 disorders, or co-occurring disorders.

468 b. A coordinated receiving system that consists of multiple
469 entry points that are linked by shared data systems, formal
470 referral agreements, and cooperative arrangements for care
471 coordination and case management. Each entry point shall be a
472 designated receiving facility and shall, within existing
473 resources, provide or arrange for necessary services following
474 an initial assessment and evaluation.

475 c. A tiered receiving system that consists of multiple
476 entry points, some of which offer only specialized or limited
477 services. Each service provider shall be classified according to
478 its capabilities as either a designated receiving facility or
479 another type of service provider, such as a triage center, a
480 licensed detoxification facility, or an access center. All
481 participating service providers shall, within existing
482 resources, be linked by methods to share data, formal referral
483 agreements, and cooperative arrangements for care coordination
484 and case management.

485
486 An accurate inventory of the participating service providers
487 which specifies the capabilities and limitations of each
488 provider and its ability to accept patients under the designated
489 receiving system agreements and the transportation plan
490 developed pursuant to this section shall be maintained and made
491 available at all times to all first responders in the service
492 area.

493 (c) Transportation in accordance with a plan developed

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494 under s. 394.462.

495 (d) Crisis services, including mobile response teams,
496 crisis stabilization units, addiction receiving facilities, and
497 detoxification facilities.

498 (e) Case management. Each case manager or person directly
499 supervising a case manager who provides Medicaid-funded targeted
500 case management services shall hold a valid certification from a
501 department-approved credentialing entity as defined in s.
502 397.311(9) by July 1, 2017, and, thereafter, within 6 months
503 after hire.

504 (f) Care coordination that involves coordination with other
505 local systems and entities, public and private, which are
506 involved with the individual, such as primary care, child
507 welfare, behavioral health care, and criminal and juvenile
508 justice organizations.

509 (g) Outpatient services.

510 (h) Residential services.

511 (i) Hospital inpatient care.

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

513 (k) Medication-assisted treatment and medication
514 management.

515 (l) Recovery support, including, but not limited to,
516 support for competitive employment, educational attainment,
517 independent living skills development, family support and
518 education, wellness management and self-care, and assistance in
519 obtaining housing that meets the individual's needs. Such
520 housing may include mental health residential treatment
521 facilities, limited mental health assisted living facilities,
522 adult family care homes, and supportive housing. Housing

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523 provided using state funds must provide a safe and decent
524 environment free from abuse and neglect.

525 (m) Care plans shall assign specific responsibility for
526 initial and ongoing evaluation of the supervision and support
527 needs of the individual and the identification of housing that
528 meets such needs. For purposes of this paragraph, the term
529 "supervision" means oversight of and assistance with compliance
530 with the clinical aspects of an individual's care plan.

531 (3) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific
532 appropriation by the Legislature, the department may award
533 system improvement grants to managing entities based on a
534 detailed plan to enhance services in accordance with the no-
535 wrong-door model as defined in subsection (1) and to address
536 specific needs identified in the assessment prepared by the
537 department pursuant to this section. Such a grant must be
538 awarded through a performance-based contract that links payments
539 to the documented and measurable achievement of system
540 improvements. The department is directed to implement a
541 continuity of care management system for the provision of mental
542 health care, through the provision of client and case
543 management, including clients referred from state treatment
544 facilities to community mental health facilities. Such system
545 shall include a network of client managers and case managers
546 throughout the state designed to:

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

549 (b) Provide for the creation or designation of an agency in
550 each county to provide single intake services for each person
551 seeking mental health services. Such agency shall provide

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552 ~~information and referral services necessary to ensure that~~
553 ~~clients receive the most appropriate and least restrictive form~~
554 ~~of care, based on the individual needs of the person seeking~~
555 ~~treatment. Such agency shall have a single telephone number,~~
556 ~~operating 24 hours per day, 7 days per week, where practicable,~~
557 ~~at a central location, where each client will have a central~~
558 ~~record.~~

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

562 ~~(d) Require that any public receiving facility initiating a~~
563 ~~patient transfer to a licensed hospital for acute care mental~~
564 ~~health services not accessible through the public receiving~~
565 ~~facility shall notify the hospital of such transfer and send all~~
566 ~~records relating to the emergency psychiatric or medical~~
567 ~~condition.~~

568 ~~(3) The department is directed to develop and include in~~
569 ~~contracts with service providers measures of performance with~~
570 ~~regard to goals and objectives as specified in the state plan.~~
571 ~~Such measures shall use, to the extent practical, existing data~~
572 ~~collection methods and reports and shall not require, as a~~
573 ~~result of this subsection, additional reports on the part of~~
574 ~~service providers. The department shall plan monitoring visits~~
575 ~~of community mental health facilities with other state, federal,~~
576 ~~and local governmental and private agencies charged with~~
577 ~~monitoring such facilities.~~

578 Section 6. Section 394.461, Florida Statutes, is amended to
579 read:

580 394.461 Designation of receiving and treatment facilities

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581 and receiving systems.—The department is authorized to designate
582 and monitor receiving facilities, ~~and~~ treatment facilities, and
583 receiving systems and may suspend or withdraw such designation
584 for failure to comply with this part and rules adopted under
585 this part. Unless designated by the department, facilities are
586 not permitted to hold or treat involuntary patients under this
587 part.

588 (1) RECEIVING FACILITY.—The department may designate any
589 community facility as a receiving facility. Any other facility
590 within the state, including a private facility or a federal
591 facility, may be so designated by the department, provided that
592 such designation is agreed to by the governing body or authority
593 of the facility.

594 (2) TREATMENT FACILITY.—The department may designate any
595 state-owned, state-operated, or state-supported facility as a
596 state treatment facility. A civil patient shall not be admitted
597 to a state treatment facility without previously undergoing a
598 transfer evaluation. Before a court hearing for involuntary
599 placement in a state treatment facility, the court shall receive
600 and consider the information documented in the transfer
601 evaluation. Any other facility, including a private facility or
602 a federal facility, may be designated as a treatment facility by
603 the department, provided that such designation is agreed to by
604 the appropriate governing body or authority of the facility.

605 (3) PRIVATE FACILITIES.—Private facilities designated as
606 receiving and treatment facilities by the department may provide
607 examination and treatment of involuntary patients, as well as
608 voluntary patients, and are subject to all the provisions of
609 this part.

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610 (4) REPORTING REQUIREMENTS.—

611 (a) A facility designated as a public receiving or
612 treatment facility under this section shall report to the
613 department on an annual basis the following data, unless these
614 data are currently being submitted to the Agency for Health Care
615 Administration:

- 616 1. Number of licensed beds.
- 617 2. Number of contract days.
- 618 3. Number of admissions by payor class and diagnoses.
- 619 4. Number of bed days by payor class.
- 620 5. Average length of stay by payor class.
- 621 6. Total revenues by payor class.

622 (b) For the purposes of this subsection, "payor class"
623 means Medicare, Medicare HMO, Medicaid, Medicaid HMO, private-
624 pay health insurance, private-pay health maintenance
625 organization, private preferred provider organization, the
626 Department of Children and Families, other government programs,
627 self-pay patients, and charity care.

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

633 (d) The department shall issue an annual report based on
634 the data required pursuant to this subsection. The report shall
635 include individual facilities' data, as well as statewide
636 totals. The report shall be submitted to the Governor, the
637 President of the Senate, and the Speaker of the House of
638 Representatives.

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639 (5) RECEIVING SYSTEM.—The department shall designate as a
640 receiving system one or more facilities serving a defined
641 geographic area developed pursuant to s. 394.4573 which is
642 responsible for assessment and evaluation, both voluntary and
643 involuntary, and treatment, stabilization, or triage for
644 patients who have a mental illness, a substance use disorder, or
645 co-occurring disorders. Any transportation plans developed
646 pursuant to s. 394.462 must support the operation of the
647 receiving system.

648 (6)~~(5)~~ RULES.—The department may ~~shall~~ adopt rules relating
649 to:

650 (a) Procedures and criteria for receiving and evaluating
651 facility applications for designation, which may include onsite
652 facility inspection and evaluation of an applicant's licensing
653 status and performance history, as well as consideration of
654 local service needs.

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

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

663 (d)~~(e)~~ Procedures for receiving complaints against a
664 designated facility or designated receiving system and for
665 initiating inspections and investigations of facilities or
666 receiving systems alleged to have violated the provisions of
667 this part or rules adopted under this part.

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668 ~~(e)-(d)~~ Procedures and criteria for the suspension or
669 withdrawal of designation as a receiving facility or receiving
670 system.

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

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

674 394.75 State and district substance abuse and mental health
675 plans.—

676 (3) The district health and human services board shall
677 prepare an integrated district substance abuse and mental health
678 plan. The plan shall be prepared and updated on a schedule
679 established by the Alcohol, Drug Abuse, and Mental Health
680 Program Office. The plan shall reflect the needs and program
681 priorities established by the department and the needs of the
682 district established under ss. 394.4573 and 394.674 ~~and 394.675.~~

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

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

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

690 (c) A record of the amount of money allocated for each
691 service identified in the plan as being purchased with state
692 funds.

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

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

696 (f) Input from community-based persons, organizations, and

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697 agencies interested in substance abuse and mental health
698 treatment services; local government entities that contribute
699 funds to the public substance abuse and mental health treatment
700 systems; and consumers of publicly funded substance abuse and
701 mental health services, and their family members. The plan must
702 describe the means by which this local input occurred.

703

704 The plan shall be submitted by the district board to the
705 district administrator and to the governing bodies for review,
706 comment, and approval.

707 (4) The district plan shall:

708 (b) Provide the means for meeting the needs of the
709 district's eligible clients, specified in ss. 394.4573 and
710 ~~394.674 and 394.675~~, for substance abuse and mental health
711 services.

712 Section 9. Paragraph (a) of subsection (3) of section
713 394.76, Florida Statutes, is amended to read:

714 394.76 Financing of district programs and services.—If the
715 local match funding level is not provided in the General
716 Appropriations Act or the substantive bill implementing the
717 General Appropriations Act, such funding level shall be provided
718 as follows:

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

721 (a) The state share of approved program costs shall be a
722 percentage of the net balance determined by deducting from the
723 total operating cost of services and programs, as specified in
724 s. 394.4573 ~~394.675(1)~~, those expenditures which are ineligible
725 for state participation as provided in subsection (7) and those

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726 ineligible expenditures established by rule of the department
727 pursuant to s. 394.78.

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

730 394.4597 Persons to be notified; patient's representative.—

731 (2) INVOLUNTARY PATIENTS.—

732 (d) When the receiving or treatment facility selects a
733 representative, first preference shall be given to a health care
734 surrogate, if one has been previously selected by the patient.
735 If the patient has not previously selected a health care
736 surrogate, the selection, except for good cause documented in
737 the patient's clinical record, shall be made from the following
738 list in the order of listing:

739 1. The patient's spouse.

740 2. An adult child of the patient.

741 3. A parent of the patient.

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

743 5. An adult friend of the patient.

744 ~~6. The appropriate Florida local advocacy council as~~
745 ~~provided in s. 402.166.~~

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

748 1. A professional providing clinical services to the
749 patient under this part.

750 2. The licensed professional who initiated the involuntary
751 examination of the patient, if the examination was initiated by
752 professional certificate.

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

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

757 5. A person providing any substantial professional services
758 to the patient, including clinical services.

759 6. A creditor of the patient.

760 7. A person subject to an injunction for protection against
761 domestic violence under s. 741.30, whether the order of
762 injunction is temporary or final, and for which the patient was
763 the petitioner.

764 8. A person subject to an injunction for protection against
765 repeat violence, stalking, sexual violence, or dating violence
766 under s. 784.046, whether the order of injunction is temporary
767 or final, and for which the patient was the petitioner ~~A~~
768 ~~licensed professional providing services to the patient under~~
769 ~~this part, an employee of a facility providing direct services~~
770 ~~to the patient under this part, a department employee, a person~~
771 ~~providing other substantial services to the patient in a~~
772 ~~professional or business capacity, or a creditor of the patient~~
773 ~~shall not be appointed as the patient's representative.~~

774 Section 11. Subsections (2) through (7) of section
775 394.4598, Florida Statutes, are renumbered as subsections (3)
776 through (8), respectively, a new subsection (2) is added to that
777 section, and present subsections (3) and (4) of that section are
778 amended, to read:

779 394.4598 Guardian advocate.—

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

782 (a) A professional providing clinical services to the
783 patient under this part.

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784 (b) The licensed professional who initiated the involuntary
785 examination of the patient, if the examination was initiated by
786 professional certificate.

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

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

791 (e) A person providing any substantial professional
792 services, excluding public and professional guardians, to the
793 patient, including clinical services.

794 (f) A creditor of the patient.

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

799 (h) A person subject to an injunction for protection
800 against repeat violence, stalking, sexual violence, or dating
801 violence under s. 784.046, whether the order of injunction is
802 temporary or final, and for which the patient was the
803 petitioner.

804 (4)(3) In lieu of the training required of guardians
805 appointed pursuant to chapter 744, Prior to a guardian advocate
806 must, at a minimum, participate in a 4-hour training course
807 approved by the court before exercising his or her authority,
808 the guardian advocate shall attend a training course approved by
809 the court. At a minimum, this training course, of not less than
810 4 hours, must include, at minimum, information about the patient
811 rights, psychotropic medications, the diagnosis of mental
812 illness, the ethics of medical decisionmaking, and duties of

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813 guardian advocates. ~~This training course shall take the place of~~
814 ~~the training required for guardians appointed pursuant to~~
815 ~~chapter 744.~~

816 (5)(4) The required training course and the information to
817 be supplied to prospective guardian advocates before ~~prior to~~
818 ~~their appointment and the training course for guardian advocates~~
819 ~~must be developed and completed through a course developed by~~
820 ~~the department,~~ and approved by the chief judge of the circuit
821 court, ~~and taught by a court-approved organization, which-~~
822 ~~Court-approved organizations~~ may include, but is ~~are~~ not limited
823 to, a community college ~~community or junior colleges, a~~
824 guardianship organization ~~guardianship organizations, a~~ ~~and the~~
825 local bar association, or The Florida Bar. The training course
826 may be web-based, provided in video format, or other electronic
827 means but must be capable of ensuring the identity and
828 participation of the prospective guardian advocate. The court
829 ~~may, in its discretion,~~ waive some or all of the training
830 requirements for guardian advocates or impose additional
831 requirements. The court shall make its decision on a case-by-
832 case basis and, in making its decision, shall consider the
833 experience and education of the guardian advocate, the duties
834 assigned to the guardian advocate, and the needs of the patient.

835 Section 12. Section 394.462, Florida Statutes, is amended
836 to read:

837 394.462 Transportation.—A transportation plan shall be
838 developed and implemented by each county by July 1, 2017, in
839 collaboration with the managing entity in accordance with this
840 section. A county may enter into a memorandum of understanding
841 with the governing boards of nearby counties to establish a

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842 shared transportation plan. When multiple counties enter into a
843 memorandum of understanding for this purpose, the counties shall
844 notify the managing entity and provide it with a copy of the
845 agreement. The transportation plan shall describe methods of
846 transport to a facility within the designated receiving system
847 for individuals subject to involuntary examination under s.
848 394.463 or involuntary admission under s. 397.6772, s. 397.679,
849 s. 397.6798, or s. 397.6811, and may identify responsibility for
850 other transportation to a participating facility when necessary
851 and agreed to by the facility. The plan may rely on emergency
852 medical transport services or private transport companies, as
853 appropriate. The plan shall comply with the transportation
854 provisions of this section and ss. 397.6772, 397.6795, 397.6822,
855 and 397.697.

856 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

857 (a) Each county shall designate a single law enforcement
858 agency within the county, or portions thereof, to take a person
859 into custody upon the entry of an ex parte order or the
860 execution of a certificate for involuntary examination by an
861 authorized professional and to transport that person to the
862 appropriate facility within the designated receiving system
863 pursuant to a transportation plan or an exception under
864 subsection (4), or to the nearest receiving facility if neither
865 apply for examination.

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

868 a.1. The jurisdiction designated by the county has
869 contracted on an annual basis with an emergency medical
870 transport service or private transport company for

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871 transportation of persons to receiving facilities pursuant to
872 this section at the sole cost of the county; and

873 ~~b.2.~~ The law enforcement agency and the emergency medical
874 transport service or private transport company agree that the
875 continued presence of law enforcement personnel is not necessary
876 for the safety of the person or others.

877 ~~2.3.~~ The entity providing transportation jurisdiction
878 ~~designated by the county~~ may seek reimbursement for
879 transportation expenses. The party responsible for payment for
880 such transportation is the person receiving the transportation.
881 The county shall seek reimbursement from the following sources
882 in the following order:

883 a. From a private or public third-party payor ~~an insurance~~
884 ~~company, health care corporation, or other source~~, if the person
885 receiving the transportation has applicable coverage ~~is covered~~
886 ~~by an insurance policy or subscribes to a health care~~
887 ~~corporation or other source for payment of such expenses.~~

888 b. From the person receiving the transportation.

889 c. From a financial settlement for medical care, treatment,
890 hospitalization, or transportation payable or accruing to the
891 injured party.

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

898 ~~(d)(e)~~ Any company that contracts with a governing board of
899 a county to transport patients shall comply with the applicable

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900 rules of the department to ensure the safety and dignity of ~~the~~
901 patients.

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

906 (f)~~(e)~~ When a member of a mental health overlay program or
907 a mobile crisis response service is a professional authorized to
908 initiate an involuntary examination pursuant to s. 394.463 or s.
909 397.675 and that professional evaluates a person and determines
910 that transportation to a receiving facility is needed, the
911 service, at its discretion, may transport the person to the
912 facility or may call on the law enforcement agency or other
913 transportation arrangement best suited to the needs of the
914 patient.

915 (g)~~(f)~~ When any law enforcement officer has custody of a
916 person based on either noncriminal or minor criminal behavior
917 that meets the statutory guidelines for involuntary examination
918 pursuant to s. 394.463 ~~under this part~~, the law enforcement
919 officer shall transport the person to the appropriate facility
920 within the designated receiving system pursuant to a
921 transportation plan or an exception under subsection (4), or to
922 the nearest receiving facility if neither apply for examination.
923 Persons who meet the statutory guidelines for involuntary
924 admission pursuant to s. 397.675 may also be transported by law
925 enforcement officers to the extent resources are available and
926 as otherwise provided by law. Such persons shall be transported
927 to an appropriate facility within the designated receiving
928 system pursuant to a transportation plan or an exception under

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929 subsection (4), or to the nearest facility if neither apply.

930 (h)~~(g)~~ When any law enforcement officer has arrested a
931 person for a felony and it appears that the person meets the
932 statutory guidelines for involuntary examination or placement
933 under this part, such person must ~~shall~~ first be processed in
934 the same manner as any other criminal suspect. The law
935 enforcement agency shall thereafter immediately notify the
936 appropriate facility within the designated receiving system
937 pursuant to a transportation plan or an exception under
938 subsection (4), or to the nearest public receiving facility if
939 neither apply. The receiving facility,~~which~~ shall be
940 responsible for promptly arranging for the examination and
941 treatment of the person. A receiving facility is not required to
942 admit a person charged with a crime for whom the facility
943 determines and documents that it is unable to provide adequate
944 security, but shall provide ~~mental health~~ examination and
945 treatment to the person where he or she is held.

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

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

956 (k)~~(j)~~ The appropriate facility within the designated
957 receiving system pursuant to a transportation plan or an

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958 exception under subsection (4), or the nearest receiving
959 facility if neither apply, must accept persons brought by law
960 enforcement officers, or an emergency medical transport service
961 or a private transport company authorized by the county, for
962 involuntary examination pursuant to s. 394.463.

963 (l) The appropriate facility within the designated
964 receiving system pursuant to a transportation plan or an
965 exception under subsection (4), or the nearest receiving
966 facility if neither apply, must provide persons brought by law
967 enforcement officers, or an emergency medical transport service
968 or a private transport company authorized by the county,
969 pursuant to s. 397.675, a basic screening or triage sufficient
970 to refer the person to the appropriate services.

971 (m) ~~(k)~~ Each law enforcement agency designated pursuant to
972 paragraph (a) shall establish a policy that develop a memorandum
973 of understanding with each receiving facility within the law
974 enforcement agency's jurisdiction which reflects a single set of
975 protocols for the safe and secure transportation of the person
976 and transfer of custody of the person. Each law enforcement
977 agency shall provide a copy of the protocols to the managing
978 entity. These protocols must also address crisis intervention
979 measures.

980 (n) ~~(l)~~ When a jurisdiction has entered into a contract with
981 an emergency medical transport service or a private transport
982 company for transportation of persons to ~~receiving~~ facilities
983 within the designated receiving system, such service or company
984 shall be given preference for transportation of persons from
985 nursing homes, assisted living facilities, adult day care
986 centers, or adult family-care homes, unless the behavior of the

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987 person being transported is such that transportation by a law
988 enforcement officer is necessary.

989 ~~(o) (m) Nothing in~~ This section may not ~~shall~~ be construed
990 to limit emergency examination and treatment of incapacitated
991 persons provided in accordance with ~~the provisions of~~ s.
992 401.445.

993 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

994 (a) If neither the patient nor any person legally obligated
995 or responsible for the patient is able to pay for the expense of
996 transporting a voluntary or involuntary patient to a treatment
997 facility, the transportation plan established by the governing
998 board of the county or counties must specify how in which the
999 hospitalized patient will be transported to, from, and between
1000 facilities in a is hospitalized shall arrange for such required
1001 transportation and shall ensure the safe and dignified manner
1002 transportation of the patient. The governing board of each
1003 county is authorized to contract with private transport
1004 companies for the transportation of such patients to and from a
1005 treatment facility.

1006 (b) A ~~Any~~ company that transports a patient pursuant to
1007 this subsection is considered an independent contractor and is
1008 solely liable for the safe and dignified transportation of the
1009 patient. Such company must be insured and provide no less than
1010 \$100,000 in liability insurance with respect to the transport
1011 transportation of patients.

1012 (c) A ~~Any~~ company that contracts with one or more counties
1013 ~~the governing board of a county~~ to transport patients in
1014 accordance with this section shall comply with the applicable
1015 rules of the department to ensure the safety and dignity of ~~the~~

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1016 patients.

1017 (d) County or municipal law enforcement and correctional
1018 personnel and equipment may ~~shall~~ not be used to transport
1019 patients adjudicated incapacitated or found by the court to meet
1020 the criteria for involuntary placement pursuant to s. 394.467,
1021 except in small rural counties where there are no cost-efficient
1022 alternatives.

1023 (3) TRANSFER OF CUSTODY.—Custody of a person who is
1024 transported pursuant to this part, along with related
1025 documentation, shall be relinquished to a responsible individual
1026 at the appropriate receiving or treatment facility.

1027 (4) EXCEPTIONS.—An exception to the requirements of this
1028 section may be granted by the secretary of the department for
1029 the purposes of improving service coordination or better meeting
1030 the special needs of individuals. A proposal for an exception
1031 must be submitted to the department ~~by the district~~
1032 ~~administrator~~ after being approved by the governing boards of
1033 any affected counties, ~~prior to submission to the secretary.~~

1034 (a) A proposal for an exception must identify the specific
1035 provision from which an exception is requested; describe how the
1036 proposal will be implemented by participating law enforcement
1037 agencies and transportation authorities; and provide a plan for
1038 the coordination of services ~~such as case management.~~

1039 (b) The exception may be granted only for:

1040 1. An arrangement centralizing and improving the provision
1041 of services within a district, which may include an exception to
1042 the requirement for transportation to the nearest receiving
1043 facility;

1044 2. An arrangement by which a facility may provide, in

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1045 addition to required psychiatric or substance use disorder
1046 services, an environment and services which are uniquely
1047 tailored to the needs of an identified group of persons with
1048 special needs, such as persons with hearing impairments or
1049 visual impairments, or elderly persons with physical frailties;
1050 or

1051 3. A specialized transportation system that provides an
1052 efficient and humane method of transporting patients to
1053 receiving facilities, among receiving facilities, and to
1054 treatment facilities.

1055 ~~(c) Any exception approved pursuant to this subsection~~
1056 ~~shall be reviewed and approved every 5 years by the secretary.~~

1057
1058 The exceptions provided in this subsection shall expire on June
1059 30, 2017, and no new exceptions shall be granted after that
1060 date. After June 30, 2017, the transport of a patient to a
1061 facility that is not the nearest facility must be made pursuant
1062 to a plan as provided in this section.

1063 Section 13. Section 394.467, Florida Statutes, is amended
1064 to read:

1065 394.467 Involuntary inpatient placement.—

1066 (1) CRITERIA.—A person may be ordered for ~~placed in~~
1067 involuntary inpatient placement for treatment upon a finding of
1068 the court by clear and convincing evidence that:

1069 (a) He or she has a mental illness ~~is mentally ill~~ and
1070 because of his or her mental illness:

1071 1.a. He or she has refused voluntary inpatient placement
1072 for treatment after sufficient and conscientious explanation and
1073 disclosure of the purpose of inpatient placement for treatment;

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1074 or

1075 b. He or she is unable to determine for himself or herself
1076 whether inpatient placement is necessary; and

1077 2.a. He or she is ~~manifestly~~ incapable of surviving alone
1078 or with the help of willing and responsible family or friends,
1079 including available alternative services, and, without
1080 treatment, is likely to suffer from neglect or refuse to care
1081 for himself or herself, and such neglect or refusal poses a real
1082 and present threat of substantial harm to his or her well-being;
1083 or

1084 b. There is substantial likelihood that in the near future
1085 he or she will inflict serious bodily harm on self or others
1086 ~~himself or herself or another person~~, as evidenced by recent
1087 behavior causing, attempting, or threatening such harm; and

1088 (b) All available less restrictive treatment alternatives
1089 that ~~which~~ would offer an opportunity for improvement of his or
1090 her condition have been judged to be inappropriate.

1091 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
1092 retained by a ~~receiving~~ facility or involuntarily placed in a
1093 treatment facility upon the recommendation of the administrator
1094 of the ~~receiving~~ facility where the patient has been examined
1095 and after adherence to the notice and hearing procedures
1096 provided in s. 394.4599. The recommendation must be supported by
1097 the opinion of a psychiatrist and the second opinion of a
1098 clinical psychologist or another psychiatrist, both of whom have
1099 personally examined the patient within the preceding 72 hours,
1100 that the criteria for involuntary inpatient placement are met.
1101 However, in a county that has a population of fewer than 50,000,
1102 if the administrator certifies that a psychiatrist or clinical

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1103 psychologist is not available to provide the second opinion, the
1104 second opinion may be provided by a licensed physician who has
1105 postgraduate training and experience in diagnosis and treatment
1106 of mental illness ~~and nervous disorders~~ or by a psychiatric
1107 nurse. Any second opinion authorized in this subsection may be
1108 conducted through a face-to-face examination, in person, or by
1109 electronic means. Such recommendation shall be entered on a
1110 petition for an involuntary inpatient placement certificate that
1111 authorizes the ~~receiving~~ facility to retain the patient pending
1112 transfer to a treatment facility or completion of a hearing.

1113 (3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT.—The
1114 administrator of the facility shall file a petition for
1115 involuntary inpatient placement in the court in the county where
1116 the patient is located. Upon filing, the clerk of the court
1117 shall provide copies to the department, the patient, the
1118 patient's guardian or representative, and the state attorney and
1119 public defender of the judicial circuit in which the patient is
1120 located. A No fee may not ~~shall~~ be charged for the filing of a
1121 petition under this subsection.

1122 (4) APPOINTMENT OF COUNSEL.—Within 1 court working day
1123 after the filing of a petition for involuntary inpatient
1124 placement, the court shall appoint the public defender to
1125 represent the person who is the subject of the petition, unless
1126 the person is otherwise represented by counsel. The clerk of the
1127 court shall immediately notify the public defender of such
1128 appointment. Any attorney representing the patient shall have
1129 access to the patient, witnesses, and records relevant to the
1130 presentation of the patient's case and shall represent the
1131 interests of the patient, regardless of the source of payment to

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1132 the attorney.

1133 (5) CONTINUANCE OF HEARING.—The patient is entitled, with
1134 the concurrence of the patient's counsel, to at least one
1135 continuance of the hearing. ~~The continuance shall be for a~~
1136 ~~period of~~ up to 4 weeks.

1137 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

1138 (a)1. The court shall hold the hearing on involuntary
1139 inpatient placement within 5 court working days, unless a
1140 continuance is granted.

1141 2. Except for good cause documented in the court file, the
1142 hearing must ~~shall~~ be held in the county or the facility, as
1143 appropriate, where the patient is located, must ~~and shall~~ be as
1144 convenient to the patient as is ~~may~~ be consistent with orderly
1145 procedure, and shall be conducted in physical settings not
1146 likely to be injurious to the patient's condition. If the court
1147 finds that the patient's attendance at the hearing is not
1148 consistent with the best interests of the patient, and the
1149 patient's counsel does not object, the court may waive the
1150 presence of the patient from all or any portion of the hearing.
1151 The state attorney for the circuit in which the patient is
1152 located shall represent the state, rather than the petitioning
1153 facility administrator, as the real party in interest in the
1154 proceeding.

1155 3.2. ~~The court may appoint a general or special~~ magistrate
1156 to preside at the hearing. One of the professionals who executed
1157 the petition for involuntary inpatient placement certificate
1158 shall be a witness. The patient and the patient's guardian or
1159 representative shall be informed by the court of the right to an
1160 independent expert examination. If the patient cannot afford

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1161 such an examination, the court shall ensure that one is
1162 provided, as otherwise provided for by law ~~provide for one~~. The
1163 independent expert's report is ~~shall be~~ confidential and not
1164 discoverable, unless the expert is to be called as a witness for
1165 the patient at the hearing. The testimony in the hearing must be
1166 given under oath, and the proceedings must be recorded. The
1167 patient may refuse to testify at the hearing.

1168 (b) If the court concludes that the patient meets the
1169 criteria for involuntary inpatient placement, it may ~~shall~~ order
1170 that the patient be transferred to a treatment facility or, if
1171 the patient is at a treatment facility, that the patient be
1172 retained there or be treated at any other appropriate ~~receiving~~
1173 ~~or treatment~~ facility, or that the patient receive services ~~from~~
1174 ~~a receiving or treatment facility~~, on an involuntary basis, for
1175 ~~a period of up to~~ 90 days ~~6 months~~. However, any order for
1176 involuntary mental health services in a treatment facility may
1177 be for up to 6 months. The order shall specify the nature and
1178 extent of the patient's mental illness. The court may not order
1179 an individual with traumatic brain injury or dementia who lacks
1180 a co-occurring mental illness to be involuntarily placed in a
1181 state treatment facility. The facility shall discharge a patient
1182 any time the patient no longer meets the criteria for
1183 involuntary inpatient placement, unless the patient has
1184 transferred to voluntary status.

1185 (c) If at any time before ~~prior to~~ the conclusion of the
1186 hearing on involuntary inpatient placement it appears to the
1187 court that the person does not meet the criteria for involuntary
1188 inpatient placement under this section, but instead meets the
1189 criteria for involuntary outpatient services ~~placement~~, the

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1190 court may order the person evaluated for involuntary outpatient
1191 services placement pursuant to s. 394.4655. The petition and
1192 hearing procedures set forth in s. 394.4655 shall apply. If the
1193 person instead meets the criteria for involuntary assessment,
1194 protective custody, or involuntary admission pursuant to s.
1195 397.675, then the court may order the person to be admitted for
1196 involuntary assessment for a period of 5 days pursuant to s.
1197 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by
1198 chapter 397.

1199 (d) At the hearing on involuntary inpatient placement, the
1200 court shall consider testimony and evidence regarding the
1201 patient's competence to consent to treatment. If the court finds
1202 that the patient is incompetent to consent to treatment, it
1203 shall appoint a guardian advocate as provided in s. 394.4598.

1204 (e) The administrator of the petitioning ~~receiving~~ facility
1205 shall provide a copy of the court order and adequate
1206 documentation of a patient's mental illness to the administrator
1207 of a treatment facility if the ~~whenever a~~ patient is ordered for
1208 involuntary inpatient placement, whether by civil or criminal
1209 court. The documentation must ~~shall~~ include any advance
1210 directives made by the patient, a psychiatric evaluation of the
1211 patient, and any evaluations of the patient performed by a
1212 psychiatric nurse, a clinical psychologist, a marriage and
1213 family therapist, a mental health counselor, or a clinical
1214 social worker. The administrator of a treatment facility may
1215 refuse admission to any patient directed to its facilities on an
1216 involuntary basis, whether by civil or criminal court order, who
1217 is not accompanied ~~at the same time~~ by adequate orders and
1218 documentation.

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1219 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT
1220 PLACEMENT.—

1221 (a) Hearings on petitions for continued involuntary
1222 inpatient placement of an individual placed at any treatment
1223 facility are ~~shall be~~ administrative hearings and must ~~shall~~ be
1224 conducted in accordance with ~~the provisions of~~ s. 120.57(1),
1225 except that any order entered by the administrative law judge is
1226 ~~shall be~~ final and subject to judicial review in accordance with
1227 s. 120.68. Orders concerning patients committed after
1228 successfully pleading not guilty by reason of insanity are ~~shall~~
1229 ~~be~~ governed by ~~the provisions of~~ s. 916.15.

1230 (b) If the patient continues to meet the criteria for
1231 involuntary inpatient placement and is being treated at a
1232 treatment facility, the administrator shall, before ~~prior to~~ the
1233 expiration of the period ~~during which~~ the treatment facility is
1234 authorized to retain the patient, file a petition requesting
1235 authorization for continued involuntary inpatient placement. The
1236 request must ~~shall~~ be accompanied by a statement from the
1237 patient's physician, psychiatrist, psychiatric nurse, or
1238 clinical psychologist justifying the request, a brief
1239 description of the patient's treatment during the time he or she
1240 was involuntarily placed, and an individualized plan of
1241 continued treatment. Notice of the hearing must ~~shall~~ be
1242 provided as provided ~~set forth~~ in s. 394.4599. If a patient's
1243 attendance at the hearing is voluntarily waived, the
1244 administrative law judge must determine that the waiver is
1245 knowing and voluntary before waiving the presence of the patient
1246 from all or a portion of the hearing. Alternatively, if at the
1247 hearing the administrative law judge finds that attendance at

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1248 the hearing is not consistent with the best interests of the
1249 patient, the administrative law judge may waive the presence of
1250 the patient from all or any portion of the hearing, unless the
1251 patient, through counsel, objects to the waiver of presence. The
1252 testimony in the hearing must be under oath, and the proceedings
1253 must be recorded.

1254 (c) Unless the patient is otherwise represented or is
1255 ineligible, he or she shall be represented at the hearing on the
1256 petition for continued involuntary inpatient placement by the
1257 public defender of the circuit in which the facility is located.

1258 (d) If at a hearing it is shown that the patient continues
1259 to meet the criteria for involuntary inpatient placement, the
1260 administrative law judge shall sign the order for continued
1261 involuntary inpatient placement for up to 90 days ~~a period not~~
1262 ~~to exceed 6 months~~. However, any order for involuntary mental
1263 health services in a treatment facility may be for up to 6
1264 months. The same procedure shall be repeated before ~~prior to~~ the
1265 expiration of each additional period the patient is retained.

1266 (e) If continued involuntary inpatient placement is
1267 necessary for a patient admitted while serving a criminal
1268 sentence, but his or her ~~whose~~ sentence is about to expire, or
1269 for a minor ~~patient~~ involuntarily placed, ~~while a minor~~ but who
1270 is about to reach the age of 18, the administrator shall
1271 petition the administrative law judge for an order authorizing
1272 continued involuntary inpatient placement.

1273 (f) If the patient has been previously found incompetent to
1274 consent to treatment, the administrative law judge shall
1275 consider testimony and evidence regarding the patient's
1276 competence. If the administrative law judge finds evidence that

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1277 the patient is now competent to consent to treatment, the
1278 administrative law judge may issue a recommended order to the
1279 court that found the patient incompetent to consent to treatment
1280 that the patient's competence be restored and that any guardian
1281 advocate previously appointed be discharged.

1282 (g) If the patient has been ordered to undergo involuntary
1283 inpatient placement and has previously been found incompetent to
1284 consent to treatment, the court shall consider testimony and
1285 evidence regarding the patient's incompetence. If the patient's
1286 competency to consent to treatment is restored, the discharge of
1287 the guardian advocate shall be governed by s. 394.4598.

1288
1289 The procedure required in this subsection must be followed
1290 before the expiration of each additional period the patient is
1291 involuntarily receiving services.

1292 (8) RETURN TO FACILITY OF PATIENTS.—If a patient
1293 involuntarily held ~~When a patient~~ at a treatment facility under
1294 this part leaves the facility without the administrator's
1295 authorization, the administrator may authorize a search for the
1296 patient and his or her ~~the return of the patient~~ to the
1297 facility. The administrator may request the assistance of a law
1298 enforcement agency in this regard ~~the search for and return of~~
1299 ~~the patient.~~

1300 Section 14. Section 394.46715, Florida Statutes, is amended
1301 to read:

1302 394.46715 Rulemaking authority.—The department may adopt
1303 rules to administer this part ~~Department of Children and~~
1304 ~~Families shall have rulemaking authority to implement the~~
1305 ~~provisions of ss. 394.455, 394.4598, 394.4615, 394.463,~~

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1306 ~~394.4655, and 394.467 as amended or created by this act. These~~
1307 ~~rules shall be for the purpose of protecting the health, safety,~~
1308 ~~and well-being of persons examined, treated, or placed under~~
1309 ~~this act.~~

1310 Section 15. Subsection (2) of section 394.4685, Florida
1311 Statutes, is amended to read:

1312 394.4685 Transfer of patients among facilities.—

1313 (2) TRANSFER FROM PUBLIC TO PRIVATE FACILITIES.—

1314 (a) A patient who has been admitted to a public receiving
1315 or public treatment facility and has requested, either
1316 personally or through his or her guardian or guardian advocate,
1317 and is able to pay for treatment in a private facility shall be
1318 transferred at the patient's expense to a private facility upon
1319 acceptance of the patient by the private facility.

1320 (b) A public receiving facility initiating a patient
1321 transfer to a licensed hospital for acute care mental health
1322 services not accessible through the public receiving facility
1323 shall notify the hospital of such transfer and send the hospital
1324 all records relating to the emergency psychiatric or medical
1325 condition.

1326 Section 16. Section 394.656, Florida Statutes, is amended
1327 to read:

1328 394.656 Criminal Justice, Mental Health, and Substance
1329 Abuse Reinvestment Grant Program.—

1330 (1) There is created within the Department of Children and
1331 Families the Criminal Justice, Mental Health, and Substance
1332 Abuse Reinvestment Grant Program. The purpose of the program is
1333 to provide funding to counties ~~with~~ which they may use to ~~can~~
1334 plan, implement, or expand initiatives that increase public

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1335 safety, avert increased spending on criminal justice, and
1336 improve the accessibility and effectiveness of treatment
1337 services for adults and juveniles who have a mental illness,
1338 substance abuse disorder, or co-occurring mental health and
1339 substance abuse disorders and who are in, or at risk of
1340 entering, the criminal or juvenile justice systems.

1341 (2) The department shall establish a Criminal Justice,
1342 Mental Health, and Substance Abuse Statewide Grant Review
1343 Committee. The committee shall include:

1344 (a) One representative of the Department of Children and
1345 Families;

1346 (b) One representative of the Department of Corrections;

1347 (c) One representative of the Department of Juvenile
1348 Justice;

1349 (d) One representative of the Department of Elderly
1350 Affairs; ~~and~~

1351 (e) One representative of the Office of the State Courts
1352 Administrator; ~~-~~

1353 (f) One representative of the Department of Veterans'
1354 Affairs;

1355 (g) One representative of the Florida Sheriffs Association;

1356 (h) One representative of the Florida Police Chiefs
1357 Association;

1358 (i) One representative of the Florida Association of
1359 Counties;

1360 (j) One representative of the Florida Alcohol and Drug
1361 Abuse Association;

1362 (k) One representative of the Florida Association of
1363 Managing Entities;

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1364 (l) One representative of the Florida Council for Community
1365 Mental Health;

1366 (m) One representative of the National Alliance of Mental
1367 Illness;

1368 (n) One representative of the Florida Prosecuting Attorneys
1369 Association;

1370 (o) One representative of the Florida Public Defender
1371 Association; and

1372 (p) One administrator of an assisted living facility that
1373 holds a limited mental health license.

1374 (3) The committee shall serve as the advisory body to
1375 review policy and funding issues that help reduce the impact of
1376 persons with mental illness and substance abuse disorders on
1377 communities, criminal justice agencies, and the court system.

1378 The committee shall advise the department in selecting
1379 priorities for grants and investing awarded grant moneys.

1380 (4) The committee must have experience in substance use and
1381 mental health disorders, community corrections, and law
1382 enforcement. To the extent possible, the ~~members of the~~
1383 committee shall have expertise in grant review ~~writing, grant~~
1384 ~~reviewing,~~ and grant application scoring.

1385 (5) (a) ~~(3) (a)~~ A county, or a not-for-profit community
1386 provider or managing entity designated by the county planning
1387 council or committee, as described in s. 394.657, may apply for
1388 a 1-year planning grant or a 3-year implementation or expansion
1389 grant. The purpose of the grants is to demonstrate that
1390 investment in treatment efforts related to mental illness,
1391 substance abuse disorders, or co-occurring mental health and
1392 substance abuse disorders results in a reduced demand on the

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1393 resources of the judicial, corrections, juvenile detention, and
1394 health and social services systems.

1395 (b) To be eligible to receive a 1-year planning grant or a
1396 3-year implementation or expansion grant:⁷

1397 1. A county applicant must have a county planning council
1398 or committee that is in compliance with the membership
1399 requirements set forth in this section.

1400 2. A not-for-profit community provider or managing entity
1401 must be designated by the county planning council or committee
1402 and have written authorization to submit an application. A not-
1403 for-profit community provider or managing entity must have
1404 written authorization for each submitted application.

1405 (c) The department may award a 3-year implementation or
1406 expansion grant to an applicant who has not received a 1-year
1407 planning grant.

1408 (d) The department may require an applicant to conduct
1409 sequential intercept mapping for a project. For purposes of this
1410 paragraph, the term "sequential intercept mapping" means a
1411 process for reviewing a local community's mental health,
1412 substance abuse, criminal justice, and related systems and
1413 identifying points of interceptions where interventions may be
1414 made to prevent an individual with a substance abuse disorder or
1415 mental illness from deeper involvement in the criminal justice
1416 system.

1417 (6)-(4) The grant review and selection committee shall
1418 select the grant recipients and notify the department of
1419 Children and Families in writing of the recipients' names of the
1420 applicants who have been selected by the committee to receive a
1421 grant. Contingent upon the availability of funds and upon

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1422 notification by the grant review and selection committee of
1423 those applicants approved to receive planning, implementation,
1424 or expansion grants, the department ~~of Children and Families~~ may
1425 transfer funds appropriated for the grant program to a selected
1426 grant recipient ~~to any county awarded a grant.~~

1427 Section 17. Section 394.761, Florida Statutes, is created
1428 to read:

1429 394.761 Revenue maximization.—

1430 (1) The agency and the department shall develop a plan to
1431 obtain federal approval for increasing the availability of
1432 federal Medicaid funding for behavioral health care. Increased
1433 funding shall be used to advance the goal of improved
1434 integration of behavioral health services and primary care
1435 services for individuals eligible for Medicaid through the
1436 development and effective implementation of the behavioral
1437 health system of care as described in s. 394.4573.

1438 (2) The agency and the department shall identify in the
1439 plan the amount of general revenue funding appropriated for
1440 mental health and substance abuse services eligible to be used
1441 as state Medicaid match. The agency and the department shall
1442 evaluate alternative uses of increased Medicaid funding,
1443 including seeking Medicaid eligibility for the severely and
1444 persistently mentally ill or persons with substance use
1445 disorders, increased reimbursement rates for behavioral health
1446 services, adjustments to the capitation rate for Medicaid
1447 enrollees with chronic mental illness and substance use
1448 disorders, targeted case management for individuals with
1449 substance use disorders as a Medicaid-funded service,
1450 supplemental payments to mental health and substance abuse

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1451 service providers through a designated state health program or
1452 other mechanisms, and innovative programs to provide incentives
1453 for improved outcomes for behavioral health conditions. The
1454 agency and the department shall identify in the plan the
1455 advantages and disadvantages of each alternative and assess each
1456 alternative's potential for achieving improved integration of
1457 services. The agency and the department shall identify in the
1458 plan the types of federal approvals necessary to implement each
1459 alternative and project a timeline for implementation.

1460 (3) The department, in coordination with the agency and the
1461 managing entities, shall compile detailed documentation of the
1462 cost and reimbursements for Medicaid covered services provided
1463 to Medicaid eligible individuals by providers of behavioral
1464 health services that are also funded for programs authorized by
1465 this chapter and chapter 397. The department's documentation,
1466 along with a report of general revenue funds supporting
1467 behavioral health services that are not counted as maintenance
1468 of effort or match for any other federal program, must be
1469 submitted to the agency by December 31, 2016.

1470 (4) If the report presents clear evidence that Medicaid
1471 reimbursements are less than the costs of providing the
1472 services, the agency and the department shall request such
1473 additional trust fund authority as is necessary to draw federal
1474 Medicaid funds as a match for the documented general revenue
1475 expenditures supporting covered services delivered to eligible
1476 individuals. Payment of the federal funds shall be made to
1477 providers in such a manner as is allowed by federal law and
1478 regulations.

1479 (5) The agency and the department shall submit the written

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1480 plan and report required in this section to the President of the
1481 Senate and the Speaker of the House of Representatives by
1482 December 31, 2016.

1483 Section 18. Subsection (5) of section 394.879, Florida
1484 Statutes, is amended, and subsection (6) is added to that
1485 section, to read:

1486 394.879 Rules; enforcement.—

1487 (5) The agency or the department may not adopt any rule
1488 governing the design, construction, erection, alteration,
1489 modification, repair, or demolition of crisis stabilization
1490 units. It is the intent of the Legislature to preempt that
1491 function to the Florida Building commission and the State Fire
1492 Marshal through adoption and maintenance of the Florida Building
1493 Code and the Florida Fire Prevention Code. However, a crisis
1494 stabilization unit, a short-term residential treatment facility,
1495 or an integrated adult mental health crisis stabilization and
1496 addictions receiving facility that is collocated with a
1497 centralized receiving facility may be in a multi-story building
1498 and may be authorized on floors other than the ground floor. The
1499 agency shall provide technical assistance to the commission and
1500 the State Fire Marshal in updating the construction standards of
1501 the Florida Building Code and the Florida Fire Prevention Code
1502 which govern crisis stabilization units. In addition, the agency
1503 may enforce the special-occupancy provisions of the Florida
1504 Building code and the Florida Fire Prevention Code which apply
1505 to crisis stabilization units in conducting any inspection
1506 authorized under this part or part II of chapter 408.

1507 (6) The department and the Agency for Health Care
1508 Administration shall develop a plan to provide options for a

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1509 single, consolidated license for a provider that offers multiple
1510 types of either mental health services or substance abuse
1511 services, or both, regulated under chapters 394 and 397,
1512 respectively. In the plan, the department and the agency shall
1513 identify the statutory revisions necessary to accomplish the
1514 consolidation. To the extent possible, the department and the
1515 agency shall accomplish such consolidation administratively and
1516 by rule. The department and the agency shall submit the plan to
1517 the Governor, the President of the Senate, and the Speaker of
1518 the House of Representatives by November 1, 2016.

1519 Section 19. Section 394.9082, Florida Statutes, is amended
1520 to read:

1521 (Substantial rewording of section. See
1522 s. 394.9082, F.S., for present text.)

1523 394.9082 Behavioral health managing entities.-

1524 (1) INTENT AND PURPOSE.-

1525 (a) The Legislature finds that untreated behavioral health
1526 disorders constitute major health problems for residents of this
1527 state, are a major economic burden to the citizens of this
1528 state, and substantially increase demands on the state's
1529 juvenile and adult criminal justice systems, the child welfare
1530 system, and health care systems. The Legislature finds that
1531 behavioral health disorders respond to appropriate treatment,
1532 rehabilitation, and supportive intervention. The Legislature
1533 finds that local communities have also made substantial
1534 investments in behavioral health services, contracting with
1535 safety net providers who by mandate and mission provide
1536 specialized services to vulnerable and hard-to-serve populations
1537 and have strong ties to local public health and public safety

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1538 agencies. The Legislature finds that a regional management
1539 structure that facilitates a comprehensive and cohesive system
1540 of coordinated care for behavioral health treatment and
1541 prevention services will improve access to care, promote service
1542 continuity, and provide for more efficient and effective
1543 delivery of substance abuse and mental health services. It is
1544 the intent of the Legislature that managing entities work to
1545 create linkages among various services and systems, including
1546 juvenile justice and adult criminal justice, child welfare,
1547 housing services, homeless systems of care, and health care.

1548 (b) The purpose of the behavioral health managing entities
1549 is to plan, coordinate, and contract for the delivery of
1550 community mental health and substance abuse services, to improve
1551 access to care, to promote service continuity, to purchase
1552 services, and to support efficient and effective delivery of
1553 services.

1554 (2) DEFINITIONS.—As used in this section, the term:

1555 (a) "Behavioral health services" means mental health
1556 services and substance abuse prevention and treatment services
1557 as described in this chapter and chapter 397.

1558 (b) "Coordinated system of care" means the array of mental
1559 health services and substance abuse services described in s.
1560 394.4573.

1561 (c) "Geographic area" means one or more contiguous
1562 counties, circuits, or regions as described in s. 409.966.

1563 (d) "Managed behavioral health organization" means a
1564 Medicaid managed care organization currently under contract with
1565 the statewide Medicaid managed medical assistance program in
1566 this state pursuant to part IV of chapter 409, including a

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1567 managed care organization operating as a behavioral health
1568 specialty plan.

1569 (e) "Managing entity" means a corporation selected by and
1570 under contract with the department to manage the daily
1571 operational delivery of behavioral health services through a
1572 coordinated system of care.

1573 (f) "Provider network" means the group of direct service
1574 providers, facilities, and organizations under contract with a
1575 managing entity to provide a comprehensive array of emergency,
1576 acute care, residential, outpatient, recovery support, and
1577 consumer support services, including prevention services.

1578 (g) "Subregion" means a distinct portion of a managing
1579 entity's geographic region defined by unifying service and
1580 provider utilization patterns.

1581 (3) DEPARTMENT DUTIES.—The department shall:

1582 (a) Contract with organizations to serve as managing
1583 entities in accordance with the requirements of this section and
1584 conduct a readiness review of any new managing entities before
1585 such entities assume their responsibilities.

1586 (b) Specify data reporting requirements and use of shared
1587 data systems.

1588 (c) Define the priority populations that will benefit from
1589 receiving care coordination. In defining such populations, the
1590 department shall take into account the availability of resources
1591 and consider:

1592 1. The number and duration of involuntary admissions within
1593 a specified time.

1594 2. The degree of involvement with the criminal justice
1595 system and the risk to public safety posed by the individual.

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1596 3. Whether the individual has recently resided in or is
1597 currently awaiting admission to or discharge from a treatment
1598 facility as defined in s. 394.455.

1599 4. The degree of utilization of behavioral health services.

1600 5. Whether the individual is a parent or caregiver who is
1601 involved with the child welfare system.

1602 (d) Support the development and implementation of a
1603 coordinated system of care by requiring each provider that
1604 receives state funds for behavioral health services through a
1605 direct contract with the department to work with the managing
1606 entity in the provider's service area to coordinate the
1607 provision of behavioral health services as part of the contract
1608 with the department.

1609 (e) Provide technical assistance to the managing entities.

1610 (f) Promote the coordination of behavioral health care and
1611 primary care.

1612 (g) Facilitate coordination between the managing entity and
1613 other payors of behavioral health care.

1614 (h) Develop and provide a unique identifier for clients
1615 receiving behavioral health services through the managing entity
1616 to coordinate care.

1617 (i) Coordinate procedures for the referral and admission of
1618 patients to, and the discharge of patients from, treatment
1619 facilities as defined in s. 394.455 and their return to the
1620 community.

1621 (j) Ensure that managing entities comply with state and
1622 federal laws, rules, regulations, and grant requirements.

1623 (k) Develop rules for the operations of, and the
1624 requirements that shall be met by, the managing entity, if

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1625 necessary.

1626 (l) Periodically review contract and reporting requirements
1627 and reduce costly, duplicative, and unnecessary administrative
1628 requirements.

1629 (4) CONTRACT WITH MANAGING ENTITIES.-

1630 (a) In contracting for services with managing entities
1631 under this section, the department shall first attempt to
1632 contract with not-for-profit, community-based organizations with
1633 competence in managing provider networks serving persons with
1634 mental health and substance use disorders to serve as managing
1635 entities.

1636 (b) The department shall issue an invitation to negotiate
1637 under s. 287.057 to select an organization to serve as a
1638 managing entity. If the department receives fewer than two
1639 responsive bids to the solicitation, the department shall
1640 reissue the solicitation and managed behavioral health
1641 organizations shall be eligible to bid and be awarded a
1642 contract.

1643 (c) If the managing entity is a not-for-profit, community-
1644 based organization, it must have a governing board that is
1645 representative. At a minimum, the governing board must include
1646 consumers and their family members; representatives of local
1647 government, area law enforcement agencies, health care
1648 facilities, and community-based care lead agencies; business
1649 leaders; and providers of substance abuse and mental health
1650 services as defined in this chapter and chapter 397.

1651 (d) If the managing entity is a managed behavioral health
1652 organization, it must establish an advisory board that meets the
1653 same requirements specified in paragraph (c) for a governing

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1654 board.

1655 (e) If the department issues an invitation to negotiate
1656 pursuant to paragraph (b), the department shall consider, at a
1657 minimum, the following factors:

1658 1. Experience serving persons with mental health and
1659 substance use disorders.

1660 2. Established community partnerships with behavioral
1661 health care providers.

1662 3. Demonstrated organizational capabilities for network
1663 management functions.

1664 4. Capability to coordinate behavioral health services with
1665 primary care services.

1666 5. Willingness to provide recovery-oriented services and
1667 systems of care and work collaboratively with persons with
1668 mental health and substance use disorders and their families in
1669 designing such systems and delivering such services.

1670 (f) The department's contracts with managing entities must
1671 support efficient and effective administration of the behavioral
1672 health system and ensure accountability for performance.

1673 (g) A contractor serving as a managing entity shall operate
1674 under the same data reporting, administrative, and
1675 administrative rate requirements, regardless of whether it is a
1676 for-profit or not-for-profit entity.

1677 (h) The contract must designate the geographic area that
1678 will be served by the managing entity, which area must be of
1679 sufficient size in population, funding, and services to allow
1680 for flexibility and efficiency.

1681 (i) The contract must require that, when there is a change
1682 in the managing entity in a geographic area, the managing entity

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1683 work with the department to develop and implement a transition
1684 plan that ensures continuity of care for patients receiving
1685 behavioral health services.

1686 (j) By June 30, 2019, if all other contract requirements
1687 and performance standards are met and the department determines
1688 that a managing entity under contract as of July 1, 2016, has
1689 received network accreditation pursuant to subsection (6), the
1690 department may continue its contract with the managing entity
1691 for up to, but not exceeding, 5 years, including any and all
1692 renewals and extensions. Thereafter, the department must issue a
1693 competitive solicitation pursuant to paragraph (b).

1694 (5) MANAGING ENTITY DUTIES.—A managing entity shall:

1695 (a) Maintain a governing board or, if a managed behavioral
1696 health organization, an advisory board as provided in paragraph
1697 (4) (c) or paragraph (4) (d), respectively.

1698 (b) Conduct a community behavioral health care needs
1699 assessment every 3 years in the geographic area served by the
1700 managing entity which identifies needs by subregion. The process
1701 for conducting the needs assessment shall include an opportunity
1702 for public participation. The assessment shall include, at a
1703 minimum, the information the department needs for its annual
1704 report to the Governor and Legislature pursuant to s. 394.4573.
1705 The managing entity shall provide the needs assessment to the
1706 department.

1707 (c) Determine the optimal array of services to meet the
1708 needs identified in the community behavioral health care needs
1709 assessment and expand the scope of services as resources become
1710 available.

1711 (d) Promote the development and effective implementation of

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1712 a coordinated system of care pursuant to s. 394.4573.

1713 (e) Provide assistance to counties to develop a designated
1714 receiving system pursuant to s. 394.4573 and a transportation
1715 plan pursuant to s. 394.462.

1716 (f) Develop strategies to divert persons with mental
1717 illness or substance use disorders from the criminal and
1718 juvenile justice systems in collaboration with the court system
1719 and the Department of Juvenile Justice and to integrate
1720 behavioral health services with the child welfare system.

1721 (g) Promote and support care coordination activities that
1722 will improve outcomes among individuals identified as priority
1723 populations pursuant to paragraph (3) (c).

1724 (h) Work independently and collaboratively with
1725 stakeholders to improve access to and effectiveness, quality,
1726 and outcomes of behavioral health services. This work may
1727 include, but is not limited to, facilitating the dissemination
1728 and use of evidence-informed practices.

1729 (i) Develop a comprehensive provider network of qualified
1730 providers to deliver behavioral health services. The managing
1731 entity is not required to competitively procure network
1732 providers but shall publicize opportunities to join the provider
1733 network and evaluate providers in the network to determine if
1734 they may remain in the network. The managing entity shall
1735 publish these processes on its website. The managing entity
1736 shall ensure continuity of care for clients if a provider ceases
1737 to provide a service or leaves the network.

1738 (j) As appropriate, develop resources by pursuing third-
1739 party payments for services, applying for grants, assisting
1740 providers in securing local matching funds and in-kind services,

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1741 and employing any other method needed to ensure that services
1742 are available and accessible.

1743 (k) Enter into cooperative agreements with local homeless
1744 councils and organizations for sharing information about
1745 clients, available resources, and other data or information for
1746 addressing the homelessness of persons suffering from a
1747 behavioral health crisis. All information sharing must comply
1748 with federal and state privacy and confidentiality laws,
1749 statutes, and regulations.

1750 (l) Work collaboratively with public receiving facilities
1751 and licensed housing providers to establish a network of
1752 licensed housing resources for mental health consumers that will
1753 prevent and reduce readmissions to public receiving facilities.

1754 (m) Monitor network providers' performance and their
1755 compliance with contract requirements and federal and state
1756 laws, rules, regulations, and grant requirements.

1757 (n) Manage and allocate funds for services to meet federal
1758 and state laws, rules, and regulations.

1759 (o) Promote coordination of behavioral health care with
1760 primary care.

1761 (p) Implement shared data systems necessary for the
1762 delivery of coordinated care and integrated services, the
1763 assessment of managing entity performance and provider
1764 performance, and the reporting of outcomes and costs of
1765 services.

1766 (q) Operate in a transparent manner, providing public
1767 access to information, notice of meetings, and opportunities for
1768 public participation in managing entity decisionmaking.

1769 (r) Establish and maintain effective relationships with

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1770 community stakeholders, including individuals served by the
1771 behavioral health system of care and their families, local
1772 governments, and other community organizations that meet the
1773 needs of individuals with mental illness or substance use
1774 disorders.

1775 (s) Collaborate with and encourage increased coordination
1776 between the provider network and other systems, programs, and
1777 entities, such as the child welfare system, law enforcement
1778 agencies, the criminal and juvenile justice systems, the
1779 Medicaid program, offices of the public defender, and offices of
1780 criminal conflict and civil regional counsel.

1781 1. Collaboration with the criminal and juvenile justice
1782 systems shall seek, at a minimum, to divert persons with mental
1783 illness, substance use disorders, or co-occurring conditions
1784 from these systems.

1785 2. Collaboration with the court system shall seek, at a
1786 minimum, to develop specific written procedures and agreements
1787 to maximize the use of involuntary outpatient services, reduce
1788 involuntary inpatient treatment, and increase diversion from the
1789 criminal and juvenile justice systems.

1790 3. Collaboration with the child welfare system shall seek,
1791 at a minimum, to provide effective and timely services to
1792 parents and caregivers involved in the child welfare system.

1793 (6) NETWORK ACCREDITATION AND SYSTEMS COORDINATION
1794 AGREEMENTS.—

1795 (a)1. The department shall identify acceptable
1796 accreditations which address coordination within a network and,
1797 if possible, between the network and major systems and programs
1798 with which the network interacts, such as the child welfare

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1799 system, the courts system, and the Medicaid program. In
1800 identifying acceptable accreditations, the department shall
1801 consider whether the accreditation facilitates integrated
1802 strategic planning, resource coordination, technology
1803 integration, performance measurement, and increased value to
1804 consumers through choice of and access to services, improved
1805 coordination of services, and effectiveness and efficiency of
1806 service delivery.

1807 2. All managing entities under contract with the state by
1808 July 1, 2016, shall earn accreditation deemed acceptable by the
1809 department pursuant to subparagraph 1. by June 30, 2019.

1810 Managing entities whose initial contract with the state is
1811 executed after July 1, 2016, shall earn network accreditation
1812 within 3 years after the contract execution date. Pursuant to
1813 paragraph (4) (j), the department may continue the contract of a
1814 managing entity under contract as of July 1, 2016, that earns
1815 the network accreditation within the required timeframe and
1816 maintains it throughout the contract term.

1817 (b) If no accreditations are available or deemed acceptable
1818 pursuant to paragraph (a) which address coordination between the
1819 provider network and major systems and programs with which the
1820 provider network interacts, each managing entity shall enter
1821 into memoranda of understanding which details mechanisms for
1822 communication and coordination. The managing entity shall enter
1823 into such memoranda with any community-based care lead agencies,
1824 circuit courts, county courts, sheriffs' offices, offices of the
1825 public defender, offices of criminal conflict and civil regional
1826 counsel, Medicaid managed medical assistance plans, and homeless
1827 coalitions in its service area. Each managing entity under

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1828 contract on July 1, 2016, shall enter into such memoranda by
1829 June 30, 2017, and each managing entity under contract after
1830 July 1, 2016, shall enter into such memoranda within 1 year
1831 after its contract execution date.

1832 (7) PERFORMANCE MEASUREMENT AND ACCOUNTABILITY.-Managing
1833 entities shall collect and submit data to the department
1834 regarding persons served, outcomes of persons served, costs of
1835 services provided through the department's contract, and other
1836 data as required by the department. The department shall
1837 evaluate managing entity performance and the overall progress
1838 made by the managing entity, together with other systems, in
1839 meeting the community's behavioral health needs, based on
1840 consumer-centered outcome measures that reflect national
1841 standards, if possible, that can be accurately measured. The
1842 department shall work with managing entities to establish
1843 performance standards, including, but not limited to:

1844 (a) The extent to which individuals in the community
1845 receive services, including, but not limited to, parents or
1846 caregivers involved in the child welfare system who need
1847 behavioral health services.

1848 (b) The improvement in the overall behavioral health of a
1849 community.

1850 (c) The improvement in functioning or progress in the
1851 recovery of individuals served by the managing entity, as
1852 determined using person-centered measures tailored to the
1853 population.

1854 (d) The success of strategies to:

1855 1. Divert admissions from acute levels of care, jails,
1856 prisons, and forensic facilities as measured by, at a minimum,

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1857 the total number and percentage of clients who, during a
1858 specified period, experience multiple admissions to acute levels
1859 of care, jails, prisons, or forensic facilities;

1860 2. Integrate behavioral health services with the child
1861 welfare system; and

1862 3. Address the housing needs of individuals being released
1863 from public receiving facilities who are homeless.

1864 (e) Consumer and family satisfaction.

1865 (f) The level of engagement of key community
1866 constituencies, such as law enforcement agencies, community-
1867 based care lead agencies, juvenile justice agencies, the courts,
1868 school districts, local government entities, hospitals, and
1869 other organizations, as appropriate, for the geographical
1870 service area of the managing entity.

1871 (8) ENHANCEMENT PLANS.—By September 1 of each year,
1872 beginning in 2017, each managing entity shall develop and submit
1873 to the department a description of strategies for enhancing
1874 services and addressing three to five priority needs in the
1875 service area. The planning process sponsored by the managing
1876 entity shall include consumers and their families, community-
1877 based care lead agencies, local governments, law enforcement
1878 agencies, service providers, community partners and other
1879 stakeholders. Each strategy must be described in detail and
1880 accompanied by an implementation plan that specifies action
1881 steps, identifies responsible parties, and delineates specific
1882 services that would be purchased, projected costs, the projected
1883 number of individuals that would be served, and the estimated
1884 benefits of the services. All or parts of these enhancement
1885 plans may be included in the department's annual budget requests

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1886 submitted to the Legislature.

1887 (9) FUNDING FOR MANAGING ENTITIES.—

1888 (a) A contract established between the department and a
1889 managing entity under this section shall be funded by general
1890 revenue, other applicable state funds, or applicable federal
1891 funding sources. A managing entity may carry forward documented
1892 unexpended state funds from one fiscal year to the next, but the
1893 cumulative amount carried forward may not exceed 8 percent of
1894 the annual amount of the contract. Any unexpended state funds in
1895 excess of that percentage shall be returned to the department.
1896 The funds carried forward may not be used in a way that would
1897 increase future recurring obligations or for any program or
1898 service that was not authorized under the existing contract with
1899 the department. Expenditures of funds carried forward shall be
1900 separately reported to the department. Any unexpended funds that
1901 remain at the end of the contract period shall be returned to
1902 the department. Funds carried forward may be retained through
1903 contract renewals and new contract procurements as long as the
1904 same managing entity is retained by the department.

1905 (b) The method of payment for a fixed-price contract with a
1906 managing entity shall provide for a 2-month advance payment at
1907 the beginning of each fiscal year and equal monthly payments
1908 thereafter.

1909 (10) ACUTE CARE SERVICES UTILIZATION DATABASE.—The
1910 department shall develop, implement, and maintain standards
1911 under which a managing entity shall collect utilization data
1912 from all public receiving facilities situated within its
1913 geographical service area and all detoxification and addictions
1914 receiving facilities under contract with the managing entity. As

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1915 used in this subsection, the term "public receiving facility"
1916 means an entity that meets the licensure requirements of, and is
1917 designated by, the department to operate as a public receiving
1918 facility under s. 394.875 and that is operating as a licensed
1919 crisis stabilization unit.

1920 (a) The department shall develop standards and protocols to
1921 be used for data collection, storage, transmittal, and analysis.
1922 The standards and protocols shall allow for compatibility of
1923 data and data transmittal between public receiving facilities,
1924 detoxification facilities, addictions receiving facilities,
1925 managing entities, and the department for the implementation,
1926 and to meet the requirements, of this subsection.

1927 (b) A managing entity shall require providers specified in
1928 paragraph (a) to submit data, in real time or at least daily, to
1929 the managing entity for:

1930 1. All admissions and discharges of clients receiving
1931 public receiving facility services who qualify as indigent, as
1932 defined in s. 394.4787.

1933 2. All admissions and discharges of clients receiving
1934 substance abuse services in an addictions receiving facility or
1935 detoxification facility pursuant to parts IV and V of chapter
1936 397 who qualify as indigent.

1937 3. The current active census of total licensed and utilized
1938 beds, the number of beds purchased by the department, the number
1939 of clients qualifying as indigent who occupy any of those beds,
1940 the total number of unoccupied licensed beds, regardless of
1941 funding, and the number in excess of licensed capacity. Crisis
1942 units licensed for both adult and child use will report as a
1943 single unit.

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1944 (c) A managing entity shall require providers specified in
1945 paragraph (a) to submit data, on a monthly basis, to the
1946 managing entity which aggregates the daily data submitted under
1947 paragraph (b). The managing entity shall reconcile the data in
1948 the monthly submission to the data received by the managing
1949 entity under paragraph (b) to check for consistency. If the
1950 monthly aggregate data submitted by a provider under this
1951 paragraph are inconsistent with the daily data submitted under
1952 paragraph (b), the managing entity shall consult with the
1953 provider to make corrections necessary to ensure accurate data.

1954 (d) A managing entity shall require providers specified in
1955 paragraph (a) within its provider network to submit data, on an
1956 annual basis, to the managing entity which aggregates the data
1957 submitted and reconciled under paragraph (c). The managing
1958 entity shall reconcile the data in the annual submission to the
1959 data received and reconciled by the managing entity under
1960 paragraph (c) to check for consistency. If the annual aggregate
1961 data submitted by a provider under this paragraph are
1962 inconsistent with the data received and reconciled under
1963 paragraph (c), the managing entity shall consult with the
1964 provider to make corrections necessary to ensure accurate data.

1965 (e) After ensuring the accuracy of data pursuant to
1966 paragraphs (c) and (d), the managing entity shall submit the
1967 data to the department on a monthly and an annual basis. The
1968 department shall create a statewide database for the data
1969 described under paragraph (b) and submitted under this paragraph
1970 for the purpose of analyzing the use of publicly funded crisis
1971 stabilization services and detoxification and addictions
1972 receiving services provided on a statewide and an individual

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1973 provider basis.

1974 Section 20. Subsections (4) through (9) of section 397.305,
1975 Florida Statutes, are renumbered as subsections (6) through (11),
1976 respectively, and new subsections (4) and (5) are added to that
1977 section, to read:

1978 397.305 Legislative findings, intent, and purpose.—

1979 (4) It is the intent of the Legislature that licensed,
1980 qualified health professionals be authorized to practice to the
1981 full extent of their education and training in the performance
1982 of professional functions necessary to carry out the intent of
1983 this chapter.

1984 (5) It is the intent of the Legislature to establish
1985 expectations that services provided to persons in this state use
1986 the coordination-of-care principles characteristic of recovery-
1987 oriented services and include social support services, such as
1988 housing support, life skills and vocational training, and
1989 employment assistance necessary for persons who have substance
1990 use disorders or co-occurring substance use and mental health
1991 disorders to live successfully in their communities.

1992 Section 21. Present subsection (19) of section 391.311,
1993 Florida Statutes, is redesignated as subsection (20), present
1994 subsections (20) through (45) of that section are redesignated
1995 as subsections (23) through (48), respectively, new subsections
1996 (19), (21), and (22) are added to that section, and present
1997 subsections (30) and (38) of that section are amended, to read:

1998 397.311 Definitions.—As used in this chapter, except part
1999 VIII, the term:

2000 (19) "Incompetent to consent to treatment" means a state in
2001 which a person's judgment is so affected by a substance abuse

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2002 impairment that he or she lacks the capacity to make a well-
2003 reasoned, willful, and knowing decision concerning his or her
2004 medical health, mental health, or substance abuse treatment.

2005 (21) "Informed consent" means consent voluntarily given in
2006 writing by a competent person after sufficient explanation and
2007 disclosure of the subject matter involved to enable the person
2008 to make a knowing and willful decision without any element of
2009 force, fraud, deceit, duress, or other form of constraint or
2010 coercion.

2011 (22) "Involuntary services" means an array of behavioral
2012 health services that may be ordered by the court for persons
2013 with substance abuse impairment or co-occurring substance abuse
2014 impairment and mental health disorders.

2015 (33)~~(30)~~ "Qualified professional" means a physician or a
2016 physician assistant licensed under chapter 458 or chapter 459; a
2017 professional licensed under chapter 490 or chapter 491; an
2018 advanced registered nurse practitioner ~~having a specialty in~~
2019 ~~psychiatry~~ licensed under part I of chapter 464; or a person who
2020 is certified through a department-recognized certification
2021 process for substance abuse treatment services and who holds, at
2022 a minimum, a bachelor's degree. A person who is certified in
2023 substance abuse treatment services by a state-recognized
2024 certification process in another state at the time of employment
2025 with a licensed substance abuse provider in this state may
2026 perform the functions of a qualified professional as defined in
2027 this chapter but must meet certification requirements contained
2028 in this subsection no later than 1 year after his or her date of
2029 employment.

2030 (41)~~(38)~~ "Service component" or "component" means a

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2031 discrete operational entity within a service provider which is
2032 subject to licensing as defined by rule. Service components
2033 include prevention, intervention, and clinical treatment
2034 described in subsection (25) ~~(22)~~.

2035 Section 22. Subsections (16) through (20) of section
2036 397.321, Florida Statutes, are renumbered as subsections (15)
2037 through (19), respectively, present subsection (15) is amended,
2038 and a new subsection (20) is added to that section, to read:

2039 397.321 Duties of the department.—The department shall:

2040 ~~(15) Appoint a substance abuse impairment coordinator to~~
2041 ~~represent the department in efforts initiated by the statewide~~
2042 ~~substance abuse impairment prevention and treatment coordinator~~
2043 ~~established in s. 397.801 and to assist the statewide~~
2044 ~~coordinator in fulfilling the responsibilities of that position.~~

2045 (20) Develop and prominently display on its website all
2046 forms necessary for the implementation and administration of
2047 parts IV and V of this chapter. These forms shall include, but
2048 are not limited to, a petition for involuntary admission form
2049 and all related pleading forms, and a form to be used by law
2050 enforcement agencies pursuant to s. 397.6772. The department
2051 shall notify law enforcement agencies, the courts, and other
2052 state agencies of the existence and availability of such forms.

2053 Section 23. Section 397.675, Florida Statutes, is amended
2054 to read:

2055 397.675 Criteria for involuntary admissions, including
2056 protective custody, emergency admission, and other involuntary
2057 assessment, involuntary treatment, and alternative involuntary
2058 assessment for minors, for purposes of assessment and
2059 stabilization, and for involuntary treatment.—A person meets the

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2060 criteria for involuntary admission if there is good faith reason
2061 to believe that the person is substance abuse impaired or has a
2062 co-occurring mental health disorder and, because of such
2063 impairment or disorder:

2064 (1) Has lost the power of self-control with respect to
2065 substance abuse use; and ~~either~~

2066 (2) (a) ~~Has inflicted, or threatened or attempted to~~
2067 ~~inflict, or unless admitted is likely to inflict, physical harm~~
2068 ~~on himself or herself or another; or~~

2069 ~~(b)~~ Is in need of substance abuse services and, by reason
2070 of substance abuse impairment, his or her judgment has been so
2071 impaired that he or she ~~the person~~ is incapable of appreciating
2072 his or her need for such services and of making a rational
2073 decision in that regard, although ~~thereto; however,~~ mere refusal
2074 to receive such services does not constitute evidence of lack of
2075 judgment with respect to his or her need for such services; or

2076 (b) Without care or treatment, is likely to suffer from
2077 neglect or refuse to care for himself or herself; that such
2078 neglect or refusal poses a real and present threat of
2079 substantial harm to his or her well-being; and that it is not
2080 apparent that such harm may be avoided through the help of
2081 willing family members or friends or the provision of other
2082 services, or there is substantial likelihood that the person has
2083 inflicted, or threatened to or attempted to inflict, or, unless
2084 admitted, is likely to inflict, physical harm on himself,
2085 herself, or another.

2086 Section 24. Subsection (1) of section 397.6772, Florida
2087 Statutes, is amended to read:

2088 397.6772 Protective custody without consent.—

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2089 (1) If a person in circumstances which justify protective
2090 custody as described in s. 397.677 fails or refuses to consent
2091 to assistance and a law enforcement officer has determined that
2092 a hospital or a licensed detoxification or addictions receiving
2093 facility is the most appropriate place for the person, the
2094 officer may, after giving due consideration to the expressed
2095 wishes of the person:

2096 (a) Take the person to a hospital or to a licensed
2097 detoxification or addictions receiving facility against the
2098 person's will but without using unreasonable force. The officer
2099 shall use the standard form developed by the department pursuant
2100 to s. 397.321 to execute a written report detailing the
2101 circumstances under which the person was taken into custody. The
2102 written report shall be included in the patient's clinical
2103 record; or

2104 (b) In the case of an adult, detain the person for his or
2105 her own protection in any municipal or county jail or other
2106 appropriate detention facility.

2107
2108 Such detention is not to be considered an arrest for any
2109 purpose, and no entry or other record may be made to indicate
2110 that the person has been detained or charged with any crime. The
2111 officer in charge of the detention facility must notify the
2112 nearest appropriate licensed service provider within the first 8
2113 hours after detention that the person has been detained. It is
2114 the duty of the detention facility to arrange, as necessary, for
2115 transportation of the person to an appropriate licensed service
2116 provider with an available bed. Persons taken into protective
2117 custody must be assessed by the attending physician within the

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2118 72-hour period and without unnecessary delay, to determine the
2119 need for further services.

2120 Section 25. Paragraph (a) of subsection (1) of section
2121 397.6773, Florida Statutes, is amended to read:

2122 397.6773 Dispositional alternatives after protective
2123 custody.—

2124 (1) An individual who is in protective custody must be
2125 released by a qualified professional when:

2126 (a) The individual no longer meets the involuntary
2127 admission criteria in s. 397.675 ~~397.675(1)~~;

2128 Section 26. Section 397.679, Florida Statutes, is amended
2129 to read:

2130 397.679 Emergency admission; circumstances justifying.—A
2131 person who meets the criteria for involuntary admission in s.
2132 397.675 may be admitted to a hospital or to a licensed
2133 detoxification facility or addictions receiving facility for
2134 emergency assessment and stabilization, or to a less intensive
2135 component of a licensed service provider for assessment only,
2136 upon receipt by the facility of a the physician's certificate by
2137 a physician, an advanced registered nurse practitioner, a
2138 psychiatric nurse, a clinical psychologist, a clinical social
2139 worker, a marriage and family therapist, a mental health
2140 counselor, a physician assistant working under the scope of
2141 practice of the supervising physician, or a master's-level-
2142 certified addictions professional for substance abuse services,
2143 if the certificate is specific to substance abuse impairment,
2144 and the completion of an application for emergency admission.

2145 Section 27. Section 397.6791, Florida Statutes, is amended
2146 to read:

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2147 397.6791 Emergency admission; persons who may initiate.—The
2148 following persons may request a certificate for an emergency
2149 assessment or admission:

2150 (1) In the case of an adult, any professional who may issue
2151 a professional certificate pursuant to s. 397.6793 ~~the~~
2152 ~~certifying physician~~, the person's spouse or legal guardian, any
2153 relative of the person, or any other responsible adult who has
2154 personal knowledge of the person's substance abuse impairment.

2155 (2) In the case of a minor, the minor's parent, legal
2156 guardian, or legal custodian.

2157 Section 28. Section 397.6793, Florida Statutes, is amended
2158 to read:

2159 397.6793 Professional's Physician's certificate for
2160 emergency admission.—

2161 (1) A physician, a clinical psychologist, a physician
2162 assistant working under the scope of practice of the supervising
2163 physician, a psychiatric nurse, an advanced registered nurse
2164 practitioner, a mental health counselor, a marriage and family
2165 therapist, a master's-level-certified addictions professional
2166 for substance abuse services, or a clinical social worker may
2167 execute a professional's certificate for emergency admission.

2168 The professional's ~~physician's~~ certificate must include the name
2169 of the person to be admitted, the relationship between the
2170 person and the professional executing the certificate ~~physician~~,
2171 the relationship between the applicant and the professional
2172 ~~physician~~, any relationship between the professional ~~physician~~
2173 and the licensed service provider, ~~and~~ a statement that the
2174 person has been examined and assessed within the preceding 5
2175 days after ~~of~~ the application date, and ~~must include~~ factual

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2176 allegations with respect to the need for emergency admission,
2177 including:

2178 (a) The reason for the ~~physician's~~ belief that the person
2179 is substance abuse impaired; ~~and~~

2180 (b) The reason for the ~~physician's~~ belief that because of
2181 such impairment the person has lost the power of self-control
2182 with respect to substance abuse; and ~~either~~

2183 (c)1. The reason for the belief ~~physician believes that,~~
2184 without care or treatment, the person is likely to suffer from
2185 neglect or refuse to care for himself or herself; that such
2186 neglect or refusal poses a real and present threat of
2187 substantial harm to his or her well-being; and that it is not
2188 apparent that such harm may be avoided through the help of
2189 willing family members or friends or the provision of other
2190 services, or there is substantial likelihood that the person has
2191 inflicted or, unless admitted, is likely to inflict, physical
2192 harm on himself, ~~or~~ herself, or another ~~others unless admitted;~~
2193 or

2194 2. The reason for the belief ~~physician believes that the~~
2195 person's refusal to voluntarily receive care is based on
2196 judgment so impaired by reason of substance abuse that the
2197 person is incapable of appreciating his or her need for care and
2198 of making a rational decision regarding his or her need for
2199 care.

2200 (2) The professional's ~~physician's~~ certificate must
2201 recommend the least restrictive type of service that is
2202 appropriate for the person. The certificate must be signed by
2203 the professional ~~physician~~. If other less restrictive means are
2204 not available, such as voluntary appearance for outpatient

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2205 evaluation, a law enforcement officer shall take the person
2206 named in the certificate into custody and deliver him or her to
2207 the appropriate facility for involuntary assessment and
2208 stabilization.

2209 (3) A signed copy of the professional's ~~physician's~~
2210 certificate shall accompany the person, and shall be made a part
2211 of the person's clinical record, together with a signed copy of
2212 the application. The application and the professional's
2213 ~~physician's~~ certificate authorize the involuntary admission of
2214 the person pursuant to, and subject to the provisions of, ss.
2215 397.679-397.6797.

2216 (4) The professional's certificate is valid for 7 days
2217 after issuance.

2218 (5) The professional's ~~physician's~~ certificate must
2219 indicate whether the person requires transportation assistance
2220 for delivery for emergency admission and specify, pursuant to s.
2221 397.6795, the type of transportation assistance necessary.

2222 Section 29. Section 397.6795, Florida Statutes, is amended
2223 to read:

2224 397.6795 Transportation-assisted delivery of persons for
2225 emergency assessment.—An applicant for a person's emergency
2226 admission, ~~or~~ the person's spouse or guardian, or a law
2227 enforcement officer, ~~or a health officer~~ may deliver a person
2228 named in the professional's ~~physician's~~ certificate for
2229 emergency admission to a hospital or a licensed detoxification
2230 facility or addictions receiving facility for emergency
2231 assessment and stabilization.

2232 Section 30. Subsection (1) of section 397.681, Florida
2233 Statutes, is amended to read:

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2234 397.681 Involuntary petitions; general provisions; court
2235 jurisdiction and right to counsel.—

2236 (1) JURISDICTION.—The courts have jurisdiction of
2237 involuntary assessment and stabilization petitions and
2238 involuntary treatment petitions for substance abuse impaired
2239 persons, and such petitions must be filed with the clerk of the
2240 court in the county where the person is located. The clerk of
2241 the court may not charge a fee for the filing of a petition
2242 under this section. The chief judge may appoint a general or
2243 special magistrate to preside over all or part of the
2244 proceedings. The alleged impaired person is named as the
2245 respondent.

2246 Section 31. Subsection (1) of section 397.6811, Florida
2247 Statutes, is amended to read:

2248 397.6811 Involuntary assessment and stabilization.—A person
2249 determined by the court to appear to meet the criteria for
2250 involuntary admission under s. 397.675 may be admitted for a
2251 period of 5 days to a hospital or to a licensed detoxification
2252 facility or addictions receiving facility, for involuntary
2253 assessment and stabilization or to a less restrictive component
2254 of a licensed service provider for assessment only upon entry of
2255 a court order or upon receipt by the licensed service provider
2256 of a petition. Involuntary assessment and stabilization may be
2257 initiated by the submission of a petition to the court.

2258 (1) If the person upon whose behalf the petition is being
2259 filed is an adult, a petition for involuntary assessment and
2260 stabilization may be filed by the respondent's spouse or legal
2261 guardian, any relative, a private practitioner, the director of
2262 a licensed service provider or the director's designee, or an

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2263 adult ~~any three adults~~ who has direct ~~have~~ personal knowledge of
2264 the respondent's substance abuse impairment.

2265 Section 32. Section 397.6814, Florida Statutes, is amended
2266 to read:

2267 397.6814 Involuntary assessment and stabilization; contents
2268 of petition.—A petition for involuntary assessment and
2269 stabilization must contain the name of the respondent,+ the name
2270 of the applicant or applicants,+ the relationship between the
2271 respondent and the applicant,+ and~~+~~ the name of the respondent's
2272 attorney, if known, ~~and a statement of the respondent's ability~~
2273 ~~to afford an attorney;~~ and must state facts to support the need
2274 for involuntary assessment and stabilization, including:

2275 (1) The reason for the petitioner's belief that the
2276 respondent is substance abuse impaired; ~~and~~

2277 (2) The reason for the petitioner's belief that because of
2278 such impairment the respondent has lost the power of self-
2279 control with respect to substance abuse; and ~~either~~

2280 (3) (a) The reason the petitioner believes that the
2281 respondent has inflicted or is likely to inflict physical harm
2282 on himself or herself or others unless admitted; or

2283 (b) The reason the petitioner believes that the
2284 respondent's refusal to voluntarily receive care is based on
2285 judgment so impaired by reason of substance abuse that the
2286 respondent is incapable of appreciating his or her need for care
2287 and of making a rational decision regarding that need for care.
2288 If the respondent has refused to submit to an assessment, such
2289 refusal must be alleged in the petition.

2290
2291 A fee may not be charged for the filing of a petition pursuant

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2292 to this section.

2293 Section 33. Subsection (4) is added to section 397.6818,
2294 Florida Statutes, to read:

2295 397.6818 Court determination.—At the hearing initiated in
2296 accordance with s. 397.6811(1), the court shall hear all
2297 relevant testimony. The respondent must be present unless the
2298 court has reason to believe that his or her presence is likely
2299 to be injurious to him or her, in which event the court shall
2300 appoint a guardian advocate to represent the respondent. The
2301 respondent has the right to examination by a court-appointed
2302 qualified professional. After hearing all the evidence, the
2303 court shall determine whether there is a reasonable basis to
2304 believe the respondent meets the involuntary admission criteria
2305 of s. 397.675.

2306 (4) The order is valid only for the period specified in the
2307 order or, if a period is not specified, for 7 days after the
2308 order is signed.

2309 Section 34. Section 397.6819, Florida Statutes, is amended
2310 to read:

2311 397.6819 Involuntary assessment and stabilization;
2312 responsibility of licensed service provider.—A licensed service
2313 provider may admit an individual for involuntary assessment and
2314 stabilization for a period not to exceed 5 days unless a
2315 petition for involuntary services has been initiated and the
2316 individual is being retained pursuant to s. 397.6822(3) or a
2317 request for an extension of time has been filed with the court
2318 pursuant to s. 397.6821. The assessment of the individual must
2319 occur within 72 hours ~~be assessed without unnecessary delay~~ by a
2320 qualified professional. If an assessment is performed by a

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2321 qualified professional who is not a physician, the assessment
2322 must be reviewed by a physician before the end of the assessment
2323 period.

2324 Section 35. Section 397.695, Florida Statutes, is amended
2325 to read:

2326 397.695 Involuntary services ~~treatment~~; persons who may
2327 petition.—

2328 (1) If the respondent is an adult, a petition for
2329 involuntary services ~~treatment~~ may be filed by the respondent's
2330 spouse or legal guardian, any relative, a service provider, or
2331 an adult ~~any three adults~~ who has direct ~~have~~ personal knowledge
2332 of the respondent's substance abuse impairment and his or her
2333 prior course of assessment and treatment.

2334 (2) If the respondent is a minor, a petition for
2335 involuntary treatment may be filed by a parent, legal guardian,
2336 or service provider.

2337 Section 36. Section 397.6951, Florida Statutes, is amended
2338 to read:

2339 397.6951 Contents of petition for involuntary services
2340 ~~treatment~~.—A petition for involuntary services ~~treatment~~ must
2341 contain the name of the respondent ~~to be admitted~~; the name of
2342 the petitioner or petitioners; the relationship between the
2343 respondent and the petitioner; the name of the respondent's
2344 attorney, if known, ~~and a statement of the petitioner's~~
2345 ~~knowledge of the respondent's ability to afford an attorney~~; the
2346 findings and recommendations of the assessment performed by the
2347 qualified professional; and the factual allegations presented by
2348 the petitioner establishing the need for involuntary outpatient
2349 services. The factual allegations must demonstrate ~~treatment~~,

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2350 including:

2351 (1) The reason for the petitioner's belief that the
2352 respondent is substance abuse impaired; ~~and~~

2353 (2) The reason for the petitioner's belief that because of
2354 such impairment the respondent has lost the power of self-
2355 control with respect to substance abuse; and ~~either~~

2356 (3) (a) The reason the petitioner believes that the
2357 respondent has inflicted or is likely to inflict physical harm
2358 on himself or herself or others unless the court orders the
2359 involuntary services ~~admitted~~; or

2360 (b) The reason the petitioner believes that the
2361 respondent's refusal to voluntarily receive care is based on
2362 judgment so impaired by reason of substance abuse that the
2363 respondent is incapable of appreciating his or her need for care
2364 and of making a rational decision regarding that need for care.

2365 Section 37. Section 397.6955, Florida Statutes, is amended
2366 to read:

2367 397.6955 Duties of court upon filing of petition for
2368 involuntary services ~~treatment~~.—

2369 (1) Upon the filing of a petition for ~~the~~ involuntary
2370 services for ~~treatment~~ of a substance abuse impaired person with
2371 the clerk of the court, the court shall immediately determine
2372 whether the respondent is represented by an attorney or whether
2373 the appointment of counsel for the respondent is appropriate. If
2374 the court appoints counsel for the person, the clerk of the
2375 court shall immediately notify the office of criminal conflict
2376 and civil regional counsel, created pursuant to s. 27.511, of
2377 the appointment. The office of criminal conflict and civil
2378 regional counsel shall represent the person until the petition

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2379 is dismissed, the court order expires, or the person is
2380 discharged from involuntary services. An attorney that
2381 represents the person named in the petition shall have access to
2382 the person, witnesses, and records relevant to the presentation
2383 of the person's case and shall represent the interests of the
2384 person, regardless of the source of payment to the attorney.

2385 (2) The court shall schedule a hearing to be held on the
2386 petition within 5 ~~10~~ days unless a continuance is granted. The
2387 court may appoint a magistrate to preside at the hearing.

2388 (3) A copy of the petition and notice of the hearing must
2389 be provided to the respondent; the respondent's parent,
2390 guardian, or legal custodian, in the case of a minor; the
2391 respondent's attorney, if known; the petitioner; the
2392 respondent's spouse or guardian, if applicable; and such other
2393 persons as the court may direct. If the respondent is a minor, a
2394 copy of the petition and notice of the hearing must be and have
2395 ~~such petition and order~~ personally delivered to the respondent
2396 ~~if he or she is a minor.~~ The court shall also issue a summons to
2397 the person whose admission is sought.

2398 Section 38. Section 397.6957, Florida Statutes, is amended
2399 to read:

2400 397.6957 Hearing on petition for involuntary services
2401 ~~treatment.~~

2402 (1) At a hearing on a petition for involuntary services
2403 ~~treatment~~, the court shall hear and review all relevant
2404 evidence, including the review of results of the assessment
2405 completed by the qualified professional in connection with the
2406 respondent's protective custody, emergency admission,
2407 involuntary assessment, or alternative involuntary admission.

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2408 The respondent must be present unless the court finds that his
2409 or her presence is likely to be injurious to himself or herself
2410 or others, in which event the court must appoint a guardian
2411 advocate to act in behalf of the respondent throughout the
2412 proceedings.

2413 (2) The petitioner has the burden of proving by clear and
2414 convincing evidence that:

2415 (a) The respondent is substance abuse impaired and has a
2416 history of lack of compliance with treatment for substance
2417 abuse; and

2418 (b) Because of such impairment the respondent is unlikely
2419 to voluntarily participate in the recommended services or is
2420 unable to determine for himself or herself whether services are
2421 necessary ~~the respondent has lost the power of self-control with~~
2422 ~~respect to substance abuse;~~ and: either

2423 1. Without services, the respondent is likely to suffer
2424 from neglect or refuse to care for himself or herself; that such
2425 neglect or refusal poses a real and present threat of
2426 substantial harm to his or her well-being; and that there is a
2427 substantial likelihood that without services the respondent will
2428 cause serious bodily harm to himself, herself, or another in the
2429 near future, as evidenced by recent behavior ~~The respondent has~~
2430 ~~inflicted or is likely to inflict physical harm on himself or~~
2431 ~~herself or others unless admitted; or~~

2432 2. The respondent's refusal to voluntarily receive care is
2433 based on judgment so impaired by reason of substance abuse that
2434 the respondent is incapable of appreciating his or her need for
2435 care and of making a rational decision regarding that need for
2436 care.

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2437 (3) One of the qualified professionals who executed the
2438 involuntary services certificate must be a witness. The court
2439 shall allow testimony from individuals, including family
2440 members, deemed by the court to be relevant under state law,
2441 regarding the respondent's prior history and how that prior
2442 history relates to the person's current condition. The testimony
2443 in the hearing must be under oath, and the proceedings must be
2444 recorded. The patient may refuse to testify at the hearing.

2445 ~~(4)(3)~~ At the conclusion of the hearing the court shall
2446 either dismiss the petition or order the respondent to receive
2447 ~~undergo~~ involuntary services from his or her substance abuse
2448 ~~treatment, with the respondent's~~ chosen licensed service
2449 provider ~~if to deliver the involuntary substance abuse treatment~~
2450 ~~where possible and appropriate.~~

2451 Section 39. Section 397.697, Florida Statutes, is amended
2452 to read:

2453 397.697 Court determination; effect of court order for
2454 involuntary services ~~substance abuse treatment.~~-

2455 (1) When the court finds that the conditions for
2456 involuntary services ~~substance abuse treatment~~ have been proved
2457 by clear and convincing evidence, it may order the respondent to
2458 receive ~~undergo~~ involuntary services from ~~treatment by a~~
2459 publicly funded licensed service provider for a period not to
2460 exceed 90 ~~60~~ days. The court may also order a respondent to
2461 undergo treatment through a privately funded licensed service
2462 provider if the respondent has the ability to pay for the
2463 treatment, or if any person on the respondent's behalf
2464 voluntarily demonstrates a willingness and an ability to pay for
2465 the treatment. If the court finds it necessary, it may direct

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2466 the sheriff to take the respondent into custody and deliver him
2467 or her to the licensed service provider specified in the court
2468 order, or to the nearest appropriate licensed service provider,
2469 for involuntary services ~~treatment~~. When the conditions
2470 justifying involuntary services ~~treatment~~ no longer exist, the
2471 individual must be released as provided in s. 397.6971. When the
2472 conditions justifying involuntary services ~~treatment~~ are
2473 expected to exist after 90 ~~60~~ days of services ~~treatment~~, a
2474 renewal of the involuntary services ~~treatment~~ order may be
2475 requested pursuant to s. 397.6975 before ~~prior to~~ the end of the
2476 90-day ~~60-day~~ period.

2477 (2) In all cases resulting in an order for involuntary
2478 services ~~substance abuse treatment~~, the court shall retain
2479 jurisdiction over the case and the parties for the entry of such
2480 further orders as the circumstances may require. The court's
2481 requirements for notification of proposed release must be
2482 included in the original ~~treatment~~ order.

2483 (3) An involuntary services ~~treatment~~ order authorizes the
2484 licensed service provider to require the individual to receive
2485 services that ~~undergo such treatment as~~ will benefit him or her,
2486 including services ~~treatment~~ at any licensable service component
2487 of a licensed service provider.

2488 (4) If the court orders involuntary services, a copy of the
2489 order must be sent to the managing entity within 1 working day
2490 after it is received from the court. Documents may be submitted
2491 electronically through existing data systems, if applicable.

2492 Section 40. Section 397.6971, Florida Statutes, is amended
2493 to read:

2494 397.6971 Early release from involuntary services ~~substance~~

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2495 ~~abuse treatment.~~

2496 (1) At any time before ~~prior to~~ the end of the 90-day ~~60-~~
2497 ~~day~~ involuntary services ~~treatment~~ period, or before ~~prior to~~
2498 the end of any extension granted pursuant to s. 397.6975, an
2499 individual receiving ~~admitted for~~ involuntary services ~~treatment~~
2500 may be determined eligible for discharge to the most appropriate
2501 referral or disposition for the individual when any of the
2502 following apply:

2503 (a) The individual no longer meets the criteria for
2504 involuntary admission and has given his or her informed consent
2505 to be transferred to voluntary treatment status. ~~†~~

2506 (b) If the individual was admitted on the grounds of
2507 likelihood of infliction of physical harm upon himself or
2508 herself or others, such likelihood no longer exists. ~~† or~~

2509 (c) If the individual was admitted on the grounds of need
2510 for assessment and stabilization or treatment, accompanied by
2511 inability to make a determination respecting such need, ~~either~~:

2512 1. Such inability no longer exists; or

2513 2. It is evident that further treatment will not bring
2514 about further significant improvements in the individual's
2515 condition. ~~†~~

2516 (d) The individual is no longer in need of services. ~~† or~~

2517 (e) The director of the service provider determines that
2518 the individual is beyond the safe management capabilities of the
2519 provider.

2520 (2) Whenever a qualified professional determines that an
2521 individual admitted for involuntary services ~~qualifies~~ ~~treatment~~
2522 ~~is ready~~ for early release under ~~for any of the reasons listed~~
2523 ~~in~~ subsection (1), the service provider shall immediately

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2524 discharge the individual, and must notify all persons specified
2525 by the court in the original treatment order.

2526 Section 41. Section 397.6975, Florida Statutes, is amended
2527 to read:

2528 397.6975 Extension of involuntary services ~~substance abuse~~
2529 ~~treatment~~ period.—

2530 (1) Whenever a service provider believes that an individual
2531 who is nearing the scheduled date of his or her release from
2532 involuntary services ~~treatment~~ continues to meet the criteria
2533 for involuntary services ~~treatment~~ in s. 397.693, a petition for
2534 renewal of the involuntary services ~~treatment~~ order may be filed
2535 with the court at least 10 days before the expiration of the
2536 court-ordered services ~~treatment~~ period. The court shall
2537 immediately schedule a hearing to be held not more than 15 days
2538 after filing of the petition. The court shall provide the copy
2539 of the petition for renewal and the notice of the hearing to all
2540 parties to the proceeding. The hearing is conducted pursuant to
2541 s. 397.6957.

2542 (2) If the court finds that the petition for renewal of the
2543 involuntary services ~~treatment~~ order should be granted, it may
2544 order the respondent to receive ~~undergo~~ involuntary services
2545 ~~treatment~~ for a period not to exceed an additional 90 days. When
2546 the conditions justifying involuntary services ~~treatment~~ no
2547 longer exist, the individual must be released as provided in s.
2548 397.6971. When the conditions justifying involuntary services
2549 ~~treatment~~ continue to exist after an additional 90 days of
2550 service ~~additional treatment~~, a new petition requesting renewal
2551 of the involuntary services ~~treatment~~ order may be filed
2552 pursuant to this section.

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2553 (3) Within 1 court working day after the filing of a
2554 petition for continued involuntary services, the court shall
2555 appoint the office of criminal conflict and civil regional
2556 counsel to represent the respondent, unless the respondent is
2557 otherwise represented by counsel. The clerk of the court shall
2558 immediately notify the office of criminal conflict and civil
2559 regional counsel of such appointment. The office of criminal
2560 conflict and civil regional counsel shall represent the
2561 respondent until the petition is dismissed or the court order
2562 expires or the respondent is discharged from involuntary
2563 services. Any attorney representing the respondent shall have
2564 access to the respondent, witnesses, and records relevant to the
2565 presentation of the respondent's case and shall represent the
2566 interests of the respondent, regardless of the source of payment
2567 to the attorney.

2568 (4) Hearings on petitions for continued involuntary
2569 services shall be before the circuit court. The court may
2570 appoint a magistrate to preside at the hearing. The procedures
2571 for obtaining an order pursuant to this section shall be in
2572 accordance with s. 397.697.

2573 (5) Notice of hearing shall be provided to the respondent
2574 or his or her counsel. The respondent and the respondent's
2575 counsel may agree to a period of continued involuntary services
2576 without a court hearing.

2577 (6) The same procedure shall be repeated before the
2578 expiration of each additional period of involuntary services.

2579 (7) If the respondent has previously been found incompetent
2580 to consent to treatment, the court shall consider testimony and
2581 evidence regarding the respondent's competence.

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2582 Section 42. Section 397.6977, Florida Statutes, is amended
2583 to read:

2584 397.6977 Disposition of individual upon completion of
2585 involuntary services ~~substance abuse treatment~~.—At the
2586 conclusion of the 90-day ~~60-day~~ period of court-ordered
2587 involuntary services ~~treatment~~, the respondent ~~individual~~ is
2588 automatically discharged unless a motion for renewal of the
2589 involuntary services ~~treatment~~ order has been filed with the
2590 court pursuant to s. 397.6975.

2591 Section 43. Section 397.6978, Florida Statutes, is created
2592 to read:

2593 397.6978 Guardian advocate; patient incompetent to consent;
2594 substance abuse disorder.—

2595 (1) The administrator of a receiving facility or an
2596 addictions receiving facility may petition the court for the
2597 appointment of a guardian advocate based upon the opinion of a
2598 qualified professional that the patient is incompetent to
2599 consent to treatment. If the court finds that a patient is
2600 incompetent to consent to treatment and has not been adjudicated
2601 incapacitated and that a guardian with the authority to consent
2602 to substance abuse treatment has not been appointed, it may
2603 appoint a guardian advocate. The patient has the right to have
2604 an attorney represent him or her at the hearing. If the person
2605 is indigent, the court shall appoint the office of criminal
2606 conflict and civil regional counsel to represent him or her at
2607 the hearing. The patient has the right to testify, cross-examine
2608 witnesses, and present witnesses. The proceeding shall be
2609 recorded electronically or stenographically, and testimony must
2610 be provided under oath. One of the qualified professionals

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2611 authorized to give an opinion in support of a petition for
2612 involuntary services, as described in s. 397.693, must testify.
2613 A guardian advocate must meet the qualifications of a guardian
2614 contained in part IV of chapter 744. The person who is appointed
2615 as a guardian advocate must agree to the appointment.

2616 (2) The following persons are prohibited from appointment
2617 as a patient's guardian advocate:

2618 (a) A professional providing clinical services to the
2619 individual under this part.

2620 (b) The qualified professional who initiated the
2621 involuntary examination of the individual, if the examination
2622 was initiated by a qualified professional's certificate.

2623 (c) An employee, an administrator, or a board member of the
2624 facility providing the examination of the individual.

2625 (d) An employee, an administrator, or a board member of the
2626 treatment facility providing treatment of the individual.

2627 (e) A person providing any substantial professional
2628 services, excluding public guardians or professional guardians,
2629 to the individual, including clinical services.

2630 (f) A creditor of the individual.

2631 (g) A person subject to an injunction for protection
2632 against domestic violence under s. 741.30, whether the order of
2633 injunction is temporary or final, and for which the individual
2634 was the petitioner.

2635 (h) A person subject to an injunction for protection
2636 against repeat violence, stalking, sexual violence, or dating
2637 violence under s. 784.046, whether the order of injunction is
2638 temporary or final, and for which the individual was the
2639 petitioner.

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2640 (3) A facility requesting appointment of a guardian
2641 advocate must, before the appointment, provide the prospective
2642 guardian advocate with information about the duties and
2643 responsibilities of guardian advocates, including information
2644 about the ethics of medical decisionmaking. Before asking a
2645 guardian advocate to give consent to treatment for a patient,
2646 the facility must provide to the guardian advocate sufficient
2647 information so that the guardian advocate can decide whether to
2648 give express and informed consent to the treatment. Such
2649 information must include information that demonstrates that the
2650 treatment is essential to the care of the patient and does not
2651 present an unreasonable risk of serious, hazardous, or
2652 irreversible side effects. If possible, before giving consent to
2653 treatment, the guardian advocate must personally meet and talk
2654 with the patient and the patient's physician. If that is not
2655 possible, the discussion may be conducted by telephone. The
2656 decision of the guardian advocate may be reviewed by the court,
2657 upon petition of the patient's attorney, the patient's family,
2658 or the facility administrator.

2659 (4) In lieu of the training required for guardians
2660 appointed pursuant to chapter 744, a guardian advocate shall
2661 attend at least a 4-hour training course approved by the court
2662 before exercising his or her authority. At a minimum, the
2663 training course must include information about patient rights,
2664 the diagnosis of substance abuse disorders, the ethics of
2665 medical decisionmaking, and the duties of guardian advocates.

2666 (5) The required training course and the information to be
2667 supplied to prospective guardian advocates before their
2668 appointment must be developed by the department, approved by the

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2669 chief judge of the circuit court, and taught by a court-approved
2670 organization, which may include, but need not be limited to, a
2671 community college, a guardianship organization, a local bar
2672 association, or The Florida Bar. The training course may be web-
2673 based, provided in video format, or provided in other electronic
2674 means but must be capable of ensuring the identity and
2675 participation of the prospective guardian advocate. The court
2676 may waive some or all of the training requirements for guardian
2677 advocates or impose additional requirements. The court shall
2678 make its decision on a case-by-case basis and, in making its
2679 decision, shall consider the experience and education of the
2680 guardian advocate, the duties assigned to the guardian advocate,
2681 and the needs of the patient.

2682 (6) In selecting a guardian advocate, the court shall give
2683 preference to the patient's health care surrogate, if one has
2684 already been designated by the patient. If the patient has not
2685 previously designated a health care surrogate, the selection
2686 shall be made, except for good cause documented in the court
2687 record, from among the following persons, listed in order of
2688 priority:

2689 (a) The spouse of the patient.

2690 (b) An adult child of the patient.

2691 (c) A parent of the patient.

2692 (d) The adult next of kin of the patient.

2693 (e) An adult friend of the patient.

2694 (f) An adult trained and willing to serve as the guardian
2695 advocate for the patient.

2696 (7) If a guardian with the authority to consent to medical
2697 treatment has not already been appointed, or if the patient has

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2698 not already designated a health care surrogate, the court may
2699 authorize the guardian advocate to consent to medical treatment
2700 as well as substance abuse disorder treatment. Unless otherwise
2701 limited by the court, a guardian advocate with authority to
2702 consent to medical treatment has the same authority to make
2703 health care decisions and is subject to the same restrictions as
2704 a proxy appointed under part IV of chapter 765. Unless the
2705 guardian advocate has sought and received express court approval
2706 in a proceeding separate from the proceeding to determine the
2707 competence of the patient to consent to medical treatment, the
2708 guardian advocate may not consent to:

2709 (a) Abortion.

2710 (b) Sterilization.

2711 (c) Electroshock therapy.

2712 (d) Psychosurgery.

2713 (e) Experimental treatments that have not been approved by
2714 a federally approved institutional review board in accordance
2715 with 45 C.F.R. part 46 or 21 C.F.R. part 56.

2716
2717 The court must base its authorization on evidence that the
2718 treatment or procedure is essential to the care of the patient
2719 and that the treatment does not present an unreasonable risk of
2720 serious, hazardous, or irreversible side effects. In complying
2721 with this subsection, the court shall follow the procedures set
2722 forth in subsection (1).

2723 (8) The guardian advocate shall be discharged when the
2724 patient is discharged from an order for involuntary services or
2725 when the patient is transferred from involuntary to voluntary
2726 status. The court or a hearing officer shall consider the

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2727 competence of the patient as provided in subsection (1) and may
2728 consider an involuntarily placed patient's competence to consent
2729 to services at any hearing. Upon sufficient evidence, the court
2730 may restore, or the magistrate may recommend that the court
2731 restore, the patient's competence. A copy of the order restoring
2732 competence or the certificate of discharge containing the
2733 restoration of competence shall be provided to the patient and
2734 the guardian advocate.

2735 Section 44. Paragraphs (d) through (m) of subsection (2) of
2736 section 409.967, Florida Statutes, are redesignated as
2737 paragraphs (e) through (n), respectively, and a new paragraph
2738 (d) is added to that subsection, to read:

2739 409.967 Managed care plan accountability.—

2740 (2) The agency shall establish such contract requirements
2741 as are necessary for the operation of the statewide managed care
2742 program. In addition to any other provisions the agency may deem
2743 necessary, the contract must require:

2744 (d) Quality care.—Managed care plans shall provide, or
2745 contract for the provision of, care coordination to facilitate
2746 the appropriate delivery of behavioral health care services in
2747 the least restrictive setting with treatment and recovery
2748 capabilities that address the needs of the patient. Services
2749 shall be provided in a manner that integrates behavioral health
2750 services and primary care. Plans shall be required to achieve
2751 specific behavioral health outcome standards, established by the
2752 agency in consultation with the department.

2753 Section 45. Subsection (5) is added to section 409.973,
2754 Florida Statutes, to read:

2755 409.973 Benefits.—

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2756 (5) INTEGRATED BEHAVIORAL HEALTH INITIATIVE.—Each plan
2757 operating in the managed medical assistance program shall work
2758 with the managing entity in its service area to establish
2759 specific organizational supports and protocols that enhance the
2760 integration and coordination of primary care and behavioral
2761 health services for Medicaid recipients. Progress in this
2762 initiative shall be measured using the integration framework and
2763 core measures developed by the Agency for Healthcare Research
2764 and Quality.

2765 Section 46. Notwithstanding the amendment made to s.
2766 409.975(6), Florida Statutes, by HB 5101, 1st Eng., 2016 Regular
2767 Session, subsection (6) of section 409.975, Florida Statutes, is
2768 reenacted to read:

2769 409.975 Managed care plan accountability.—In addition to
2770 the requirements of s. 409.967, plans and providers
2771 participating in the managed medical assistance program shall
2772 comply with the requirements of this section.

2773 (6) PROVIDER PAYMENT.—Managed care plans and hospitals
2774 shall negotiate mutually acceptable rates, methods, and terms of
2775 payment. For rates, methods, and terms of payment negotiated
2776 after the contract between the agency and the plan is executed,
2777 plans shall pay hospitals, at a minimum, the rate the agency
2778 would have paid on the first day of the contract between the
2779 provider and the plan. Such payments to hospitals may not exceed
2780 120 percent of the rate the agency would have paid on the first
2781 day of the contract between the provider and the plan, unless
2782 specifically approved by the agency. Payment rates may be
2783 updated periodically.

2784 Section 47. It is the intent of the Legislature that the

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2785 reenactment of s. 409.975(6), Florida Statutes, shall control
2786 over the amendment to that subsection made by HB 5101, 1st Eng.,
2787 2016 Regular Session, regardless of the order in which they are
2788 enacted.

2789 Section 48. Section 491.0045, Florida Statutes, is amended
2790 to read:

2791 491.0045 Intern registration; requirements.—

2792 (1) ~~Effective January 1, 1998,~~ An individual who has not
2793 satisfied ~~intends to practice in Florida to satisfy the~~
2794 postgraduate or post-master's level experience requirements, as
2795 specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register
2796 as an intern in the profession for which he or she is seeking
2797 licensure before ~~prior to~~ commencing the post-master's
2798 experience requirement or an individual who intends to satisfy
2799 part of the required graduate-level practicum, internship, or
2800 field experience, outside the academic arena for any profession,
2801 must register as an intern in the profession for which he or she
2802 is seeking licensure before ~~prior to~~ commencing the practicum,
2803 internship, or field experience.

2804 (2) The department shall register as a clinical social
2805 worker intern, marriage and family therapist intern, or mental
2806 health counselor intern each applicant who the board certifies
2807 has:

2808 (a) Completed the application form and remitted a
2809 nonrefundable application fee not to exceed \$200, as set by
2810 board rule;

2811 (b)1. Completed the education requirements as specified in
2812 s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for which
2813 he or she is applying for licensure, if needed; and

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2814 2. Submitted an acceptable supervision plan, as determined
2815 by the board, for meeting the practicum, internship, or field
2816 work required for licensure that was not satisfied in his or her
2817 graduate program.

2818 (c) Identified a qualified supervisor.

2819 (3) An individual registered under this section must remain
2820 under supervision while practicing under registered intern
2821 status until he or she is in receipt of a license or a letter
2822 from the department stating that he or she is licensed to
2823 practice the profession for which he or she applied.

2824 ~~(4) An individual who has applied for intern registration~~
2825 ~~on or before December 31, 2001, and has satisfied the education~~
2826 ~~requirements of s. 491.005 that are in effect through December~~
2827 ~~31, 2000, will have met the educational requirements for~~
2828 ~~licensure for the profession for which he or she has applied.~~

2829 (4)(5) An individual who fails ~~Individuals who have~~
2830 ~~commenced the experience requirement as specified in s.~~
2831 ~~491.005(1)(c), (3)(c), or (4)(c) but failed to register as~~
2832 ~~required by subsection (1) shall register with the department~~
2833 ~~before January 1, 2000. Individuals who fail to comply with this~~
2834 section may subsection shall not be granted a license under this
2835 chapter, and any time spent by the individual completing the
2836 experience requirement as specified in s. 491.005(1)(c), (3)(c),
2837 or (4)(c) before ~~prior to~~ registering as an intern does shall
2838 not count toward completion of the ~~such~~ requirement.

2839 (5) An intern registration is valid for 5 years.

2840 (6) A registration issued on or before March 31, 2017,
2841 expires March 31, 2022, and may not be renewed or reissued. Any
2842 registration issued after March 31, 2017, expires 60 months

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2843 after the date it is issued. A subsequent intern registration
2844 may not be issued unless the candidate has passed the theory and
2845 practice examination described in s. 491.005(1)(d), (3)(d), and
2846 (4)(d).

2847 (7) An individual who has held a provisional license issued
2848 by the board may not apply for an intern registration in the
2849 same profession.

2850 Section 49. Section 394.4674, Florida Statutes, is
2851 repealed.

2852 Section 50. Section 394.4985, Florida Statutes, is
2853 repealed.

2854 Section 51. Section 394.745, Florida Statutes, is repealed.

2855 Section 52. Section 397.331, Florida Statutes, is repealed.

2856 Section 53. Section 397.801, Florida Statutes, is repealed.

2857 Section 54. Section 397.811, Florida Statutes, is repealed.

2858 Section 55. Section 397.821, Florida Statutes, is repealed.

2859 Section 56. Section 397.901, Florida Statutes, is repealed.

2860 Section 57. Section 397.93, Florida Statutes, is repealed.

2861 Section 58. Section 397.94, Florida Statutes, is repealed.

2862 Section 59. Section 397.951, Florida Statutes, is repealed.

2863 Section 60. Section 397.97, Florida Statutes, is repealed.

2864 Section 61. Section 397.98, Florida Statutes, is repealed.

2865 Section 62. Paragraph (a) of subsection (3) of section
2866 39.407, Florida Statutes, is amended to read:

2867 39.407 Medical, psychiatric, and psychological examination
2868 and treatment of child; physical, mental, or substance abuse
2869 examination of person with or requesting child custody.—

2870 (3)(a)1. Except as otherwise provided in subparagraph (b)1.
2871 or paragraph (e), before the department provides psychotropic

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2872 medications to a child in its custody, the prescribing physician
2873 shall attempt to obtain express and informed consent, as defined
2874 in s. 394.455(15) ~~s. 394.455(9)~~ and as described in s.
2875 394.459(3) (a), from the child's parent or legal guardian. The
2876 department must take steps necessary to facilitate the inclusion
2877 of the parent in the child's consultation with the physician.
2878 However, if the parental rights of the parent have been
2879 terminated, the parent's location or identity is unknown or
2880 cannot reasonably be ascertained, or the parent declines to give
2881 express and informed consent, the department may, after
2882 consultation with the prescribing physician, seek court
2883 authorization to provide the psychotropic medications to the
2884 child. Unless parental rights have been terminated and if it is
2885 possible to do so, the department shall continue to involve the
2886 parent in the decisionmaking process regarding the provision of
2887 psychotropic medications. If, at any time, a parent whose
2888 parental rights have not been terminated provides express and
2889 informed consent to the provision of a psychotropic medication,
2890 the requirements of this section that the department seek court
2891 authorization do not apply to that medication until such time as
2892 the parent no longer consents.

2893 2. Any time the department seeks a medical evaluation to
2894 determine the need to initiate or continue a psychotropic
2895 medication for a child, the department must provide to the
2896 evaluating physician all pertinent medical information known to
2897 the department concerning that child.

2898 Section 63. Subsection (1) of section 39.524, Florida
2899 Statutes, is amended to read:

2900 39.524 Safe-harbor placement.—

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2901 (1) Except as provided in s. 39.407 or s. 985.801, a
2902 dependent child 6 years of age or older who has been found to be
2903 a victim of sexual exploitation as defined in s. 39.01(70)(g) ~~s.~~
2904 ~~39.01(69)(g)~~ must be assessed for placement in a safe house or
2905 safe foster home as provided in s. 409.1678 using the initial
2906 screening and assessment instruments provided in s. 409.1754(1).
2907 If such placement is determined to be appropriate for the child
2908 as a result of this assessment, the child may be placed in a
2909 safe house or safe foster home, if one is available. However,
2910 the child may be placed in another setting, if the other setting
2911 is more appropriate to the child's needs or if a safe house or
2912 safe foster home is unavailable, as long as the child's
2913 behaviors are managed so as not to endanger other children
2914 served in that setting.

2915 Section 64. Paragraph (e) of subsection (5) of section
2916 212.055, Florida Statutes, is amended to read:

2917 212.055 Discretionary sales surtaxes; legislative intent;
2918 authorization and use of proceeds.—It is the legislative intent
2919 that any authorization for imposition of a discretionary sales
2920 surtax shall be published in the Florida Statutes as a
2921 subsection of this section, irrespective of the duration of the
2922 levy. Each enactment shall specify the types of counties
2923 authorized to levy; the rate or rates which may be imposed; the
2924 maximum length of time the surtax may be imposed, if any; the
2925 procedure which must be followed to secure voter approval, if
2926 required; the purpose for which the proceeds may be expended;
2927 and such other requirements as the Legislature may provide.
2928 Taxable transactions and administrative procedures shall be as
2929 provided in s. 212.054.

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2930 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined in
2931 s. 125.011(1) may levy the surtax authorized in this subsection
2932 pursuant to an ordinance either approved by extraordinary vote
2933 of the county commission or conditioned to take effect only upon
2934 approval by a majority vote of the electors of the county voting
2935 in a referendum. In a county as defined in s. 125.011(1), for
2936 the purposes of this subsection, “county public general
2937 hospital” means a general hospital as defined in s. 395.002
2938 which is owned, operated, maintained, or governed by the county
2939 or its agency, authority, or public health trust.

2940 (e) A governing board, agency, or authority shall be
2941 chartered by the county commission upon this act becoming law.
2942 The governing board, agency, or authority shall adopt and
2943 implement a health care plan for indigent health care services.
2944 The governing board, agency, or authority shall consist of no
2945 more than seven and no fewer than five members appointed by the
2946 county commission. The members of the governing board, agency,
2947 or authority shall be at least 18 years of age and residents of
2948 the county. No member may be employed by or affiliated with a
2949 health care provider or the public health trust, agency, or
2950 authority responsible for the county public general hospital.
2951 The following community organizations shall each appoint a
2952 representative to a nominating committee: the South Florida
2953 Hospital and Healthcare Association, the Miami-Dade County
2954 Public Health Trust, the Dade County Medical Association, the
2955 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
2956 County. This committee shall nominate between 10 and 14 county
2957 citizens for the governing board, agency, or authority. The
2958 slate shall be presented to the county commission and the county

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2959 commission shall confirm the top five to seven nominees,
2960 depending on the size of the governing board. Until such time as
2961 the governing board, agency, or authority is created, the funds
2962 provided for in subparagraph (d)2. shall be placed in a
2963 restricted account set aside from other county funds and not
2964 disbursed by the county for any other purpose.

2965 1. The plan shall divide the county into a minimum of four
2966 and maximum of six service areas, with no more than one
2967 participant hospital per service area. The county public general
2968 hospital shall be designated as the provider for one of the
2969 service areas. Services shall be provided through participants'
2970 primary acute care facilities.

2971 2. The plan and subsequent amendments to it shall fund a
2972 defined range of health care services for both indigent persons
2973 and the medically poor, including primary care, preventive care,
2974 hospital emergency room care, and hospital care necessary to
2975 stabilize the patient. For the purposes of this section,
2976 "stabilization" means stabilization as defined in s. 397.311(44)
2977 ~~s. 397.311(41)~~. Where consistent with these objectives, the plan
2978 may include services rendered by physicians, clinics, community
2979 hospitals, and alternative delivery sites, as well as at least
2980 one regional referral hospital per service area. The plan shall
2981 provide that agreements negotiated between the governing board,
2982 agency, or authority and providers shall recognize hospitals
2983 that render a disproportionate share of indigent care, provide
2984 other incentives to promote the delivery of charity care to draw
2985 down federal funds where appropriate, and require cost
2986 containment, including, but not limited to, case management.
2987 From the funds specified in subparagraphs (d)1. and 2. for

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2988 indigent health care services, service providers shall receive
2989 reimbursement at a Medicaid rate to be determined by the
2990 governing board, agency, or authority created pursuant to this
2991 paragraph for the initial emergency room visit, and a per-member
2992 per-month fee or capitation for those members enrolled in their
2993 service area, as compensation for the services rendered
2994 following the initial emergency visit. Except for provisions of
2995 emergency services, upon determination of eligibility,
2996 enrollment shall be deemed to have occurred at the time services
2997 were rendered. The provisions for specific reimbursement of
2998 emergency services shall be repealed on July 1, 2001, unless
2999 otherwise reenacted by the Legislature. The capitation amount or
3000 rate shall be determined before ~~prior to~~ program implementation
3001 by an independent actuarial consultant. In no event shall such
3002 reimbursement rates exceed the Medicaid rate. The plan must also
3003 provide that any hospitals owned and operated by government
3004 entities on or after the effective date of this act must, as a
3005 condition of receiving funds under this subsection, afford
3006 public access equal to that provided under s. 286.011 as to any
3007 meeting of the governing board, agency, or authority the subject
3008 of which is budgeting resources for the retention of charity
3009 care, as that term is defined in the rules of the Agency for
3010 Health Care Administration. The plan shall also include
3011 innovative health care programs that provide cost-effective
3012 alternatives to traditional methods of service and delivery
3013 funding.

3014 3. The plan's benefits shall be made available to all
3015 county residents currently eligible to receive health care
3016 services as indigents or medically poor as defined in paragraph

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3017 (4) (d).

3018 4. Eligible residents who participate in the health care
3019 plan shall receive coverage for a period of 12 months or the
3020 period extending from the time of enrollment to the end of the
3021 current fiscal year, per enrollment period, whichever is less.

3022 5. At the end of each fiscal year, the governing board,
3023 agency, or authority shall prepare an audit that reviews the
3024 budget of the plan, delivery of services, and quality of
3025 services, and makes recommendations to increase the plan's
3026 efficiency. The audit shall take into account participant
3027 hospital satisfaction with the plan and assess the amount of
3028 poststabilization patient transfers requested, and accepted or
3029 denied, by the county public general hospital.

3030 Section 65. Paragraph (c) of subsection (2) of section
3031 394.4599, Florida Statutes, is amended to read:

3032 394.4599 Notice.—

3033 (2) INVOLUNTARY ADMISSION.—

3034 (c)1. A receiving facility shall give notice of the
3035 whereabouts of a minor who is being involuntarily held for
3036 examination pursuant to s. 394.463 to the minor's parent,
3037 guardian, caregiver, or guardian advocate, in person or by
3038 telephone or other form of electronic communication, immediately
3039 after the minor's arrival at the facility. The facility may
3040 delay notification for no more than 24 hours after the minor's
3041 arrival if the facility has submitted a report to the central
3042 abuse hotline, pursuant to s. 39.201, based upon knowledge or
3043 suspicion of abuse, abandonment, or neglect and if the facility
3044 deems a delay in notification to be in the minor's best
3045 interest.

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3046 2. The receiving facility shall attempt to notify the
3047 minor's parent, guardian, caregiver, or guardian advocate until
3048 the receiving facility receives confirmation from the parent,
3049 guardian, caregiver, or guardian advocate, verbally, by
3050 telephone or other form of electronic communication, or by
3051 recorded message, that notification has been received. Attempts
3052 to notify the parent, guardian, caregiver, or guardian advocate
3053 must be repeated at least once every hour during the first 12
3054 hours after the minor's arrival and once every 24 hours
3055 thereafter and must continue until such confirmation is
3056 received, unless the minor is released at the end of the 72-hour
3057 examination period, or until a petition for involuntary services
3058 ~~placement~~ is filed with the court pursuant to s. 394.463(2)(g)
3059 ~~s. 394.463(2)(i)~~. The receiving facility may seek assistance
3060 from a law enforcement agency to notify the minor's parent,
3061 guardian, caregiver, or guardian advocate if the facility has
3062 not received within the first 24 hours after the minor's arrival
3063 a confirmation by the parent, guardian, caregiver, or guardian
3064 advocate that notification has been received. The receiving
3065 facility must document notification attempts in the minor's
3066 clinical record.

3067 Section 66. Subsection (3) and paragraph (p) of subsection
3068 (4) of section 394.495, Florida Statutes, are amended to read:

3069 394.495 Child and adolescent mental health system of care;
3070 programs and services.—

3071 (3) Assessments must be performed by:

3072 (a) A professional as defined in s. 394.455(5), (7), (32),
3073 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24);~~

3074 (b) A professional licensed under chapter 491; or

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3075 (c) A person who is under the direct supervision of a
3076 qualified professional as defined in s. 394.455(5), (7), (32),
3077 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a
3078 professional licensed under chapter 491.

3079 (4) The array of services may include, but is not limited
3080 to:

3081 (p) Trauma-informed services for children who have suffered
3082 sexual exploitation as defined in s. 39.01(70)(g) ~~s.~~
3083 ~~39.01(69)(g)~~.

3084 Section 67. Subsection (5) of section 394.496, Florida
3085 Statutes, is amended to read:

3086 394.496 Service planning.—

3087 (5) A professional as defined in s. 394.455(5), (7), (32),
3088 (35), or (36) ~~s. 394.455(2), (4), (21), (23), or (24)~~ or a
3089 professional licensed under chapter 491 must be included among
3090 those persons developing the services plan.

3091 Section 68. Subsection (6) of section 394.9085, Florida
3092 Statutes, is amended to read:

3093 394.9085 Behavioral provider liability.—

3094 (6) For purposes of this section, the terms "detoxification
3095 services," "addictions receiving facility," and "receiving
3096 facility" have the same meanings as those provided in ss.
3097 397.311(25)(a)4., 397.311(25)(a)1., and 394.455(39) ~~ss.~~
3098 ~~397.311(22)(a)4., 397.311(22)(a)1., and 394.455(26),~~
3099 respectively.

3100 Section 69. Subsections (16) through (20) of section
3101 397.321, Florida Statutes, are renumbered as subsections (15)
3102 through (19), respectively, and present subsection (15) of that
3103 section is amended, to read:

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3104 397.321 Duties of the department.—The department shall:
3105 ~~(15) Appoint a substance abuse impairment coordinator to~~
3106 ~~represent the department in efforts initiated by the statewide~~
3107 ~~substance abuse impairment prevention and treatment coordinator~~
3108 ~~established in s. 397.801 and to assist the statewide~~
3109 ~~coordinator in fulfilling the responsibilities of that position.~~

3110 Section 70. Subsection (8) of section 397.405, Florida
3111 Statutes, is amended to read:

3112 397.405 Exemptions from licensure.—The following are exempt
3113 from the licensing provisions of this chapter:

3114 (8) A legally cognizable church or nonprofit religious
3115 organization or denomination providing substance abuse services,
3116 including prevention services, which are solely religious,
3117 spiritual, or ecclesiastical in nature. A church or nonprofit
3118 religious organization or denomination providing any of the
3119 licensed service components itemized under s. 397.311(25) ~~s.~~
3120 ~~397.311(22)~~ is not exempt from substance abuse licensure but
3121 retains its exemption with respect to all services which are
3122 solely religious, spiritual, or ecclesiastical in nature.

3123
3124 The exemptions from licensure in this section do not apply to
3125 any service provider that receives an appropriation, grant, or
3126 contract from the state to operate as a service provider as
3127 defined in this chapter or to any substance abuse program
3128 regulated pursuant to s. 397.406. Furthermore, this chapter may
3129 not be construed to limit the practice of a physician or
3130 physician assistant licensed under chapter 458 or chapter 459, a
3131 psychologist licensed under chapter 490, a psychotherapist
3132 licensed under chapter 491, or an advanced registered nurse

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3133 practitioner licensed under part I of chapter 464, who provides
3134 substance abuse treatment, so long as the physician, physician
3135 assistant, psychologist, psychotherapist, or advanced registered
3136 nurse practitioner does not represent to the public that he or
3137 she is a licensed service provider and does not provide services
3138 to individuals pursuant to part V of this chapter. Failure to
3139 comply with any requirement necessary to maintain an exempt
3140 status under this section is a misdemeanor of the first degree,
3141 punishable as provided in s. 775.082 or s. 775.083.

3142 Section 71. Subsections (1) and (5) of section 397.407,
3143 Florida Statutes, are amended to read:

3144 397.407 Licensure process; fees.—

3145 (1) The department shall establish the licensure process to
3146 include fees and categories of licenses and must prescribe a fee
3147 range that is based, at least in part, on the number and
3148 complexity of programs listed in s. 397.311(25) ~~s. 397.311(22)~~
3149 which are operated by a licensee. The fees from the licensure of
3150 service components are sufficient to cover at least 50 percent
3151 of the costs of regulating the service components. The
3152 department shall specify a fee range for public and privately
3153 funded licensed service providers. Fees for privately funded
3154 licensed service providers must exceed the fees for publicly
3155 funded licensed service providers.

3156 (5) The department may issue probationary, regular, and
3157 interim licenses. The department shall issue one license for
3158 each service component that is operated by a service provider
3159 and defined pursuant to s. 397.311(25) ~~s. 397.311(22)~~. The
3160 license is valid only for the specific service components listed
3161 for each specific location identified on the license. The

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3162 licensed service provider shall apply for a new license at least
3163 60 days before the addition of any service components or 30 days
3164 before the relocation of any of its service sites. Provision of
3165 service components or delivery of services at a location not
3166 identified on the license may be considered an unlicensed
3167 operation that authorizes the department to seek an injunction
3168 against operation as provided in s. 397.401, in addition to
3169 other sanctions authorized by s. 397.415. Probationary and
3170 regular licenses may be issued only after all required
3171 information has been submitted. A license may not be
3172 transferred. As used in this subsection, the term "transfer"
3173 includes, but is not limited to, the transfer of a majority of
3174 the ownership interest in the licensed entity or transfer of
3175 responsibilities under the license to another entity by
3176 contractual arrangement.

3177 Section 72. Section 397.416, Florida Statutes, is amended
3178 to read:

3179 397.416 Substance abuse treatment services; qualified
3180 professional.—Notwithstanding any other provision of law, a
3181 person who was certified through a certification process
3182 recognized by the former Department of Health and Rehabilitative
3183 Services before January 1, 1995, may perform the duties of a
3184 qualified professional with respect to substance abuse treatment
3185 services as defined in this chapter, and need not meet the
3186 certification requirements contained in s. 397.311(33) ~~s.~~
3187 ~~397.311(30)~~.

3188 Section 73. Subsection (2) of section 397.4871, Florida
3189 Statutes, is amended to read:

3190 397.4871 Recovery residence administrator certification.—

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3191 (2) The department shall approve at least one credentialing
3192 entity by December 1, 2015, for the purpose of developing and
3193 administering a voluntary credentialing program for
3194 administrators. The department shall approve any credentialing
3195 entity that the department endorses pursuant to s. 397.321(15)
3196 ~~s. 397.321(16)~~ if the credentialing entity also meets the
3197 requirements of this section. The approved credentialing entity
3198 shall:

3199 (a) Establish recovery residence administrator core
3200 competencies, certification requirements, testing instruments,
3201 and recertification requirements.

3202 (b) Establish a process to administer the certification
3203 application, award, and maintenance processes.

3204 (c) Develop and administer:

3205 1. A code of ethics and disciplinary process.

3206 2. Biennial continuing education requirements and annual
3207 certification renewal requirements.

3208 3. An education provider program to approve training
3209 entities that are qualified to provide precertification training
3210 to applicants and continuing education opportunities to
3211 certified persons.

3212 Section 74. Paragraph (c) of subsection (1) and paragraphs
3213 (a) and (b) of subsection (6) of section 409.1678, Florida
3214 Statutes, are amended to read:

3215 409.1678 Specialized residential options for children who
3216 are victims of sexual exploitation.—

3217 (1) DEFINITIONS.—As used in this section, the term:

3218 (c) "Sexually exploited child" means a child who has
3219 suffered sexual exploitation as defined in s. 39.01(70)(g) ~~s.~~

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3220 ~~39.01(69)(g)~~ and is ineligible for relief and benefits under the
3221 federal Trafficking Victims Protection Act, 22 U.S.C. ss. 7101
3222 et seq.

3223 (6) LOCATION INFORMATION.—

3224 (a) Information about the location of a safe house, safe
3225 foster home, or other residential facility serving victims of
3226 sexual exploitation, as defined in s. 39.01(70)(g) ~~s.~~
3227 ~~39.01(69)(g)~~, which is held by an agency, as defined in s.
3228 119.011, is confidential and exempt from s. 119.07(1) and s.
3229 24(a), Art. I of the State Constitution. This exemption applies
3230 to such confidential and exempt information held by an agency
3231 before, on, or after the effective date of the exemption.

3232 (b) Information about the location of a safe house, safe
3233 foster home, or other residential facility serving victims of
3234 sexual exploitation, as defined in s. 39.01(70)(g) ~~s.~~
3235 ~~39.01(69)(g)~~, may be provided to an agency, as defined in s.
3236 119.011, as necessary to maintain health and safety standards
3237 and to address emergency situations in the safe house, safe
3238 foster home, or other residential facility.

3239 Section 75. Paragraph (e) of subsection (3) of section
3240 409.966, Florida Statutes, is amended to read:

3241 409.966 Eligible plans; selection.—

3242 (3) QUALITY SELECTION CRITERIA.—

3243 (e) To ensure managed care plan participation in Regions 1
3244 and 2, the agency shall award an additional contract to each
3245 plan with a contract award in Region 1 or Region 2. Such
3246 contract shall be in any other region in which the plan
3247 submitted a responsive bid and negotiates a rate acceptable to
3248 the agency. If a plan that is awarded an additional contract

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3249 pursuant to this paragraph is subject to penalties pursuant to
3250 s. 409.967(2)(i) ~~s. 409.967(2)(h)~~ for activities in Region 1 or
3251 Region 2, the additional contract is automatically terminated
3252 180 days after the imposition of the penalties. The plan must
3253 reimburse the agency for the cost of enrollment changes and
3254 other transition activities.

3255 Section 76. Paragraph (b) of subsection (1) of section
3256 409.972, Florida Statutes, is amended to read:

3257 409.972 Mandatory and voluntary enrollment.—

3258 (1) The following Medicaid-eligible persons are exempt from
3259 mandatory managed care enrollment required by s. 409.965, and
3260 may voluntarily choose to participate in the managed medical
3261 assistance program:

3262 (b) Medicaid recipients residing in residential commitment
3263 facilities operated through the Department of Juvenile Justice
3264 or a mental health treatment facility ~~facilities~~ as defined in
3265 s. 394.455(47) ~~by s. 394.455(32)~~.

3266 Section 77. Paragraphs (d) and (g) of subsection (1) of
3267 section 440.102, Florida Statutes, are amended to read:

3268 440.102 Drug-free workplace program requirements.—The
3269 following provisions apply to a drug-free workplace program
3270 implemented pursuant to law or to rules adopted by the Agency
3271 for Health Care Administration:

3272 (1) DEFINITIONS.—Except where the context otherwise
3273 requires, as used in this act:

3274 (d) "Drug rehabilitation program" means a service provider,
3275 established pursuant to s. 397.311(42) ~~s. 397.311(39)~~, that
3276 provides confidential, timely, and expert identification,
3277 assessment, and resolution of employee drug abuse.

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3278 (g) "Employee assistance program" means an established
3279 program capable of providing expert assessment of employee
3280 personal concerns; confidential and timely identification
3281 services with regard to employee drug abuse; referrals of
3282 employees for appropriate diagnosis, treatment, and assistance;
3283 and followup services for employees who participate in the
3284 program or require monitoring after returning to work. If, in
3285 addition to the above activities, an employee assistance program
3286 provides diagnostic and treatment services, these services shall
3287 in all cases be provided by service providers pursuant to s.
3288 397.311(42) ~~s. 397.311(39)~~.

3289 Section 78. Subsection (7) of section 744.704, Florida
3290 Statutes, is amended to read:

3291 744.704 Powers and duties.—

3292 (7) A public guardian may ~~shall~~ not commit a ward to a
3293 ~~mental health~~ treatment facility, as defined in s. 394.455(47)
3294 ~~s. 394.455(32)~~, without an involuntary placement proceeding as
3295 provided by law.

3296 Section 79. Subsection (5) of section 960.065, Florida
3297 Statutes, is amended to read:

3298 960.065 Eligibility for awards.—

3299 (5) A person is not ineligible for an award pursuant to
3300 paragraph (2) (a), paragraph (2) (b), or paragraph (2) (c) if that
3301 person is a victim of sexual exploitation of a child as defined
3302 in s. 39.01(70) (g) ~~s. 39.01(69) (g)~~.

3303 Section 80. The Secretary of Children and Families shall
3304 appoint a workgroup to consider the feasibility of individuals
3305 using advance directives to express the treatment wishes for
3306 substance use disorders. The workgroup shall be composed of

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3307 individuals with expertise in the treatment of substance use
3308 disorders. The workgroup must review the use of advance
3309 directives in mental health, the use of advance directives for
3310 substance use disorders in other states, and the use of similar
3311 legal instruments to express the treatment wishes of individuals
3312 suffering from substance use disorders. The workgroup shall
3313 provide a report to the Governor, the President of the Senate,
3314 and the Speaker of the House of Representatives by January 1,
3315 2017. The report must include recommendations on the feasibility
3316 of using advance directives for individuals with substance use
3317 disorders and recommendations for any revisions to state laws or
3318 agency rules. The members of the workgroup are not entitled to
3319 reimbursement from the Department of Children and Families for
3320 travel for workgroup meetings unless they are employees of the
3321 department. This section expires on May 6, 2017.

3322 Section 81. Paragraph (b) of subsection (2) of section
3323 61.13, Florida Statutes, is amended to read:

3324 61.13 Support of children; parenting and time-sharing;
3325 powers of court.—

3326 (2)

3327 (b) A parenting plan approved by the court must, at a
3328 minimum:7

3329 1. Describe in adequate detail how the parents will share
3330 and be responsible for the daily tasks associated with the
3331 upbringing of the child;

3332 2. Include the time-sharing schedule arrangements that
3333 specify the time that the minor child will spend with each
3334 parent;

3335 3. Designate a designation of who will be responsible for:

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3336 a. Any and all forms of health care. If the court orders
3337 shared parental responsibility over health care decisions, the
3338 parenting plan must provide that either parent may consent to
3339 mental health treatment for the child.

3340 b. School-related matters, including the address to be used
3341 for school-boundary determination and registration. ~~and~~

3342 c. Other activities; and

3343 4. Describe in adequate detail the methods and technologies
3344 that the parents will use to communicate with the child.

3345 Section 82. Subsection (6) of section 39.001, Florida
3346 Statutes, is amended to read:

3347 39.001 Purposes and intent; personnel standards and
3348 screening.—

3349 (6) MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES.—

3350 (a) The Legislature recognizes that early referral and
3351 comprehensive treatment can help combat mental illnesses and
3352 substance abuse disorders in families and that treatment is
3353 cost-effective.

3354 (b) The Legislature establishes the following goals for the
3355 state related to mental illness and substance abuse treatment
3356 services in the dependency process:

3357 1. To ensure the safety of children.

3358 2. To prevent and remediate the consequences of mental
3359 illnesses and substance abuse disorders on families involved in
3360 protective supervision or foster care and reduce the occurrences
3361 of mental illnesses and substance abuse disorders, including
3362 alcohol abuse or related disorders, for families who are at risk
3363 of being involved in protective supervision or foster care.

3364 3. To expedite permanency for children and reunify healthy,

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3365 intact families, when appropriate.

3366 4. To support families in recovery.

3367 (c) The Legislature finds that children in the care of the
3368 state's dependency system need appropriate health care services,
3369 that the impact of mental illnesses and substance abuse
3370 disorders on health indicates the need for health care services
3371 to include treatment for mental health and substance abuse
3372 disorders for ~~services to~~ children and parents, where
3373 appropriate, and that it is in the state's best interest that
3374 such children be provided the services they need to enable them
3375 to become and remain independent of state care. In order to
3376 provide these services, the state's dependency system must have
3377 the ability to identify and provide appropriate intervention and
3378 treatment for children with personal or family-related mental
3379 illness and substance abuse problems.

3380 (d) It is the intent of the Legislature to encourage the
3381 use of the mental health court program model established under
3382 chapter 394 and the drug court program model established under
3383 ~~by~~ s. 397.334 and authorize courts to assess children and
3384 persons who have custody or are requesting custody of children
3385 where good cause is shown to identify and address mental
3386 illnesses and substance abuse disorders ~~problems~~ as the court
3387 deems appropriate at every stage of the dependency process.
3388 Participation in treatment, including a mental health court
3389 program or a treatment-based drug court program, may be required
3390 by the court following adjudication. Participation in assessment
3391 and treatment before ~~prior to~~ adjudication is ~~shall be~~
3392 voluntary, except as provided in s. 39.407(16).

3393 (e) It is therefore the purpose of the Legislature to

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3394 provide authority for the state to contract with mental health
3395 service providers and community substance abuse treatment
3396 providers for the development and operation of specialized
3397 support and overlay services for the dependency system, which
3398 will be fully implemented and used as resources permit.

3399 (f) Participation in a mental health court program or a ~~the~~
3400 treatment-based drug court program does not divest any public or
3401 private agency of its responsibility for a child or adult, but
3402 is intended to enable these agencies to better meet their needs
3403 through shared responsibility and resources.

3404 Section 83. Subsection (10) of section 39.507, Florida
3405 Statutes, is amended to read:

3406 39.507 Adjudicatory hearings; orders of adjudication.—

3407 (10) After an adjudication of dependency, or a finding of
3408 dependency in which ~~where~~ adjudication is withheld, the court
3409 may order a person who has custody or is requesting custody of
3410 the child to submit to a mental health or substance abuse
3411 disorder assessment or evaluation. The order may be made only
3412 upon good cause shown and pursuant to notice and procedural
3413 requirements provided under the Florida Rules of Juvenile
3414 Procedure. The assessment or evaluation must be administered by
3415 an appropriate ~~a~~ qualified professional, as defined in s. 39.01
3416 or s. 397.311. The court may also require such person to
3417 participate in and comply with treatment and services identified
3418 as necessary, including, when appropriate and available,
3419 participation in and compliance with a mental health court
3420 program established under chapter 394 or a treatment-based drug
3421 court program established under s. 397.334. In addition to
3422 supervision by the department, the court, including the mental

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3423 health court program or treatment-based drug court program, may
3424 oversee the progress and compliance with treatment by a person
3425 who has custody or is requesting custody of the child. The court
3426 may impose appropriate available sanctions for noncompliance
3427 upon a person who has custody or is requesting custody of the
3428 child or make a finding of noncompliance for consideration in
3429 determining whether an alternative placement of the child is in
3430 the child's best interests. Any order entered under this
3431 subsection may be made only upon good cause shown. This
3432 subsection does not authorize placement of a child with a person
3433 seeking custody, other than the parent or legal custodian, who
3434 requires mental health or substance abuse disorder treatment.

3435 Section 84. Paragraph (b) of subsection (1) of section
3436 39.521, Florida Statutes, is amended to read:

3437 39.521 Disposition hearings; powers of disposition.—

3438 (1) A disposition hearing shall be conducted by the court,
3439 if the court finds that the facts alleged in the petition for
3440 dependency were proven in the adjudicatory hearing, or if the
3441 parents or legal custodians have consented to the finding of
3442 dependency or admitted the allegations in the petition, have
3443 failed to appear for the arraignment hearing after proper
3444 notice, or have not been located despite a diligent search
3445 having been conducted.

3446 (b) When any child is adjudicated by a court to be
3447 dependent, the court having jurisdiction of the child has the
3448 power by order to:

3449 1. Require the parent and, when appropriate, the legal
3450 custodian and the child to participate in treatment and services
3451 identified as necessary. The court may require the person who

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3452 has custody or who is requesting custody of the child to submit
3453 to a mental health or substance abuse disorder assessment or
3454 evaluation. The order may be made only upon good cause shown and
3455 pursuant to notice and procedural requirements provided under
3456 the Florida Rules of Juvenile Procedure. The mental health
3457 assessment or evaluation must be administered by a qualified
3458 professional, ~~as defined in s. 39.01,~~ and the substance abuse
3459 assessment or evaluation must be administered by a qualified
3460 professional as defined in s. 397.311. The court may also
3461 require such person to participate in and comply with treatment
3462 and services identified as necessary, including, when
3463 appropriate and available, participation in and compliance with
3464 a mental health court program established under chapter 394 or a
3465 treatment-based drug court program established under s. 397.334.
3466 In addition to supervision by the department, the court,
3467 including the mental health court program or the treatment-based
3468 drug court program, may oversee the progress and compliance with
3469 treatment by a person who has custody or is requesting custody
3470 of the child. The court may impose appropriate available
3471 sanctions for noncompliance upon a person who has custody or is
3472 requesting custody of the child or make a finding of
3473 noncompliance for consideration in determining whether an
3474 alternative placement of the child is in the child's best
3475 interests. Any order entered under this subparagraph may be made
3476 only upon good cause shown. This subparagraph does not authorize
3477 placement of a child with a person seeking custody of the child,
3478 other than the child's parent or legal custodian, who requires
3479 mental health or substance abuse disorder treatment.

3480 2. Require, if the court deems necessary, the parties to

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3481 participate in dependency mediation.

3482 3. Require placement of the child either under the
3483 protective supervision of an authorized agent of the department
3484 in the home of one or both of the child's parents or in the home
3485 of a relative of the child or another adult approved by the
3486 court, or in the custody of the department. Protective
3487 supervision continues until the court terminates it or until the
3488 child reaches the age of 18, whichever date is first. Protective
3489 supervision shall be terminated by the court whenever the court
3490 determines that permanency has been achieved for the child,
3491 whether with a parent, another relative, or a legal custodian,
3492 and that protective supervision is no longer needed. The
3493 termination of supervision may be with or without retaining
3494 jurisdiction, at the court's discretion, and shall in either
3495 case be considered a permanency option for the child. The order
3496 terminating supervision by the department must ~~shall~~ set forth
3497 the powers of the custodian of the child and ~~shall~~ include the
3498 powers ordinarily granted to a guardian of the person of a minor
3499 unless otherwise specified. Upon the court's termination of
3500 supervision by the department, ~~no~~ further judicial reviews are
3501 not required ~~if, so long as~~ permanency has been established for
3502 the child.

3503 Section 85. Section 394.4655, Florida Statutes, is amended
3504 to read:

3505 394.4655 Involuntary outpatient services placement.—

3506 (1) DEFINITIONS.—As used in this section, the term:

3507 (a) "Court" means a circuit court or a criminal county
3508 court.

3509 (b) "Criminal county court" means a county court exercising

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3510 its original jurisdiction in a misdemeanor case under s. 34.01.
3511 (2)~~(1)~~ CRITERIA FOR INVOLUNTARY OUTPATIENT SERVICES
3512 ~~PLACEMENT.~~—A person may be ordered to involuntary outpatient
3513 services placement upon a finding of the court, by clear and
3514 convincing evidence, that the person meets all of the following
3515 criteria ~~by clear and convincing evidence:~~
3516 (a) The person is 18 years of age or older.~~†~~
3517 (b) The person has a mental illness.~~†~~
3518 (c) The person is unlikely to survive safely in the
3519 community without supervision, based on a clinical
3520 determination.~~†~~
3521 (d) The person has a history of lack of compliance with
3522 treatment for mental illness.~~†~~
3523 (e) The person has:
3524 1. At least twice within the immediately preceding 36
3525 months been involuntarily admitted to a receiving or treatment
3526 facility as defined in s. 394.455, or has received mental health
3527 services in a forensic or correctional facility. The 36-month
3528 period does not include any period during which the person was
3529 admitted or incarcerated; or
3530 2. Engaged in one or more acts of serious violent behavior
3531 toward self or others, or attempts at serious bodily harm to
3532 himself or herself or others, within the preceding 36 months.~~†~~
3533 (f) The person is, as a result of his or her mental
3534 illness, unlikely to voluntarily participate in the recommended
3535 treatment plan and ~~either he or she~~ has refused voluntary
3536 services placement for treatment after sufficient and
3537 conscientious explanation and disclosure of why the services are
3538 necessary ~~purpose of placement for treatment~~ or ~~he or she~~ is

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3539 unable to determine for himself or herself whether services are
3540 ~~placement is necessary.~~

3541 (g) In view of the person's treatment history and current
3542 behavior, the person is in need of involuntary outpatient
3543 services ~~placement~~ in order to prevent a relapse or
3544 deterioration that would be likely to result in serious bodily
3545 harm to himself or herself or others, or a substantial harm to
3546 his or her well-being as set forth in s. 394.463(1).

3547 (h) It is likely that the person will benefit from
3548 involuntary outpatient services. ~~placement; and~~

3549 (i) All available, less restrictive alternatives that would
3550 offer an opportunity for improvement of his or her condition
3551 have been judged to be inappropriate or unavailable.

3552 (3)~~(2)~~ INVOLUNTARY OUTPATIENT SERVICES PLACEMENT.~~-~~

3553 (a)1. A patient who is being recommended for involuntary
3554 outpatient services ~~placement~~ by the administrator of the
3555 ~~receiving~~ facility where the patient has been examined may be
3556 retained by the facility after adherence to the notice
3557 procedures provided in s. 394.4599. The recommendation must be
3558 supported by the opinion of a psychiatrist and the second
3559 opinion of a clinical psychologist or another psychiatrist, both
3560 of whom have personally examined the patient within the
3561 preceding 72 hours, that the criteria for involuntary outpatient
3562 services ~~placement~~ are met. However, ~~in a county having a~~
3563 ~~population of fewer than 50,000,~~ if the administrator certifies
3564 that a psychiatrist or clinical psychologist is not available to
3565 provide the second opinion, the second opinion may be provided
3566 by a licensed physician who has postgraduate training and
3567 experience in diagnosis and treatment of mental illness, a

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3568 physician assistant who has at least 3 years' experience and is
3569 supervised by such licensed physician or a psychiatrist, a
3570 clinical social worker, and nervous disorders or by a
3571 psychiatric nurse. Any second opinion authorized in this
3572 subparagraph may be conducted through a face-to-face
3573 examination, in person or by electronic means. Such
3574 recommendation must be entered on an involuntary outpatient
3575 services placement certificate that authorizes the ~~receiving~~
3576 facility to retain the patient pending completion of a hearing.
3577 The certificate must ~~shall~~ be made a part of the patient's
3578 clinical record.

3579 2. If the patient has been stabilized and no longer meets
3580 the criteria for involuntary examination pursuant to s.
3581 394.463(1), the patient must be released from the ~~receiving~~
3582 facility while awaiting the hearing for involuntary outpatient
3583 services placement. Before filing a petition for involuntary
3584 outpatient services treatment, the administrator of the a
3585 ~~receiving~~ facility or a designated department representative
3586 must identify the service provider that will have primary
3587 responsibility for service provision under an order for
3588 involuntary outpatient services placement, unless the person is
3589 otherwise participating in outpatient psychiatric treatment and
3590 is not in need of public financing for that treatment, in which
3591 case the individual, if eligible, may be ordered to involuntary
3592 treatment pursuant to the existing psychiatric treatment
3593 relationship.

3594 3. The service provider shall prepare a written proposed
3595 treatment plan in consultation with the patient or the patient's
3596 guardian advocate, if appointed, for the court's consideration

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3597 for inclusion in the involuntary outpatient services placement
3598 order that addresses the nature and extent of the mental illness
3599 and any co-occurring substance use disorder that necessitate
3600 involuntary outpatient services. The treatment plan must specify
3601 the likely level of care, including the use of medication, and
3602 anticipated discharge criteria for terminating involuntary
3603 outpatient services. The service provider shall also provide a
3604 copy of the proposed treatment plan to the patient and the
3605 administrator of the receiving facility. The treatment plan must
3606 specify the nature and extent of the patient's mental illness,
3607 address the reduction of symptoms that necessitate involuntary
3608 outpatient placement, and include measurable goals and
3609 objectives for the services and treatment that are provided to
3610 treat the person's mental illness and assist the person in
3611 living and functioning in the community or to prevent a relapse
3612 or deterioration. Service providers may select and supervise
3613 other individuals to implement specific aspects of the treatment
3614 plan. The services in the treatment plan must be deemed
3615 clinically appropriate by a physician, clinical psychologist,
3616 psychiatric nurse, mental health counselor, marriage and family
3617 therapist, or clinical social worker who consults with, or is
3618 employed or contracted by, the service provider. The service
3619 provider must certify to the court in the proposed treatment
3620 plan whether sufficient services for improvement and
3621 stabilization are currently available and whether the service
3622 provider agrees to provide those services. If the service
3623 provider certifies that the services in the proposed treatment
3624 plan are not available, the petitioner may not file the
3625 petition. The service provider must notify the managing entity

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3626 if the requested services are not available. The managing entity
3627 must document such efforts to obtain the requested services.

3628 (b) If a patient in involuntary inpatient placement meets
3629 the criteria for involuntary outpatient services placement, the
3630 administrator of the ~~treatment~~ facility may, before the
3631 expiration of the period during which the ~~treatment~~ facility is
3632 authorized to retain the patient, recommend involuntary
3633 outpatient services placement. The recommendation must be
3634 supported by the opinion of a psychiatrist and the second
3635 opinion of a clinical psychologist or another psychiatrist, both
3636 of whom have personally examined the patient within the
3637 preceding 72 hours, that the criteria for involuntary outpatient
3638 services placement are met. However, ~~in a county having a~~
3639 ~~population of fewer than 50,000,~~ if the administrator certifies
3640 that a psychiatrist or clinical psychologist is not available to
3641 provide the second opinion, the second opinion may be provided
3642 by a licensed physician who has postgraduate training and
3643 experience in diagnosis and treatment of mental illness, a
3644 physician assistant who has at least three years' experience and
3645 is supervised by such licensed physician or a psychiatrist, a
3646 clinical social worker, and nervous disorders or by a
3647 psychiatric nurse. Any second opinion authorized in this
3648 subparagraph may be conducted through a face-to-face
3649 examination, in person or by electronic means. Such
3650 recommendation must be entered on an involuntary outpatient
3651 services placement certificate, and the certificate must be made
3652 a part of the patient's clinical record.

3653 (c)1. The administrator of the treatment facility shall
3654 provide a copy of the involuntary outpatient services placement

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3655 certificate and a copy of the state mental health discharge form
3656 to the managing entity ~~a department representative~~ in the county
3657 where the patient will be residing. For persons who are leaving
3658 a state mental health treatment facility, the petition for
3659 involuntary outpatient services placement must be filed in the
3660 county where the patient will be residing.

3661 2. The service provider that will have primary
3662 responsibility for service provision shall be identified by the
3663 designated department representative before ~~prior to~~ the order
3664 for involuntary outpatient services placement and must, before
3665 ~~prior to~~ filing a petition for involuntary outpatient services
3666 ~~placement~~, certify to the court whether the services recommended
3667 in the patient's discharge plan are available ~~in the local~~
3668 ~~community~~ and whether the service provider agrees to provide
3669 those services. The service provider must develop with the
3670 patient, or the patient's guardian advocate, if appointed, a
3671 treatment or service plan that addresses the needs identified in
3672 the discharge plan. The plan must be deemed to be clinically
3673 appropriate by a physician, clinical psychologist, psychiatric
3674 nurse, mental health counselor, marriage and family therapist,
3675 or clinical social worker, as defined in this chapter, who
3676 consults with, or is employed or contracted by, the service
3677 provider.

3678 3. If the service provider certifies that the services in
3679 the proposed treatment or service plan are not available, the
3680 petitioner may not file the petition. The service provider must
3681 notify the managing entity if the requested services are not
3682 available. The managing entity must document such efforts to
3683 obtain the requested services.

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3684 ~~(4)~~(3) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES
3685 PLACEMENT.—

3686 (a) A petition for involuntary outpatient services
3687 ~~placement~~ may be filed by:

- 3688 1. The administrator of a receiving facility; or
3689 2. The administrator of a treatment facility.

3690 (b) Each required criterion for involuntary outpatient
3691 services ~~placement~~ must be alleged and substantiated in the
3692 petition for involuntary outpatient services ~~placement~~. A copy
3693 of the certificate recommending involuntary outpatient services
3694 ~~placement~~ completed by a qualified professional specified in
3695 subsection (3) ~~(2)~~ must be attached to the petition. A copy of
3696 the proposed treatment plan must be attached to the petition.
3697 Before the petition is filed, the service provider shall certify
3698 that the services in the proposed ~~treatment~~ plan are available.
3699 If the necessary services are not available ~~in the patient's~~
3700 ~~local community to respond to the person's individual needs~~, the
3701 petition may not be filed. The service provider must notify the
3702 managing entity if the requested services are not available. The
3703 managing entity must document such efforts to obtain the
3704 requested services.

3705 (c) The petition for involuntary outpatient services
3706 ~~placement~~ must be filed in the county where the patient is
3707 located, unless the patient is being placed from a state
3708 treatment facility, in which case the petition must be filed in
3709 the county where the patient will reside. When the petition has
3710 been filed, the clerk of the court shall provide copies of the
3711 petition and the proposed treatment plan to the department, the
3712 managing entity, the patient, the patient's guardian or

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3713 representative, the state attorney, and the public defender or
3714 the patient's private counsel. A fee may not be charged for
3715 filing a petition under this subsection.

3716 (5)~~(4)~~ APPOINTMENT OF COUNSEL.—Within 1 court working day
3717 after the filing of a petition for involuntary outpatient
3718 services placement, the court shall appoint the public defender
3719 to represent the person who is the subject of the petition,
3720 unless the person is otherwise represented by counsel. The clerk
3721 of the court shall immediately notify the public defender of the
3722 appointment. The public defender shall represent the person
3723 until the petition is dismissed, the court order expires, or the
3724 patient is discharged from involuntary outpatient services
3725 placement. An attorney who represents the patient must be
3726 provided ~~shall have~~ access to the patient, witnesses, and
3727 records relevant to the presentation of the patient's case and
3728 shall represent the interests of the patient, regardless of the
3729 source of payment to the attorney.

3730 (6)~~(5)~~ CONTINUANCE OF HEARING.—The patient is entitled,
3731 with the concurrence of the patient's counsel, to at least one
3732 continuance of the hearing. The continuance shall be for a
3733 period of up to 4 weeks.

3734 (7)~~(6)~~ HEARING ON INVOLUNTARY OUTPATIENT SERVICES
3735 PLACEMENT.—

3736 (a)1. The court shall hold the hearing on involuntary
3737 outpatient services placement within 5 working days after the
3738 filing of the petition, unless a continuance is granted. The
3739 hearing must ~~shall~~ be held in the county where the petition is
3740 filed, must ~~shall~~ be as convenient to the patient as is
3741 consistent with orderly procedure, and must ~~shall~~ be conducted

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3742 in physical settings not likely to be injurious to the patient's
3743 condition. If the court finds that the patient's attendance at
3744 the hearing is not consistent with the best interests of the
3745 patient and if the patient's counsel does not object, the court
3746 may waive the presence of the patient from all or any portion of
3747 the hearing. The state attorney for the circuit in which the
3748 patient is located shall represent the state, rather than the
3749 petitioner, as the real party in interest in the proceeding.

3750 2. The court may appoint a magistrate ~~master~~ to preside at
3751 the hearing. One of the professionals who executed the
3752 involuntary outpatient services placement certificate shall be a
3753 witness. The patient and the patient's guardian or
3754 representative shall be informed by the court of the right to an
3755 independent expert examination. If the patient cannot afford
3756 such an examination, the court shall ensure that one is
3757 provided, as otherwise provided by law ~~provide for one~~. The
3758 independent expert's report is ~~shall be~~ confidential and not
3759 discoverable, unless the expert is to be called as a witness for
3760 the patient at the hearing. The court shall allow testimony from
3761 individuals, including family members, deemed by the court to be
3762 relevant under state law, regarding the person's prior history
3763 and how that prior history relates to the person's current
3764 condition. The testimony in the hearing must be given under
3765 oath, and the proceedings must be recorded. The patient may
3766 refuse to testify at the hearing.

3767 (b)1. If the court concludes that the patient meets the
3768 criteria for involuntary outpatient services placement pursuant
3769 to subsection (2) ~~(1)~~, the court shall issue an order for
3770 involuntary outpatient services placement. The court order shall

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3771 be for a period of up to 90 days ~~6 months~~. The order must
3772 specify the nature and extent of the patient's mental illness.
3773 The order of the court and the treatment plan must ~~shall~~ be made
3774 part of the patient's clinical record. The service provider
3775 shall discharge a patient from involuntary outpatient services
3776 ~~placement~~ when the order expires or any time the patient no
3777 longer meets the criteria for involuntary placement. Upon
3778 discharge, the service provider shall send a certificate of
3779 discharge to the court.

3780 2. The court may not order the department or the service
3781 provider to provide services if the program or service is not
3782 available in the patient's local community, if there is no space
3783 available in the program or service for the patient, or if
3784 funding is not available for the program or service. The service
3785 provider must notify the managing entity if the requested
3786 services are not available. The managing entity must document
3787 such efforts to obtain the requested services. A copy of the
3788 order must be sent to the managing entity ~~Agency for Health Care~~
3789 ~~Administration~~ by the service provider within 1 working day
3790 after it is received from the court. The order may be submitted
3791 electronically through existing data systems. After the
3792 ~~placement~~ order for involuntary services is issued, the service
3793 provider and the patient may modify ~~provisions of~~ the treatment
3794 plan. For any material modification of the treatment plan to
3795 which the patient or, if one is appointed, the patient's
3796 guardian advocate agrees, ~~if appointed, does agree,~~ the service
3797 provider shall send notice of the modification to the court. Any
3798 material modifications of the treatment plan which are contested
3799 by the patient or the patient's guardian advocate, if applicable

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3800 ~~appointed~~, must be approved or disapproved by the court
3801 consistent with subsection (3) ~~(2)~~.

3802 3. If, in the clinical judgment of a physician, the patient
3803 has failed or has refused to comply with the treatment ordered
3804 by the court, and, in the clinical judgment of the physician,
3805 efforts were made to solicit compliance and the patient may meet
3806 the criteria for involuntary examination, a person may be
3807 brought to a receiving facility pursuant to s. 394.463. If,
3808 after examination, the patient does not meet the criteria for
3809 involuntary inpatient placement pursuant to s. 394.467, the
3810 patient must be discharged from the ~~receiving~~ facility. The
3811 involuntary outpatient services ~~placement~~ order shall remain in
3812 effect unless the service provider determines that the patient
3813 no longer meets the criteria for involuntary outpatient services
3814 ~~placement~~ or until the order expires. The service provider must
3815 determine whether modifications should be made to the existing
3816 treatment plan and must attempt to continue to engage the
3817 patient in treatment. For any material modification of the
3818 treatment plan to which the patient or the patient's guardian
3819 advocate, if applicable ~~appointed~~, agrees ~~does agree~~, the
3820 service provider shall send notice of the modification to the
3821 court. Any material modifications of the treatment plan which
3822 are contested by the patient or the patient's guardian advocate,
3823 if applicable ~~appointed~~, must be approved or disapproved by the
3824 court consistent with subsection (3) ~~(2)~~.

3825 (c) If, at any time before the conclusion of the initial
3826 hearing on involuntary outpatient services ~~placement~~, it appears
3827 to the court that the person does not meet the criteria for
3828 involuntary outpatient services ~~placement~~ under this section

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3829 but, instead, meets the criteria for involuntary inpatient
3830 placement, the court may order the person admitted for
3831 involuntary inpatient examination under s. 394.463. If the
3832 person instead meets the criteria for involuntary assessment,
3833 protective custody, or involuntary admission pursuant to s.
3834 397.675, the court may order the person to be admitted for
3835 involuntary assessment for a period of 5 days pursuant to s.
3836 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by
3837 chapter 397.

3838 (d) At the hearing on involuntary outpatient services
3839 ~~placement~~, the court shall consider testimony and evidence
3840 regarding the patient's competence to consent to services
3841 ~~treatment~~. If the court finds that the patient is incompetent to
3842 consent to treatment, it shall appoint a guardian advocate as
3843 provided in s. 394.4598. The guardian advocate shall be
3844 appointed or discharged in accordance with s. 394.4598.

3845 (e) The administrator of the receiving facility or the
3846 designated department representative shall provide a copy of the
3847 court order and adequate documentation of a patient's mental
3848 illness to the service provider for involuntary outpatient
3849 services ~~placement~~. Such documentation must include any advance
3850 directives made by the patient, a psychiatric evaluation of the
3851 patient, and any evaluations of the patient performed by a
3852 ~~clinical~~ psychologist or a clinical social worker.

3853 (8) ~~(7)~~ PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT
3854 SERVICES PLACEMENT.—

3855 (a)1. If the person continues to meet the criteria for
3856 involuntary outpatient services ~~placement~~, the service provider
3857 shall, at least 10 days before the expiration of the period

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3858 during which the treatment is ordered for the person, file in
3859 the ~~circuit~~ court that issued the order for involuntary
3860 outpatient services a petition for continued involuntary
3861 outpatient services placement. The court shall immediately
3862 schedule a hearing on the petition to be held within 15 days
3863 after the petition is filed.

3864 2. The existing involuntary outpatient services placement
3865 order remains in effect until disposition on the petition for
3866 continued involuntary outpatient services placement.

3867 3. A certificate shall be attached to the petition which
3868 includes a statement from the person's physician or clinical
3869 psychologist justifying the request, a brief description of the
3870 patient's treatment during the time he or she was receiving
3871 involuntary services involuntarily placed, and an individualized
3872 plan of continued treatment.

3873 4. The service provider shall develop the individualized
3874 plan of continued treatment in consultation with the patient or
3875 the patient's guardian advocate, if applicable appointed. When
3876 the petition has been filed, the clerk of the court shall
3877 provide copies of the certificate and the individualized plan of
3878 continued services treatment to the department, the patient, the
3879 patient's guardian advocate, the state attorney, and the
3880 patient's private counsel or the public defender.

3881 (b) Within 1 court working day after the filing of a
3882 petition for continued involuntary outpatient services
3883 placement, the court shall appoint the public defender to
3884 represent the person who is the subject of the petition, unless
3885 the person is otherwise represented by counsel. The clerk of the
3886 court shall immediately notify the public defender of such

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3887 appointment. The public defender shall represent the person
3888 until the petition is dismissed or the court order expires or
3889 the patient is discharged from involuntary outpatient services
3890 ~~placement~~. Any attorney representing the patient shall have
3891 access to the patient, witnesses, and records relevant to the
3892 presentation of the patient's case and shall represent the
3893 interests of the patient, regardless of the source of payment to
3894 the attorney.

3895 (c) Hearings on petitions for continued involuntary
3896 outpatient services must ~~placement shall~~ be before the ~~circuit~~
3897 court that issued the order for involuntary outpatient services.
3898 The court may appoint a magistrate ~~master~~ to preside at the
3899 hearing. The procedures for obtaining an order pursuant to this
3900 paragraph must meet the requirements of ~~shall be in accordance~~
3901 ~~with~~ subsection (7) ~~(6)~~, except that the time period included in
3902 paragraph (2) (e) ~~(1) (e)~~ is not applicable in determining the
3903 appropriateness of additional periods of involuntary outpatient
3904 placement.

3905 (d) Notice of the hearing must ~~shall~~ be provided as set
3906 forth in s. 394.4599. The patient and the patient's attorney may
3907 agree to a period of continued outpatient services ~~placement~~
3908 without a court hearing.

3909 (e) The same procedure must ~~shall~~ be repeated before the
3910 expiration of each additional period the patient is placed in
3911 treatment.

3912 (f) If the patient has previously been found incompetent to
3913 consent to treatment, the court shall consider testimony and
3914 evidence regarding the patient's competence. Section 394.4598
3915 governs the discharge of the guardian advocate if the patient's

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3916 competency to consent to treatment has been restored.

3917 Section 86. Paragraphs (c) and (d) of subsection (2) of
3918 section 394.4599, Florida Statutes, are amended to read:

3919 394.4599 Notice.—

3920 (2) INVOLUNTARY ADMISSION.—

3921 (c)1. A receiving facility shall give notice of the
3922 whereabouts of a minor who is being involuntarily held for
3923 examination pursuant to s. 394.463 to the minor's parent,
3924 guardian, caregiver, or guardian advocate, in person or by
3925 telephone or other form of electronic communication, immediately
3926 after the minor's arrival at the facility. The facility may
3927 delay notification for no more than 24 hours after the minor's
3928 arrival if the facility has submitted a report to the central
3929 abuse hotline, pursuant to s. 39.201, based upon knowledge or
3930 suspicion of abuse, abandonment, or neglect and if the facility
3931 deems a delay in notification to be in the minor's best
3932 interest.

3933 2. The receiving facility shall attempt to notify the
3934 minor's parent, guardian, caregiver, or guardian advocate until
3935 the receiving facility receives confirmation from the parent,
3936 guardian, caregiver, or guardian advocate, verbally, by
3937 telephone or other form of electronic communication, or by
3938 recorded message, that notification has been received. Attempts
3939 to notify the parent, guardian, caregiver, or guardian advocate
3940 must be repeated at least once every hour during the first 12
3941 hours after the minor's arrival and once every 24 hours
3942 thereafter and must continue until such confirmation is
3943 received, unless the minor is released at the end of the 72-hour
3944 examination period, or until a petition for involuntary services

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3945 ~~placement~~ is filed with the court pursuant to s. 394.463(2)(g)
3946 ~~s. 394.463(2)(i)~~. The receiving facility may seek assistance
3947 from a law enforcement agency to notify the minor's parent,
3948 guardian, caregiver, or guardian advocate if the facility has
3949 not received within the first 24 hours after the minor's arrival
3950 a confirmation by the parent, guardian, caregiver, or guardian
3951 advocate that notification has been received. The receiving
3952 facility must document notification attempts in the minor's
3953 clinical record.

3954 (d) The written notice of the filing of the petition for
3955 involuntary services for placement of an individual being held
3956 must contain the following:

3957 1. Notice that the petition for:

3958 a. Involuntary inpatient treatment pursuant to s. 394.467
3959 has been filed with the circuit court in the county in which the
3960 individual is hospitalized and the address of such court; or
3961 b. Involuntary outpatient services pursuant to s. 394.4655
3962 has been filed with the criminal county court, as defined in s.
3963 394.4655(1), or the circuit court, as applicable, in the county
3964 in which the individual is hospitalized and the address of such
3965 court.

3966 2. Notice that the office of the public defender has been
3967 appointed to represent the individual in the proceeding, if the
3968 individual is not otherwise represented by counsel.

3969 3. The date, time, and place of the hearing and the name of
3970 each examining expert and every other person expected to testify
3971 in support of continued detention.

3972 4. Notice that the individual, the individual's guardian,
3973 guardian advocate, health care surrogate or proxy, or

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3974 representative, or the administrator may apply for a change of
3975 venue for the convenience of the parties or witnesses or because
3976 of the condition of the individual.

3977 5. Notice that the individual is entitled to an independent
3978 expert examination and, if the individual cannot afford such an
3979 examination, that the court will provide for one.

3980 Section 87. Section 394.455, Florida Statutes, is amended
3981 to read:

3982 394.455 Definitions.—As used in this part, ~~unless the~~
3983 ~~context clearly requires otherwise,~~ the term:

3984 (1) "Access center" means a facility that has medical,
3985 mental health, and substance abuse professionals to provide
3986 emergency screening and evaluation for mental health or
3987 substance abuse disorders and may provide transportation to an
3988 appropriate facility if an individual is in need of more
3989 intensive services.

3990 (2) "Addictions receiving facility" is a secure, acute care
3991 facility that, at a minimum, provides emergency screening,
3992 evaluation, detoxification, and stabilization services; is
3993 operated 24 hours per day, 7 days per week; and is designated by
3994 the department to serve individuals found to have substance
3995 abuse impairment who qualify for services under this part.

3996 (3)~~(1)~~ "Administrator" means the chief administrative
3997 officer of a receiving or treatment facility or his or her
3998 designee.

3999 (4) "Adult" means an individual who is 18 years of age or
4000 older or who has had the disability of nonage removed under
4001 chapter 743.

4002 (5)~~(2)~~ "Clinical psychologist" means a psychologist as

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4003 defined in s. 490.003(7) with 3 years of postdoctoral experience
4004 in the practice of clinical psychology, inclusive of the
4005 experience required for licensure, or a psychologist employed by
4006 a facility operated by the United States Department of Veterans
4007 Affairs that qualifies as a receiving or treatment facility
4008 under this part.

4009 (6)~~(3)~~ "Clinical record" means all parts of the record
4010 required to be maintained and includes all medical records,
4011 progress notes, charts, and admission and discharge data, and
4012 all other information recorded by a facility staff which
4013 pertains to the patient's hospitalization or treatment.

4014 (7)~~(4)~~ "Clinical social worker" means a person licensed as
4015 a clinical social worker under s. 491.005 or s. 491.006 ~~chapter~~
4016 ~~491~~.

4017 (8)~~(5)~~ "Community facility" means a any community service
4018 provider that contracts ~~contracting~~ with the department to
4019 furnish substance abuse or mental health services under part IV
4020 of this chapter.

4021 (9)~~(6)~~ "Community mental health center or clinic" means a
4022 publicly funded, not-for-profit center that ~~which~~ contracts with
4023 the department for the provision of inpatient, outpatient, day
4024 treatment, or emergency services.

4025 (10)~~(7)~~ "Court," unless otherwise specified, means the
4026 circuit court.

4027 (11)~~(8)~~ "Department" means the Department of Children and
4028 Families.

4029 (12) "Designated receiving facility" means a facility
4030 approved by the department which may be a public or private
4031 hospital, crisis stabilization unit, or addictions receiving

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4032 facility; which provides, at a minimum, emergency screening,
4033 evaluation, and short-term stabilization for mental health or
4034 substance abuse disorders; and which may have an agreement with
4035 a corresponding facility for transportation and services.

4036 (13) "Detoxification facility" means a facility licensed to
4037 provide detoxification services under chapter 397.

4038 (14) "Electronic means" means a form of telecommunication
4039 which requires all parties to maintain visual as well as audio
4040 communication when being used to conduct an examination by a
4041 qualified professional.

4042 (15)~~(9)~~ "Express and informed consent" means consent
4043 voluntarily given in writing, by a competent person, after
4044 sufficient explanation and disclosure of the subject matter
4045 involved to enable the person to make a knowing and willful
4046 decision without any element of force, fraud, deceit, duress, or
4047 other form of constraint or coercion.

4048 (16)~~(10)~~ "Facility" means any hospital, community facility,
4049 public or private facility, or receiving or treatment facility
4050 providing for the evaluation, diagnosis, care, treatment,
4051 training, or hospitalization of persons who appear to have a
4052 ~~mental illness~~ or who have been diagnosed as having a mental
4053 illness or substance abuse impairment. The term "Facility" does
4054 not include a ~~any~~ program or an entity licensed under ~~pursuant~~
4055 ~~to~~ chapter 400 or chapter 429.

4056 (17)~~(11)~~ "Guardian" means the natural guardian of a minor,
4057 or a person appointed by a court to act on behalf of a ward's
4058 person if the ward is a minor or has been adjudicated
4059 incapacitated.

4060 (18)~~(12)~~ "Guardian advocate" means a person appointed by a

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4061 court to make decisions regarding mental health treatment on
4062 behalf of a patient who has been found incompetent to consent to
4063 treatment pursuant to this part. ~~The guardian advocate may be~~
4064 ~~granted specific additional powers by written order of the~~
4065 ~~court, as provided in this part.~~

4066 (19) ~~(13)~~ "Hospital" means a hospital facility as defined in
4067 ~~s. 395.002 and~~ licensed under chapter 395 and part II of chapter
4068 408.

4069 (20) ~~(14)~~ "Incapacitated" means that a person has been
4070 adjudicated incapacitated pursuant to part V of chapter 744 and
4071 a guardian of the person has been appointed.

4072 (21) ~~(15)~~ "Incompetent to consent to treatment" means a
4073 state in which ~~that~~ a person's judgment is so affected by a his
4074 ~~or her~~ mental illness or a substance abuse impairment that he or
4075 ~~she the person~~ lacks the capacity to make a well-reasoned,
4076 willful, and knowing decision concerning his or her medical, ~~or~~
4077 mental health, or substance abuse treatment.

4078 (22) "Involuntary examination" means an examination
4079 performed under s. 394.463, s. 397.6772, s. 397.679, s.
4080 397.6798, or s. 397.6811 to determine whether a person qualifies
4081 for involuntary services.

4082 (23) "Involuntary services" means court-ordered outpatient
4083 services or inpatient placement for mental health treatment
4084 pursuant to s. 394.4655 or s. 394.467.

4085 (24) ~~(16)~~ "Law enforcement officer" has the same meaning as
4086 provided ~~means a law enforcement officer as defined in s.~~
4087 943.10.

4088 (25) "Marriage and family therapist" means a person
4089 licensed to practice marriage and family therapy under s.

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4090 491.005 or s. 491.006.

4091 (26) "Mental health counselor" means a person licensed to
4092 practice mental health counseling under s. 491.005 or s.
4093 491.006.

4094 (27)~~(17)~~ "Mental health overlay program" means a mobile
4095 service that ~~which~~ provides an independent examination for
4096 voluntary admission ~~admissions~~ and a range of supplemental
4097 onsite services to persons with a mental illness in a
4098 residential setting such as a nursing home, an assisted living
4099 facility, or an adult family-care home~~7~~, or a nonresidential
4100 setting such as an adult day care center. Independent
4101 examinations provided ~~pursuant to this part~~ through a mental
4102 health overlay program must only be provided under contract with
4103 the department ~~for this service~~ or be attached to a public
4104 receiving facility that is also a community mental health
4105 center.

4106 (28)~~(18)~~ "Mental illness" means an impairment of the mental
4107 or emotional processes that exercise conscious control of one's
4108 actions or of the ability to perceive or understand reality,
4109 which impairment substantially interferes with the person's
4110 ability to meet the ordinary demands of living. For the purposes
4111 of this part, the term does not include a developmental
4112 disability as defined in chapter 393, intoxication, or
4113 conditions manifested only by antisocial behavior or substance
4114 abuse ~~impairment~~.

4115 (29) "Minor" means an individual who is 17 years of age or
4116 younger and who has not had the disability of nonage removed
4117 pursuant to s. 743.01 or s. 743.015.

4118 (30)~~(19)~~ "Mobile crisis response service" means a

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4119 nonresidential crisis service ~~attached to a public receiving~~
4120 ~~facility and~~ available 24 hours per a day, 7 days per a week,
4121 ~~through~~ which provides immediate intensive assessments and
4122 interventions, including screening for admission into a mental
4123 health receiving facility, an addictions receiving facility, or
4124 a detoxification facility, ~~take place~~ for the purpose of
4125 identifying appropriate treatment services.

4126 (31)-(20) "Patient" means any person, with or without a co-
4127 occurring substance abuse disorder, who is held or accepted for
4128 mental health treatment.

4129 (32)-(21) "Physician" means a medical practitioner licensed
4130 under chapter 458 or chapter 459 who has experience in the
4131 diagnosis and treatment of mental illness ~~and nervous disorders~~
4132 or a physician employed by a facility operated by the United
4133 States Department of Veterans Affairs or the United States
4134 Department of Defense ~~which qualifies as a receiving or~~
4135 ~~treatment facility under this part.~~

4136 (33) "Physician assistant" means a person licensed under
4137 chapter 458 or chapter 459 who has experience in the diagnosis
4138 and treatment of mental disorders.

4139 (34)-(22) "Private facility" means a ~~any~~ hospital or
4140 facility operated by a for-profit or not-for-profit corporation
4141 or association which ~~that~~ provides mental health or substance
4142 abuse services and is not a public facility.

4143 (35)-(23) "Psychiatric nurse" means an advanced registered
4144 nurse practitioner certified under s. 464.012 who has a master's
4145 or doctoral degree in psychiatric nursing, holds a national
4146 advanced practice certification as a psychiatric mental health
4147 advanced practice nurse, and has 2 years of post-master's

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4148 clinical experience under the supervision of a physician.

4149 (36)~~(24)~~ "Psychiatrist" means a medical practitioner
4150 licensed under chapter 458 or chapter 459 ~~who has primarily~~
4151 ~~diagnosed and treated mental and nervous disorders for at least~~
4152 ~~a period of not less than 3 years, inclusive of psychiatric~~
4153 ~~residency.~~

4154 (37)~~(25)~~ "Public facility" means a ~~any~~ facility that has
4155 contracted with the department to provide mental health services
4156 to all persons, regardless of ~~their~~ ability to pay, and is
4157 receiving state funds for such purpose.

4158 (38) "Qualified professional" means a physician or a
4159 physician assistant licensed under chapter 458 or chapter 459; a
4160 psychiatrist licensed under chapter 458 or chapter 459; a
4161 psychologist as defined in s. 490.003(7); or a psychiatric nurse
4162 as defined in s. 394.455.

4163 (39)~~(26)~~ "Receiving facility" means a ~~any~~ public or private
4164 facility or hospital designated by the department to receive and
4165 hold or refer, as appropriate, involuntary patients under
4166 emergency conditions ~~or~~ for mental health or substance abuse
4167 psychiatric evaluation and to provide short-term treatment or
4168 transportation to the appropriate service provider. The term
4169 does not include a county jail.

4170 (40)~~(27)~~ "Representative" means a person selected to
4171 receive notice of proceedings during the time a patient is held
4172 in or admitted to a receiving or treatment facility.

4173 (41)~~(28)~~ (a) "Restraint" means: a physical device, method,
4174 or drug used to control behavior.

4175 (a) A physical restraint, including ~~is~~ any manual method or
4176 physical or mechanical device, material, or equipment attached

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4177 or adjacent to an ~~the~~ individual's body so that he or she cannot
4178 easily remove the restraint and which restricts freedom of
4179 movement or normal access to one's body. "Physical restraint"
4180 includes the physical holding of a person during a procedure to
4181 forcibly administer psychotropic medication. "Physical
4182 restraint" does not include physical devices such as
4183 orthopedically prescribed appliances, surgical dressings and
4184 bandages, supportive body bands, or other physical holding when
4185 necessary for routine physical examinations and tests or for
4186 purposes of orthopedic, surgical, or other similar medical
4187 treatment when used to provide support for the achievement of
4188 functional body position or proper balance or when used to
4189 protect a person from falling out of bed.

4190 (b) A drug or ~~used as a restraint is a~~ medication used to
4191 control a ~~the~~ person's behavior or to restrict his or her
4192 freedom of movement which ~~and~~ is not part of the standard
4193 treatment regimen of a person with a diagnosed mental illness
4194 ~~who is a client of the department. Physically holding a person~~
4195 ~~during a procedure to forcibly administer psychotropic~~
4196 ~~medication is a physical restraint.~~

4197 (c) ~~Restraint does not include physical devices, such as~~
4198 ~~orthopedically prescribed appliances, surgical dressings and~~
4199 ~~bandages, supportive body bands, or other physical holding when~~
4200 ~~necessary for routine physical examinations and tests; or for~~
4201 ~~purposes of orthopedic, surgical, or other similar medical~~
4202 ~~treatment; when used to provide support for the achievement of~~
4203 ~~functional body position or proper balance; or when used to~~
4204 ~~protect a person from falling out of bed.~~

4205 (42) ~~(29)~~ "Seclusion" means the physical segregation ~~of a~~

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4206 ~~person in any fashion~~ or involuntary isolation of a person in a
4207 room or area from which the person is prevented from leaving.
4208 The prevention may be by physical barrier or by a staff member
4209 who is acting in a manner, or who is physically situated, so as
4210 to prevent the person from leaving the room or area. For
4211 purposes of this part ~~chapter~~, the term does not mean isolation
4212 due to a person's medical condition or symptoms.

4213 (43) ~~(30)~~ "Secretary" means the Secretary of Children and
4214 Families.

4215 (44) "Service provider" means a receiving facility, a
4216 facility licensed under chapter 397, a treatment facility, an
4217 entity under contract with the department to provide mental
4218 health or substance abuse services, a community mental health
4219 center or clinic, a psychologist, a clinical social worker, a
4220 marriage and family therapist, a mental health counselor, a
4221 physician, a psychiatrist, an advanced registered nurse
4222 practitioner, a psychiatric nurse, or a qualified professional
4223 as defined in s. 39.01.

4224 (45) "Substance abuse impairment" means a condition
4225 involving the use of alcoholic beverages or any psychoactive or
4226 mood-altering substance in such a manner that a person has lost
4227 the power of self-control and has inflicted or is likely to
4228 inflict physical harm on himself, herself, or another.

4229 (46) ~~(31)~~ "Transfer evaluation" means the process by which,
4230 ~~as approved by the appropriate district office of the~~
4231 ~~department, whereby~~ a person who is being considered for
4232 placement in a state treatment facility is ~~first~~ evaluated for
4233 appropriateness of admission to such ~~the~~ facility ~~by a~~
4234 ~~community-based public receiving facility or by a community~~

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4235 ~~mental health center or clinic if the public receiving facility~~
4236 ~~is not a community mental health center or clinic.~~

4237 (47)~~(32)~~ "Treatment facility" means a any state-owned,
4238 state-operated, or state-supported hospital, center, or clinic
4239 designated by the department for extended treatment and
4240 hospitalization, beyond that provided for by a receiving
4241 facility, of persons who have a mental illness, including
4242 facilities of the United States Government, and any private
4243 facility designated by the department when rendering such
4244 services to a person pursuant to the provisions of this part.
4245 Patients treated in facilities of the United States Government
4246 shall be solely those whose care is the responsibility of the
4247 United States Department of Veterans Affairs.

4248 (48) "Triage center" means a facility that has medical,
4249 mental health, and substance abuse professionals present or on
4250 call to provide emergency screening and evaluation for mental
4251 health or substance abuse disorders for individuals transported
4252 to the center by a law enforcement officer.

4253 ~~(33)~~ "Service provider" means ~~any public or private~~
4254 ~~receiving facility, an entity under contract with the Department~~
4255 ~~of Children and Families to provide mental health services, a~~
4256 ~~clinical psychologist, a clinical social worker, a marriage and~~
4257 ~~family therapist, a mental health counselor, a physician, a~~
4258 ~~psychiatric nurse as defined in subsection (23), or a community~~
4259 ~~mental health center or clinic as defined in this part.~~

4260 ~~(34)~~ "Involuntary examination" means ~~an examination~~
4261 ~~performed under s. 394.463 to determine if an individual~~
4262 ~~qualifies for involuntary inpatient treatment under s.~~
4263 ~~394.467(1) or involuntary outpatient treatment under s.~~

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4264 394.4655(1).

4265 ~~(35) "Involuntary placement" means either involuntary~~
4266 ~~outpatient treatment pursuant to s. 394.4655 or involuntary~~
4267 ~~inpatient treatment pursuant to s. 394.467.~~

4268 ~~(36) "Marriage and family therapist" means a person~~
4269 ~~licensed as a marriage and family therapist under chapter 491.~~

4270 ~~(37) "Mental health counselor" means a person licensed as a~~
4271 ~~mental health counselor under chapter 491.~~

4272 ~~(38) "Electronic means" means a form of telecommunication~~
4273 ~~that requires all parties to maintain visual as well as audio~~
4274 ~~communication.~~

4275 Section 88. Subsection (2) of section 394.463, Florida
4276 Statutes, is amended to read:

4277 394.463 Involuntary examination.—

4278 (2) INVOLUNTARY EXAMINATION.—

4279 (a) An involuntary examination may be initiated by any one
4280 of the following means:

4281 1. A circuit or county court may enter an ex parte order
4282 stating that a person appears to meet the criteria for
4283 involuntary examination and specifying, ~~giving~~ the findings on
4284 which that conclusion is based. The ex parte order for
4285 involuntary examination must be based on written or oral sworn
4286 testimony that includes specific facts that support the
4287 findings, ~~written or oral~~. If other less restrictive means are
4288 not available, such as voluntary appearance for outpatient
4289 evaluation, a law enforcement officer, or other designated agent
4290 of the court, shall take the person into custody and deliver him
4291 or her to an appropriate, or the nearest, ~~receiving~~ facility
4292 within the designated receiving system pursuant to s. 394.462

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4293 for involuntary examination. The order of the court shall be
4294 made a part of the patient's clinical record. A No fee may not
4295 ~~shall~~ be charged for the filing of an order under this
4296 subsection. A Any receiving facility accepting the patient based
4297 on this order must send a copy of the order to the department
4298 ~~Agency for Health Care Administration on~~ the next working day.
4299 The order may be submitted electronically through existing data
4300 systems, if available. The order shall be valid only until the
4301 person is delivered to the facility or executed or, if not
4302 ~~executed,~~ for the period specified in the order itself,
4303 whichever comes first. If no time limit is specified in the
4304 order, the order shall be valid for 7 days after the date that
4305 the order was signed.

4306 2. A law enforcement officer shall take a person who
4307 appears to meet the criteria for involuntary examination into
4308 custody and deliver the person or have him or her delivered to
4309 an appropriate, or the nearest, receiving facility within the
4310 designated receiving system pursuant to s. 394.462 for
4311 examination. The officer shall execute a written report
4312 detailing the circumstances under which the person was taken
4313 into custody, which must ~~and the report shall~~ be made a part of
4314 the patient's clinical record. Any ~~receiving~~ facility accepting
4315 the patient based on this report must send a copy of the report
4316 to the department ~~Agency for Health Care Administration on~~ the
4317 next working day.

4318 3. A physician, clinical psychologist, psychiatric nurse,
4319 mental health counselor, marriage and family therapist, or
4320 clinical social worker may execute a certificate stating that he
4321 or she has examined a person within the preceding 48 hours and

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4322 finds that the person appears to meet the criteria for
4323 involuntary examination and stating the observations upon which
4324 that conclusion is based. If other less restrictive means, such
4325 as voluntary appearance for outpatient evaluation, are not
4326 available, ~~such as voluntary appearance for outpatient~~
4327 ~~evaluation,~~ a law enforcement officer shall take into custody
4328 the person named in the certificate ~~into custody~~ and deliver him
4329 or her to the appropriate, or nearest, receiving facility within
4330 the designated receiving system pursuant to s. 394.462 for
4331 involuntary examination. The law enforcement officer shall
4332 execute a written report detailing the circumstances under which
4333 the person was taken into custody. The report and certificate
4334 shall be made a part of the patient's clinical record. Any
4335 ~~receiving~~ facility accepting the patient based on this
4336 certificate must send a copy of the certificate to the
4337 ~~department Agency for Health Care Administration~~ on the next
4338 working day. The document may be submitted electronically
4339 through existing data systems, if applicable.

4340 (b) A person may ~~shall~~ not be removed from any program or
4341 residential placement licensed under chapter 400 or chapter 429
4342 and transported to a receiving facility for involuntary
4343 examination unless an ex parte order, a professional
4344 certificate, or a law enforcement officer's report is first
4345 prepared. If the condition of the person is such that
4346 preparation of a law enforcement officer's report is not
4347 practicable before removal, the report shall be completed as
4348 soon as possible after removal, but in any case before the
4349 person is transported to a receiving facility. A ~~receiving~~
4350 facility admitting a person for involuntary examination who is

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4351 not accompanied by the required ex parte order, professional
4352 certificate, or law enforcement officer's report shall notify
4353 the department ~~Agency for Health Care Administration~~ of such
4354 admission by certified mail or by e-mail, if available, by no
4355 ~~later than~~ the next working day. The provisions of this
4356 paragraph do not apply when transportation is provided by the
4357 patient's family or guardian.

4358 (c) A law enforcement officer acting in accordance with an
4359 ex parte order issued pursuant to this subsection may serve and
4360 execute such order on any day of the week, at any time of the
4361 day or night.

4362 (d) A law enforcement officer acting in accordance with an
4363 ex parte order issued pursuant to this subsection may use such
4364 reasonable physical force as is necessary to gain entry to the
4365 premises, and any dwellings, buildings, or other structures
4366 located on the premises, and to take custody of the person who
4367 is the subject of the ex parte order.

4368 (e) The department ~~Agency for Health Care Administration~~
4369 shall receive and maintain the copies of ex parte orders,
4370 involuntary outpatient services ~~placement~~ orders issued pursuant
4371 to s. 394.4655, involuntary inpatient placement orders issued
4372 pursuant to s. 394.467, professional certificates, and law
4373 enforcement officers' reports. These documents shall be
4374 considered part of the clinical record, governed by the
4375 provisions of s. 394.4615. These documents shall be used to ~~The~~
4376 ~~agency shall~~ prepare annual reports analyzing the data obtained
4377 from these documents, without information identifying patients,
4378 and shall provide copies of reports to the department, the
4379 President of the Senate, the Speaker of the House of

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4380 Representatives, and the minority leaders of the Senate and the
4381 House of Representatives.

4382 (f) A patient shall be examined by a physician or a
4383 clinical psychologist, or by a psychiatric nurse performing
4384 within the framework of an established protocol with a
4385 psychiatrist at a ~~receiving~~ facility without unnecessary delay
4386 to determine if the criteria for involuntary services are met.
4387 Emergency treatment may be provided and may, upon the order of a
4388 physician if the physician determines, ~~be given emergency~~
4389 ~~treatment if it is determined~~ that such treatment is necessary
4390 for the safety of the patient or others. The patient may not be
4391 released by the receiving facility or its contractor without the
4392 documented approval of a psychiatrist or a clinical psychologist
4393 or, if the receiving facility is owned or operated by a hospital
4394 or health system, the release may also be approved by a
4395 psychiatric nurse performing within the framework of an
4396 established protocol with a psychiatrist, or an attending
4397 emergency department physician with experience in the diagnosis
4398 and treatment of mental illness ~~and nervous disorders~~ and after
4399 completion of an involuntary examination pursuant to this
4400 subsection. A psychiatric nurse may not approve the release of a
4401 patient if the involuntary examination was initiated by a
4402 psychiatrist unless the release is approved by the initiating
4403 psychiatrist. ~~However, a patient may not be held in a receiving~~
4404 ~~facility for involuntary examination longer than 72 hours.~~

4405 (g) Within the 72-hour examination period or, if the 72
4406 hours ends on a weekend or holiday, no later than the next
4407 working day thereafter, one of the following actions must be
4408 taken, based on the individual needs of the patient:

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4409 1. The patient shall be released, unless he or she is
4410 charged with a crime, in which case the patient shall be
4411 returned to the custody of a law enforcement officer;

4412 2. The patient shall be released, subject to the provisions
4413 of subparagraph 1., for voluntary outpatient treatment;

4414 3. The patient, unless he or she is charged with a crime,
4415 shall be asked to give express and informed consent to placement
4416 as a voluntary patient and, if such consent is given, the
4417 patient shall be admitted as a voluntary patient; or

4418 4. A petition for involuntary services shall be filed in
4419 the circuit court if inpatient treatment is deemed necessary or
4420 with the criminal county court, as defined in s. 394.4655(1), as
4421 applicable. When inpatient treatment is deemed necessary, the
4422 least restrictive treatment consistent with the optimum
4423 improvement of the patient's condition shall be made available.
4424 When a petition is to be filed for involuntary outpatient
4425 placement, it shall be filed by one of the petitioners specified
4426 in s. 394.4655(4) (a). A petition for involuntary inpatient
4427 placement shall be filed by the facility administrator.

4428 (h) ~~(g)~~ A person for whom an involuntary examination has
4429 been initiated who is being evaluated or treated at a hospital
4430 for an emergency medical condition specified in s. 395.002 must
4431 be examined by a ~~receiving~~ facility within 72 hours. The 72-hour
4432 period begins when the patient arrives at the hospital and
4433 ceases when the attending physician documents that the patient
4434 has an emergency medical condition. If the patient is examined
4435 at a hospital providing emergency medical services by a
4436 professional qualified to perform an involuntary examination and
4437 is found as a result of that examination not to meet the

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4438 criteria for involuntary outpatient services ~~placement~~ pursuant
4439 to s. 394.4655(2) ~~394.4655(1)~~ or involuntary inpatient placement
4440 pursuant to s. 394.467(1), the patient may be offered voluntary
4441 services or placement, if appropriate, or released directly from
4442 the hospital providing emergency medical services. The finding
4443 by the professional that the patient has been examined and does
4444 not meet the criteria for involuntary inpatient services
4445 ~~placement~~ or involuntary outpatient placement must be entered
4446 into the patient's clinical record. ~~Nothing in~~ This paragraph is
4447 not intended to prevent a hospital providing emergency medical
4448 services from appropriately transferring a patient to another
4449 hospital before ~~prior to~~ stabilization if, ~~provided~~ the
4450 requirements of s. 395.1041(3) (c) have been met.

4451 (i) ~~(h)~~ One of the following must occur within 12 hours
4452 after the patient's attending physician documents that the
4453 patient's medical condition has stabilized or that an emergency
4454 medical condition does not exist:

4455 1. The patient must be examined by a ~~designated receiving~~
4456 facility and released; or

4457 2. The patient must be transferred to a designated
4458 ~~receiving~~ facility in which appropriate medical treatment is
4459 available. However, the ~~receiving~~ facility must be notified of
4460 the transfer within 2 hours after the patient's condition has
4461 been stabilized or after determination that an emergency medical
4462 condition does not exist.

4463 ~~(i) Within the 72-hour examination period or, if the 72~~
4464 ~~hours ends on a weekend or holiday, no later than the next~~
4465 ~~working day thereafter, one of the following actions must be~~
4466 ~~taken, based on the individual needs of the patient:~~

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4467 ~~1. The patient shall be released, unless he or she is~~
4468 ~~charged with a crime, in which case the patient shall be~~
4469 ~~returned to the custody of a law enforcement officer;~~

4470 ~~2. The patient shall be released, subject to the provisions~~
4471 ~~of subparagraph 1., for voluntary outpatient treatment;~~

4472 ~~3. The patient, unless he or she is charged with a crime,~~
4473 ~~shall be asked to give express and informed consent to placement~~
4474 ~~as a voluntary patient, and, if such consent is given, the~~
4475 ~~patient shall be admitted as a voluntary patient; or~~

4476 ~~4. A petition for involuntary placement shall be filed in~~
4477 ~~the circuit court when outpatient or inpatient treatment is~~
4478 ~~deemed necessary. When inpatient treatment is deemed necessary,~~
4479 ~~the least restrictive treatment consistent with the optimum~~
4480 ~~improvement of the patient's condition shall be made available.~~
4481 ~~When a petition is to be filed for involuntary outpatient~~
4482 ~~placement, it shall be filed by one of the petitioners specified~~
4483 ~~in s. 394.4655(3)(a). A petition for involuntary inpatient~~
4484 ~~placement shall be filed by the facility administrator.~~

4485 Section 89. Subsection (3) of section 394.4615, Florida
4486 Statutes, is amended to read:

4487 394.4615 Clinical records; confidentiality.-

4488 (3) Information from the clinical record may be released in
4489 the following circumstances:

4490 (a) When a patient has declared an intention to harm other
4491 persons. When such declaration has been made, the administrator
4492 may authorize the release of sufficient information to provide
4493 adequate warning to the person threatened with harm by the
4494 patient.

4495 (b) When the administrator of the facility or secretary of

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4496 the department deems release to a qualified researcher as
4497 defined in administrative rule, an aftercare treatment provider,
4498 or an employee or agent of the department is necessary for
4499 treatment of the patient, maintenance of adequate records,
4500 compilation of treatment data, aftercare planning, or evaluation
4501 of programs.

4502
4503 For the purpose of determining whether a person meets the
4504 criteria for involuntary outpatient placement or for preparing
4505 the proposed treatment plan pursuant to s. 394.4655, the
4506 clinical record may be released to the state attorney, the
4507 public defender or the patient's private legal counsel, the
4508 court, and to the appropriate mental health professionals,
4509 including the service provider identified in s. 394.4655(7)(b)2.
4510 ~~394.4655(6)(b)2.~~, in accordance with state and federal law.

4511 Section 90. For the 2016-2017 fiscal year, the sum of
4512 \$400,000 in nonrecurring funds is appropriated from the
4513 Operations and Maintenance Trust Fund to the Department of
4514 Children and Families for the purpose of modifying the existing
4515 crisis stabilization database to collect and analyze data and
4516 information pursuant to s. 397.321, Florida Statutes, as amended
4517 by this act.

4518 Section 91. This act shall take effect July 1, 2016.