Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	____	(Y/N)
ADOPTED AS AMENDED	____	(Y/N)
ADOPTED W/O OBJECTION	____	(Y/N)
FAILED TO ADOPT	____	(Y/N)
WITHDRAWN	____	(Y/N)
OTHER		

Committee/Subcommittee hearing bill: Health & Human Services Committee

Representative Harrell offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

Section 1. Paragraph (c) of subsection (6) of section 39.407, Florida Statutes, is amended to read:

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

(6) Children who are in the legal custody of the department may be placed by the department, without prior approval of the court, in a residential treatment center licensed under s. 394.875 or a hospital licensed under chapter 395 for residential mental health treatment only pursuant to this section or may be placed by the court in accordance with an

order of involuntary examination or involuntary placement entered pursuant to s. 394.463 or s. 394.467. All children placed in a residential treatment program under this subsection must have a guardian ad litem appointed.

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

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

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

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

A copy of the written findings of the evaluation and suitability assessment must be provided to the department, ~~and~~ to the guardian ad litem, and to the child's Medicaid managed care plan, if applicable, which entities ~~who~~ shall have the opportunity to discuss the findings with the evaluator.

Section 2. Section 394.453, Florida Statutes, is amended to read:

394.453 Legislative intent.—

(1) It is the intent of the Legislature:

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

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

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

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

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

4. ~~that~~ Any involuntary treatment or examination be accomplished in a setting that ~~which~~ is clinically appropriate

and most likely to facilitate the person's return to the community as soon as possible; and

5. ~~that~~ Individual dignity and human rights be guaranteed to all persons who are admitted to mental health facilities or who are being held under s. 394.463.

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

(d) That state policy and funding decisions be driven by data concerning populations served and the effectiveness of services provided.

(e) That licensed, qualified health professionals be authorized to practice to the full extent of their education and training in the performance of professional functions necessary to carry out the intent of this part.

(2) ~~It is the further intent of the Legislature that the least restrictive means of intervention be employed based on the individual needs of each person, within the scope of available services.~~ It is the policy of this state that the use of restraint and seclusion on clients is justified only as an emergency safety measure to be used in response to imminent danger to the client or others. It is, therefore, the intent of

the Legislature to achieve an ongoing reduction in the use of restraint and seclusion in programs and facilities serving persons with mental illness.

Section 3. Subsections (26) through (38) of section 394.455, Florida Statutes, are renumbered as subsections (27) through (39), respectively, and subsection (26) is added to that section, to read:

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

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

Section 4. Section 394.4597, Florida Statutes, is amended to read:

394.4597 Persons to be notified; designation of a patient's representative.—

(1) VOLUNTARY PATIENTS.— At the time a patient is voluntarily admitted to a receiving or treatment facility, the patient shall be asked to identify a person to be notified in case of an emergency, and the identity and contact information of that ~~a~~ person ~~to be notified in case of an emergency~~ shall be entered in the patient's clinical record.

(2) INVOLUNTARY PATIENTS.—

(a) At the time a patient is admitted to a facility for

involuntary examination or placement, or when a petition for involuntary placement is filed, the names, addresses, and telephone numbers of the patient's guardian or guardian advocate, or representative if the patient has no guardian, and the patient's attorney shall be entered in the patient's clinical record.

(b) If the patient has no guardian, the patient shall be asked to designate a representative. If the patient is unable or unwilling to designate a representative, the facility shall select a representative.

(c) The patient shall be consulted with regard to the selection of a representative by the receiving or treatment facility and shall have authority to request that any such representative be replaced.

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

1. The patient's spouse.
2. An adult child of the patient.
3. A parent of the patient.
4. The adult next of kin of the patient.
5. An adult friend of the patient.

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

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

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

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

3. An employee, administrator, or board member of the facility providing the examination of the patient;

4. An employee, administrator, or board member of a treatment facility providing treatment of the patient;

5. A person providing any substantial professional services for the patient, including clinical and nonclinical services;

6. A creditor of the patient;

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

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

(f) The representative selected by the patient or

designated by the facility has the right to:

1. Receive notice of the patient's admission;

2. Receive notice of proceedings affecting the patient;

3. Have access to the patient within reasonable timelines in accordance with the provider's publicized visitation policy, unless such access is documented to be detrimental to the patient;

4. Receive notice of any restriction of the patient's right to communicate or receive visitors;

5. Receive a copy of the inventory of personal effects upon the patient's admission and request an amendment to the inventory at any time;

6. Receive disposition of the patient's clothing and personal effects, if not returned to the patient, or approve an alternate plan for disposition of such clothing and personal effects;

7. Petition on behalf of the patient for a writ of habeas corpus to question the cause and legality of the patient's detention or to allege that the patient is being unjustly denied a right or privilege granted under this part, or that a procedure authorized under this part is being abused;

8. Apply for a change of venue for the patient's involuntary placement hearing for the convenience of the parties or witnesses or because of the patient's condition;

9. Receive written notice of any restriction of the patient's right to inspect his or her clinical record;

10. Receive notice of the release of the patient from a receiving facility at which an involuntary examination was performed;

11. Receive a copy of any petition for the patient's involuntary placement filed with the court; and

12. Be informed by the court of the patient's right to an independent expert evaluation pursuant to involuntary placement procedures.

~~(c) A licensed professional providing services to the patient under this part, an employee of a facility providing direct services to the patient under this part, a department employee, a person providing other substantial services to the patient in a professional or business capacity, or a creditor of the patient shall not be appointed as the patient's representative.~~

Section 5. Section 394.4603, Florida Statutes, is created to read:

394.4603 Designated receiving system; transportation plans.

(1) Definitions—As used in this section:

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

(b) "Addictions receiving facility" has the same meaning as in s. 397.311(22)(a)1.

(c) "Designated receiving facility" means a facility approved by the department which may be a hospital, crisis stabilization unit, detoxification facility, or addictions receiving facility and provides, at a minimum, emergency screening, evaluation, and short-term stabilization for mental health or substance abuse disorders, and which may have an agreement with a corresponding facility for transportation and services.

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

(e) "Facility" means any hospital, community facility, public or private facility, or receiving or treatment facility providing for the evaluation, diagnosis, care, treatment, training, or hospitalization of persons who appear to have or who have been diagnosed as having a mental illness or substance abuse disorder. The term "facility" does not include a program or an entity licensed under chapter 400 or chapter 429.

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

(g) "Receiving facility" means any public or private facility designated by the department to receive and hold or

refer, as appropriate, involuntary patients under emergency conditions for mental health or substance abuse evaluation and to provide treatment or transportation to the appropriate service provider. The term does not include a county jail.

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

(2) Designated receiving system.—

(a) A designated receiving system shall consist of one or more facilities serving a defined geographic area and responsible for assessment and evaluation, both voluntary and involuntary, and treatment or triage for patients who present with mental illness, substance abuse disorder, or co-occurring disorders. A county or several counties shall plan the designated receiving system using an inclusive process that includes the managing entity and is open to participation from individuals with behavioral health needs, their families, providers, law enforcement, and other parties. The county or counties, in collaboration with the managing entity, shall document the designated receiving system through written memoranda of agreement or other binding arrangements. The county or counties and the managing entity shall approve the designated receiving system by October 31, 2017, and the county or counties and managing entity shall review, update as

necessary, and reapprove the designated receiving system at least once every three years.

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

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

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

3. A tiered receiving system, which consists of multiple entry points, some of which offer only specialized or limited services. Each service provider shall be classified according to its capabilities as either a designated receiving facility, or another type of service provider such as a triage center, or an

access center. All participating service providers shall be linked by methods to share data, formal referral agreements, and cooperative arrangements for care coordination and case management.

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

(3) Transportation.—A transportation plan shall be developed and implemented by each county by October 31, 2017, in collaboration with the managing entity in accordance with this section. A county may enter into a memorandum of understanding with the governing boards of nearby counties to establish a shared transportation plan. When multiple counties enter into a memorandum of understanding for this purpose, the managing entity shall be notified and provided a copy of the agreement. The transportation plan shall describe methods of transport to a facility within the designated receiving system for individuals subject to involuntary examination under s. 394.463 or involuntary assessment and stabilization under s. 397.675, and may identify responsibility for other transportation to a participating facility when necessary and agreed to by the

facility. The plan may rely on emergency medical transport services or private transport companies as appropriate. The plan shall comply with the transportation provisions of ss. 394.462, 397.6771, 397.6772, 397.697, 397.6795, and 397.6822.

Section 6. Section 394.462, Florida Statutes, is amended to read:

394.462 Transportation.—

(1) TRANSPORTATION TO A RECEIVING FACILITY.—

(a) Each county shall designate a single law enforcement agency within the county, or portions thereof, to take a person into custody upon the entry of an ex parte order or the execution of a certificate for involuntary examination by an authorized professional and to transport that person to the nearest receiving facility for examination, unless the transportation plan developed pursuant to section 394.4602 authorizes a law enforcement agency to transport the person to another receiving facility. The designated law enforcement agency may decline to transport the person to a receiving facility only if:

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

2. The law enforcement agency and the emergency medical transport service or private transport company agree that the

continued presence of law enforcement personnel is not necessary for the safety of the person or others.

3. The jurisdiction designated by the county may seek reimbursement for transportation expenses. The party responsible for payment for such transportation is the person receiving the transportation. The county shall seek reimbursement from the following sources in the following order:

a. From an insurance company, health care corporation, or other source, if the person receiving the transportation is covered by an insurance policy or subscribes to a health care corporation or other source for payment of such expenses.

b. From the person receiving the transportation.

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

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

(c) A ~~Any~~ company that contracts with a governing board of a county to transport patients shall comply with the applicable rules of the department to ensure the safety and dignity of the patients.

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

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

(f) When a ~~any~~ law enforcement officer has custody of a person based on either noncriminal or minor criminal behavior that meets the statutory guidelines for involuntary examination under this part, the law enforcement officer shall transport the person to the nearest receiving facility for examination, unless the transportation plan developed pursuant to s. 394.4602 authorizes the law enforcement officer to transport the person to another receiving facility.

(g) When a ~~any~~ law enforcement officer has arrested a person for a felony and it appears that the person meets the statutory guidelines for involuntary examination or placement under this part, such person shall first be processed in the same manner as any other criminal suspect. The law enforcement agency shall thereafter immediately notify the nearest public

receiving facility, which shall be responsible for promptly arranging for the examination and treatment of the person. A receiving facility is not required to admit a person charged with a crime for whom the facility determines and documents that it is unable to provide adequate security, but shall provide mental health examination and treatment to the person where he or she is held.

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

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

(j) The nearest receiving facility must accept persons brought by law enforcement officers for involuntary examination.

(k) Each law enforcement agency shall develop a memorandum of understanding with each receiving facility within the law enforcement agency's jurisdiction which reflects a single set of protocols for the safe and secure transportation of the person and transfer of custody of the person. These protocols must also address crisis intervention measures.

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

(m) Nothing in this section shall be construed to limit emergency examination and treatment of incapacitated persons provided in accordance with the provisions of s. 401.445.

(2) TRANSPORTATION TO A TREATMENT FACILITY.—

(a) If neither the patient nor any person legally obligated or responsible for the patient is able to pay for the expense of transporting a voluntary or involuntary patient to a treatment facility, the governing board of the county in which the patient is hospitalized shall arrange for such required transportation and shall ensure the safe and dignified transportation of the patient. The governing board of each county is authorized to contract with private transport companies for the transportation of such patients to and from a treatment facility.

(b) A ~~Any~~ company that transports a patient pursuant to this subsection is considered an independent contractor and is solely liable for the safe and dignified transportation of the patient. Such company must be insured and provide no less than

$100,000 in liability insurance with respect to the transportation of patients.

(c) A ~~Any~~ company that contracts with the governing board of a county to transport patients shall comply with the applicable rules of the department to ensure the safety and dignity of the patients.

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

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

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

~~(a) A proposal for an exception must identify the specific provision from which an exception is requested; describe how the proposal will be implemented by participating law enforcement~~

~~agencies and transportation authorities; and provide a plan for the coordination of services such as case management.~~

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

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

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

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

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

Section 7. Paragraphs (a), (f), (g), and (i) of subsection (2) of section 394.463, Florida Statutes, are amended to read:

394.463 Involuntary examination.—

(2) INVOLUNTARY EXAMINATION.—

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

1. A circuit or county court may enter an ex parte order stating that a person appears to meet the criteria for involuntary examination, giving the findings on which that conclusion is based. The ex parte order for involuntary examination must be based on sworn testimony, written or oral. If other less restrictive means are not available, such as voluntary appearance for outpatient evaluation, a law enforcement officer, or other designated agent of the court, shall take the person into custody and deliver him or her to the nearest receiving facility for involuntary examination. The order of the court shall be made a part of the patient's clinical record. No fee shall be charged for the filing of an order under this subsection. Any receiving facility accepting the patient based on this order must send a copy of the order to the Agency for Health Care Administration on the next working day. The order shall be valid only until executed or, if not executed, for the period specified in the order itself. If no time limit is specified in the order, the order shall be valid for 7 days after the date that the order was signed.

2. A law enforcement officer shall take a person who appears to meet the criteria for involuntary examination into custody and deliver the person or have him or her delivered to the nearest receiving facility for examination. The officer shall execute a written report detailing the circumstances under which the person was taken into custody, and the report shall be made a part of the patient's clinical record. Any receiving

facility accepting the patient based on this report must send a copy of the report to the Agency for Health Care Administration on the next working day.

3. A physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist, or clinical social worker may execute a certificate stating that he or she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary examination and stating the observations upon which that conclusion is based. If other less restrictive means are not available, such as voluntary appearance for outpatient evaluation, a law enforcement officer shall take the person named in the certificate into custody and deliver him or her to the nearest receiving facility for involuntary examination. The law enforcement officer shall execute a written report detailing the circumstances under which the person was taken into custody. The report and certificate shall be made a part of the patient's clinical record. Any receiving facility accepting the patient based on this certificate must send a copy of the certificate to the Agency for Health Care Administration on the next working day.

(f) A patient shall be examined by a physician, a clinical psychologist, or a psychiatric nurse performing within the framework of an established protocol with a psychiatrist at a receiving facility without unnecessary delay and may, upon the order of a physician, be given emergency treatment if it is

determined that such treatment is necessary for the safety of the patient or others. The patient may not be released by the receiving facility or its contractor without the documented approval of a psychiatrist or a clinical psychologist or, if the receiving facility is owned or operated by a hospital or health system, the release may also be approved by a psychiatric nurse performing within the framework of an established protocol with a psychiatrist or an attending emergency department physician with experience in the diagnosis and treatment of mental and nervous disorders and after completion of an involuntary examination pursuant to this subsection. A psychiatric nurse may not approve the release of a patient if the involuntary examination was initiated by a psychiatrist unless the release is approved by the initiating psychiatrist. However, a patient may not be held in a receiving facility for involuntary examination longer than 72 hours.

(g) A person for whom an involuntary examination has been initiated who is being evaluated or treated at a hospital for an emergency medical condition specified in s. 395.002 must be examined by a receiving facility within 72 hours. The 72-hour period begins when the patient arrives at the hospital and ceases when the attending physician documents that the patient has an emergency medical condition. If the patient is examined at a hospital providing emergency medical services by a professional qualified to perform an involuntary examination and is found as a result of that examination not to meet the

criteria for involuntary outpatient services ~~placement~~ pursuant to s. 394.4655(1) or involuntary inpatient placement pursuant to s. 394.467(1), the patient may be offered voluntary placement, if appropriate, or released directly from the hospital providing emergency medical services. The finding by the professional that the patient has been examined and does not meet the criteria for involuntary inpatient placement or involuntary outpatient placement must be entered into the patient's clinical record. Nothing in this paragraph is intended to prevent a hospital providing emergency medical services from appropriately transferring a patient to another hospital prior to stabilization, provided the requirements of s. 395.1041(3)(c) have been met.

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

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

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

3. The patient, unless he or she is charged with a crime, shall be asked to give express and informed consent to placement

as a voluntary patient, and, if such consent is given, the patient shall be admitted as a voluntary patient; or

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

Section 8. Section 394.4655, Florida Statutes, is amended to read:

394.4655 Involuntary outpatient services ~~placement~~.—

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

(a) The person is 18 years of age or older.~~;~~

(b) The person has a mental illness.~~;~~

(c) The person is unlikely to survive safely in the community without supervision, based on a clinical determination.~~;~~

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

(e) The person has:

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

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

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

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

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

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

(2) INVOLUNTARY OUTPATIENT SERVICES ~~PLACEMENT~~.—

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

clinical record.

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

3. The service provider shall prepare a written proposed treatment plan in consultation with the patient or the patient's guardian advocate, if appointed, for the court's consideration for inclusion in the involuntary outpatient services ~~placement~~ order that addresses the nature and extent of the mental illness and any co-occurring substance use disorders that necessitate involuntary outpatient services. The treatment plan shall specify the likely level of care, including the use of medication, and anticipated discharge criteria for terminating involuntary outpatient services. ~~The service provider shall also~~

~~provide a copy of the proposed treatment plan to the patient and the administrator of the receiving facility. The treatment plan must specify the nature and extent of the patient's mental illness, address the reduction of symptoms that necessitate involuntary outpatient placement, and include measurable goals and objectives for the services and treatment that are provided to treat the person's mental illness and assist the person in living and functioning in the community or to prevent a relapse or deterioration~~. Service providers may select and supervise other individuals to implement specific aspects of the treatment plan. The services in the ~~treatment~~ plan must be deemed clinically appropriate by a physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist, or clinical social worker who consults with, or is employed or contracted by, the service provider. The service provider must certify to the court in the proposed treatment plan whether sufficient services for improvement and stabilization are currently available and whether the service provider agrees to provide those services. If the service provider certifies that the services in the proposed treatment plan are not available, the petitioner may not file the petition. The service provider shall notify the managing entity as to the availability of the requested services. The managing entity shall document such efforts to obtain the requested services.

(b) If a patient in involuntary inpatient placement meets

the criteria for involuntary outpatient services ~~placement~~, the administrator of the ~~treatment~~ facility may, before the expiration of the period during which the ~~treatment~~ facility is authorized to retain the patient, recommend involuntary outpatient services ~~placement~~. The recommendation must be supported by the opinion of two qualified professionals ~~a psychiatrist and the second opinion of a clinical psychologist or another psychiatrist~~, both of whom have personally examined the patient within the preceding 72 hours, that the criteria for involuntary outpatient services ~~placement~~ are met. ~~However, in a county having a population of fewer than 50,000, if the administrator certifies that a psychiatrist or clinical psychologist is not available to provide the second opinion, the second opinion may be provided by a licensed physician who has postgraduate training and experience in diagnosis and treatment of mental and nervous disorders or by a psychiatric nurse. Any second opinion authorized in this subparagraph may be conducted through a face-to-face examination, in person or by electronic means.~~ Such recommendation must be entered on an involuntary outpatient services ~~placement~~ certificate, and the certificate must be made a part of the patient's clinical record.

(c)1. The administrator of the ~~treatment~~ facility shall provide a copy of the involuntary outpatient services ~~placement~~ certificate and a copy of the state mental health discharge form to the managing entity ~~a department representative~~ in the county where the patient will be residing. For persons who are leaving

a state mental health treatment facility, the petition for involuntary outpatient services ~~placement~~ must be filed in the county where the patient will be residing.

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

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

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

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

1. The administrator of a receiving facility; or

2. The administrator of a treatment facility.

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

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

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

(4) APPOINTMENT OF COUNSEL.—

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

(b) The state attorney for the circuit in which the patient is located shall represent the state as the real party in interest in the proceeding. The state attorney shall have access to the patient's clinical records and witnesses and shall have the authority to independently evaluate the sufficiency and appropriateness of the petition for involuntary services.

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

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

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

2. The court may appoint a magistrate ~~master~~ to preside at the hearing. One of the professionals who executed the involuntary outpatient services ~~placement~~ certificate shall be a witness. The patient and the patient's guardian or representative shall be informed by the court of the right to an independent expert examination. If the patient cannot afford such an examination, the court shall ensure that one is

provided, as otherwise provided by law ~~provide for one~~. The independent expert's report is ~~shall be~~ confidential and not discoverable, unless the expert is to be called as a witness for the patient at the hearing. The court shall allow testimony from individuals, including family members, deemed by the court to be relevant under state law, regarding the person's prior history and how that prior history relates to the person's current condition. The testimony in the hearing must be given under oath, and the proceedings must be recorded. The patient may refuse to testify at the hearing.

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

2. The court may not order the department or the service provider to provide services if the program or service is not available in the patient's local community, if there is no space

available in the program or service for the patient, or if funding is not available for the program or service. The service provider shall notify the managing entity as to the availability of the requested services. The managing entity shall document such efforts to obtain the requested services. A copy of the order must be sent to the Agency for Health Care Administration by the service provider within 1 working day after it is received from the court. The order may be submitted electronically through existing data systems. After the ~~placement~~ order for involuntary services is issued, the service provider and the patient may modify ~~provisions of~~ the treatment plan. For any material modification of the treatment plan to which the patient or, if one is appointed, the patient's guardian advocate agrees~~, if appointed, does agree~~, the service provider shall send notice of the modification to the court. Any material modifications of the treatment plan which are contested by the patient or the patient's guardian advocate, if applicable ~~appointed~~, must be approved or disapproved by the court consistent with subsection (2).

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

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

(c) If, at any time before the conclusion of the initial hearing on involuntary outpatient services ~~placement~~, it appears to the court that the person does not meet the criteria for involuntary outpatient services ~~placement~~ under this section but, instead, meets the criteria for involuntary inpatient placement, the court may order the person admitted for involuntary inpatient examination under s. 394.463. If the person instead meets the criteria for involuntary assessment, protective custody, or involuntary admission pursuant to s.

397.675, the court may order the person to be admitted for involuntary assessment for a period of 5 days pursuant to s. 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by chapter 397.

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

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

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

(a)1. If the person continues to meet the criteria for involuntary outpatient services ~~placement~~, the service provider shall, at least 10 days before the expiration of the period during which the treatment is ordered for the person, file in the circuit court a petition for continued involuntary

outpatient services ~~placement~~. The court shall immediately schedule a hearing on the petition to be held within 15 days after the petition is filed.

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

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

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

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

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

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

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

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

(f) If the patient has previously been found incompetent to consent to treatment, the court shall consider testimony and

evidence regarding the patient's competence. Section 394.4598 governs the discharge of the guardian advocate if the patient's competency to consent to treatment has been restored.

Section 9. Section 394.467, Florida Statutes, is amended to read:

394.467 Involuntary inpatient placement.—

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

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

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

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

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

b. There is substantial likelihood that in the near future he or she will inflict serious bodily harm on self or others

~~himself or herself or another person~~, as evidenced by recent behavior causing, attempting, or threatening such harm; and

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

(2) ADMISSION TO A TREATMENT FACILITY.—A patient may be retained by a receiving facility or involuntarily placed in a treatment facility upon the recommendation of the administrator of the receiving facility where the patient has been examined and after adherence to the notice and hearing procedures provided in s. 394.4599. The recommendation must be supported by the opinion of a psychiatrist and the second opinion of a clinical psychologist, psychiatric nurse, or another psychiatrist, both of whom have personally examined the patient within the preceding 72 hours, that the criteria for involuntary inpatient placement are met. However, in a county that has a population of fewer than 50,000, if the administrator certifies that a psychiatrist, psychiatric nurse, or clinical psychologist is not available to provide the second opinion, the second opinion may be provided by a ~~licensed~~ physician who has postgraduate training and experience in diagnosis and treatment of mental illness ~~and nervous disorders~~ ~~or by a psychiatric nurse~~. Any second opinion authorized in this subsection may be conducted through a face-to-face examination, in person or by electronic means. Such recommendation shall be entered on a petition for ~~an~~ involuntary inpatient placement certificate that

authorizes the receiving facility to retain the patient pending transfer to a treatment facility or completion of a hearing.

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

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

(4) APPOINTMENT OF COUNSEL.—

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

(b) The state attorney for the circuit in which the patient is located shall represent the state as the real party in interest in the proceeding. The state attorney shall have access to the patient's clinical records and witnesses and shall have the authority to independently evaluate the sufficiency and appropriateness of the petition for involuntary services.

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

(6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

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

2. The hearing shall be held in the county where the patient is located and shall be as convenient to the patient as may be consistent with orderly procedure and shall be conducted in physical settings not likely to be injurious to the patient's condition. If the court finds that the patient's attendance at the hearing is not consistent with the best interests of the patient, and the patient's counsel does not object, the court may waive the presence of the patient from all or any portion of the hearing. The state attorney for the circuit in which the patient is located shall represent the state, rather than the petitioning facility administrator, as the real party in interest in the proceeding.

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

(b) If the court concludes that the patient meets the criteria for involuntary inpatient placement, it shall order that the patient be transferred to a treatment facility or, if the patient is at a treatment facility, that the patient be retained there or be treated at any other appropriate receiving or treatment facility, or that the patient receive services from a receiving or treatment facility, on an involuntary basis~~,~~. If the order is for treatment at a crisis stabilization unit or short-term residential treatment facility, it shall be for up to 90 days; if the order is for treatment at a treatment facility, it shall be for ~~a period of~~ up to 6 months. The order shall specify the nature and extent of the patient's mental illness. The court may not order an individual with traumatic brain

injury or dementia who lacks a co-occurring mental illness to be involuntarily placed in a state treatment facility. The facility shall discharge a patient any time the patient no longer meets the criteria for involuntary inpatient placement, unless the patient has transferred to voluntary status.

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

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

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

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

(7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT PLACEMENT.—

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

(b) If the patient continues to meet the criteria for involuntary inpatient placement and is being treated at a treatment facility, the administrator shall, before ~~prior to~~ the expiration of the period ~~during which~~ the treatment facility is

authorized to retain the patient, file a petition requesting authorization for continued involuntary inpatient placement. The request shall be accompanied by a statement from the patient's physician, psychiatrist, psychiatric nurse, or clinical psychologist justifying the request, a brief description of the patient's treatment during the time he or she was involuntarily placed, and an individualized plan of continued treatment. Notice of the hearing shall be provided as set forth in s. 394.4599. If at the hearing the administrative law judge finds that attendance at the hearing is not consistent with the best interests of the patient, the administrative law judge may waive the presence of the patient from all or any portion of the hearing, unless the patient, through counsel, objects to the waiver of presence. The testimony in the hearing must be under oath, and the proceedings must be recorded.

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

(d) If at a hearing it is shown that the patient continues to meet the criteria for involuntary inpatient placement, the administrative law judge shall sign the order for continued involuntary inpatient placement for a period not to exceed 6 months. The same procedure shall be repeated prior to the expiration of each additional period the patient is retained.

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

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

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

Section 10. Section 394.46715, Florida Statutes, is amended to read:

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

Section 11. Section 394.656, Florida Statutes, is amended to read:

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

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

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

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

(b) One representative of the Department of Corrections;

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

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

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

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

(g) One representative of the National Alliance on Mental Illness;

(h) One representative of the Florida Sheriffs Association;

(i) One representative of the Florida Police Chiefs Association;

(j) One representative of the Florida Association of Counties;

(k) One representative of the Florida Alcohol and Drug Abuse Association;

(l) One representative of the Florida Association of Managing Entities;

(m) One representative of the Florida Council for Community Mental Health;

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

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

(p) One administrator of a state-licensed limited mental health assisted living facility.

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

(4) The department shall create a grant review and selection committee that has experience in substance use and mental health disorders, community corrections, and law enforcement. To the extent possible, the ~~members of the~~ committee shall have expertise in ~~grant writing,~~ grant reviewing~~,~~ and grant application scoring.

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

judicial, corrections, juvenile detention, and health and social services systems.

(b) To be eligible to receive a 1-year planning grant or a 3-year implementation or expansion grant:~~,~~

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

2. A not-for-profit community provider or managing entity shall be designated by the county planning council or committee and have written authorization to submit an application. A not-for-profit community provider or managing entity shall have written authorization for each application it submits.

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

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

(6)~~(4)~~ The grant review and selection committee shall select the grant recipients and notify the department ~~of~~

~~Children and Families~~ in writing of the recipients' names ~~of the applicants who have been selected by the committee to receive a grant~~. Contingent upon the availability of funds and upon notification by the grant review and selection committee of those applicants approved to receive planning, implementation, or expansion grants, the department ~~of Children and Families~~ may transfer funds appropriated for the grant program to a selected ~~any county awarded a~~ grant recipient.

Section 12. Subsections (15) and (24) of section 394.67, Florida Statutes, are amended and renumbered as (16) and (25), present subsections (17) through (23) are renumbered as (18) through (24), and a new subsection (15) is created to read:

394.67 Definitions.—As used in this part, the term:

(15) "Managing entity" means a corporation that is selected by the department to execute the administrative duties specified in this section to facilitate the delivery of behavioral health services through a coordinated behavioral health system of care.

(16)~~(15)~~ "Mental health services" means those therapeutic interventions and activities that help to eliminate, reduce, or manage symptoms or distress for persons who have severe emotional distress or a mental illness and to effectively manage the disability that often accompanies a mental illness so that the person can recover from the mental illness, become appropriately self-sufficient for his or her age, and live in a stable family or in the community. ~~The term also includes those preventive interventions and activities that reduce the risk for~~

~~or delay the onset of mental disorders. The term includes the following types of services:~~

~~(a) Treatment services, such as psychiatric medications and supportive psychotherapies, which are intended to reduce or~~ ameliorate the symptoms of severe distress or mental illness.

~~(b) Rehabilitative services, which are intended to reduce or eliminate the disability that is associated with mental illness. Rehabilitative services may include assessment of personal goals and strengths, readiness preparation, specific skill training, and assistance in designing environments that enable individuals to maximize their functioning and community participation.~~

~~(c) Support services, which include services that assist individuals in living successfully in environments of their choice. Such services may include income supports, social supports, housing supports, vocational supports, or accommodations related to the symptoms or disabilities associated with mental illness.~~

~~(d) Case management services, which are intended to assist individuals in obtaining the formal and informal resources that they need to successfully cope with the consequences of their illness. Resources may include treatment or rehabilitative or supportive interventions by both formal and informal providers. Case management may include an assessment of client needs; intervention planning with the client, his or her family, and service providers; linking the client to needed services;~~

~~monitoring service delivery; evaluating the effect of services and supports; and advocating on behalf of the client.~~

~~Mental health services may be delivered in a variety of settings, such as inpatient, residential, partial hospital, day treatment, outpatient, club house, or a drop-in or self-help center, as well as in other community settings, such as the client's residence or workplace. The types and intensity of services provided shall be based on the client's clinical status and goals, community resources, and preferences. Services such as assertive community treatment involve all four types of services which are delivered by a multidisciplinary treatment team that is responsible for identified individuals who have a serious mental illness.~~

(25) ~~(24)~~ "Substance abuse services" means services designed to prevent or remediate the consequences of substance abuse, improve an individual's quality of life and self-sufficiency, and support long-term recovery. ~~The term includes the following service categories:~~

~~(a) Prevention services, which include information dissemination; education regarding the consequences of substance abuse; alternative drug-free activities; problem identification; referral of persons to appropriate prevention programs; community-based programs that involve members of local communities in prevention activities; and environmental~~

~~strategies to review, change, and enforce laws that control the availability of controlled and illegal substances.~~

~~(b) Assessment services, which include the evaluation of individuals and families in order to identify their strengths and determine their required level of care, motivation, and need for treatment and ancillary services.~~

~~(c) Intervention services, which include early identification, short-term counseling and referral, and outreach.~~

~~(d) Rehabilitation services, which include residential, outpatient, day or night, case management, in-home, psychiatric, and medical treatment, and methadone or medication management.~~

~~(e) Ancillary services, which include self-help and other support groups and activities; aftercare provided in a structured, therapeutic environment; supported housing; supported employment; vocational services; and educational services.~~

Section 13. Section 394.675, Florida Statutes, is amended to read:

394.675 Behavioral health ~~Substance abuse and mental health service~~ system of care.—

(1) A behavioral health system of care ~~community-based system of comprehensive substance abuse and mental health services~~ shall be established as resources permit and shall include mental health services, substance abuse services, and

services for co-occurring disorders for prevention, assessment, intervention, treatment, rehabilitation, and support, such as:

(a) Crisis services provided through a designated receiving system as provided in section 394.4602.

(b) Case management, which includes direct services intended to assist individuals in obtaining the formal and informal resources that they need to successfully cope with the consequences of their illness. Resources may include treatment or rehabilitative or supportive interventions by both formal and informal providers. Case management may include an assessment of individual needs; intervention planning with the individual, his or her family, and service providers; linking the individual to needed services; monitoring service delivery; evaluating the effect of services and supports; and advocating on behalf of the individual. As of July 1, 2017, case managers or persons directly supervising case managers shall hold a valid certification issued from a department-approved credentialing entity as defined in s. 397.311(9), F.S.

(c) Care coordination. To the extent allowed by available resources, the managing entity shall provide for care coordination to facilitate the appropriate delivery of behavioral health care services in the least restrictive setting based on standardized level of care determinations, recommendations by a treating practitioner, and the needs of the individual and his or her family, as appropriate. In addition to treatment services, care coordination shall address the recovery

support needs of the individual and shall involve coordination with other local systems and entities, public and private, which are involved with the individual, such as primary health care, child welfare, behavioral health care, and criminal and juvenile justice organizations. The following individuals shall be prioritized for receipt of care coordination services:

1. Individuals with serious mental illness or substance use disorders who have experienced multiple arrests, involuntary commitments, admittances to a state mental health treatment facility, or episodes of incarceration or have been placed on conditional release for a felony or violated a condition of probation multiple times as a result of their behavioral health condition.

2. Individuals in state treatment facilities who are on the wait list for community-based care.

3. Individuals in receiving facilities or crisis stabilization units who are on the wait list for a state treatment facility.

(d) Transportation in accordance with a plan developed under s. 394.4602.

(e) Outpatient services.

(f) Residential services.

(g) Hospital inpatient care.

(h) Aftercare and other post-discharge services.

(i) Medication Assisted Treatment and medication management.

(j) Recovery support, including, but not limited to, support for competitive employment, educational attainment, independent living skills development, family support and education, wellness management and self-care, and assistance in obtaining housing that meets the individual's needs. Such housing shall include mental health residential treatment facilities, limited mental health assisted living facilities, adult family care homes, and supportive housing. Housing provided using state funds shall provide a safe and decent environment free from abuse and neglect. The care plan shall assign specific responsibility for initial and ongoing evaluation of the supervision and support needs of the individual and the identification of housing that meets such needs. For purposes of this paragraph, the term "supervision" means oversight of and assistance with compliance with the clinical aspects of an individual's care plan.

(k) Medical services which promote improved access to primary care by individuals with behavioral health conditions.

(l) Behavioral health services provided in a primary health care setting.

(m) Prevention and outreach services.

~~(a) Crisis services.~~

~~(b) Substance abuse services.~~

~~(c) Mental health services.~~

(2) Notwithstanding the provisions of this part, funds that are provided through state and federal sources for specific

services or for specific populations shall be used for those purposes.

Section 14. Section 394.761, Florida Statutes, is created to read:

394.761 Revenue maximization.—The agency and the department shall develop a plan to obtain federal approval for increasing the availability of federal Medicaid funding for behavioral health care. Increased funding shall be used to advance the goal of improved integration of behavioral health and primary care services for individuals eligible for Medicaid through the development and effective implementation of behavioral health systems of care as described in s. 394.675. The agency and the department shall submit the written plan to the President of the Senate and the Speaker of the House of Representatives by November 1, 2016. The plan shall identify the amount of general revenue funding appropriated for mental health and substance abuse services which is eligible to be used as state Medicaid match. The plan shall evaluate alternative uses of increased Medicaid funding, including seeking Medicaid eligibility for the severely and persistently mentally ill or persons with substance use disorders, increased reimbursement rates for behavioral health services, adjustments to the capitation rate for Medicaid enrollees with chronic mental illness and substance use disorders, supplemental payments to mental health and substance abuse providers through a designated state health program or other mechanisms, and innovative

programs to provide incentives for improved outcomes for behavioral health conditions. The plan shall identify the advantages and disadvantages of each alternative and assess each alternative's potential for achieving improved integration of services. The plan shall identify the types of federal approvals necessary to implement each alternative and project a timeline for implementation.

Section 15. Subsections (7) through (10) of section 394.875, Florida Statutes, are renumbered as subsections (8) through (11), respectively, and subsection (7) is added to that section, to read:

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

(7) Notwithstanding any other provision of law to the contrary, a crisis stabilization unit, short-term residential treatment facility, or integrated adult mental health crisis stabilization and addictions receiving facility collocated with a centralized receiving facility may be allowed in multi-story building and may be located on floors other than the ground floor.

Section 16. Section 394.9082, Florida Statutes, is amended to read:

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

394.9082 Behavioral health managing entities.—

(1) INTENT.—The Legislature finds that untreated behavioral health disorders constitute major health problems for residents of this state, are a major economic burden to the citizens of this state, and substantially increase demands on the state's juvenile and adult criminal justice systems, the child welfare system, and health care systems. The Legislature finds that behavioral health disorders respond to appropriate treatment, rehabilitation, and supportive intervention. The Legislature finds that the state's return on its investment in the funding of the community-based behavioral health prevention and treatment service systems and facilities can be enhanced for individuals also served by Medicaid through integration, and for individuals not served by Medicaid through coordination, of these services with primary care. The Legislature finds that local communities have also made substantial investments in behavioral health services, contracting with safety net providers who by mandate and mission provide specialized services to vulnerable and hard-to-serve populations and have strong ties to local public health and public safety agencies. The Legislature finds that a regional management structure that facilitates a comprehensive and cohesive system of coordinated care for behavioral health treatment and prevention services will improve access to care, promote service continuity, and provide for more efficient and effective delivery of substance abuse and mental health services. The Legislature finds that streamlining administrative processes will create cost

efficiencies and provide flexibility to better match available services to consumers' identified needs. The Legislature finds that discharge of consumers from public receiving facilities into homelessness is inappropriate and detrimental to their recovery, and managing entities, public receiving facilities, homeless services providers, and housing providers shall work together cooperatively to identify placements that meet consumers' needs and facilitate their recovery.

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

(a) "Behavioral health services" means mental health services and substance abuse services as defined in this chapter and chapter 397 which are provided using local match and state and federal funds.

(b) "Behavioral health system of care" means the array of mental health services and substance abuse services described in s. 394.675, F.S.

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

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

(e) "Provider network" means the direct service agencies under contract with a managing entity to provide behavioral health services.

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

(3) DEPARTMENT DUTIES.—The department shall:

(a) Designate, based on a plan by a county or county in collaboration with the managing entity, the receiving system developed pursuant to s. 394.4602(2).

(b) Contract with organizations to serve as managing entities in accordance with the requirements of this section and conduct a readiness review of any new managing entities prior to their taking over responsibilities.

(c) Specify the geographic area served by each managing entity which shall be of sufficient size in population, funding, and services for flexibility and efficiency.

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

(e) Develop strategies to divert persons with mental illness or substance abuse disorders from the criminal and juvenile justice systems and to integrate services with the child welfare system.

(f) Support the development and implementation of a coordinated system of care by requiring each provider that receives state funds for behavioral health services through a direct contract with the department to work with the managing entity in the provider's service area to coordinate the

provision of behavioral health services, as part of the contract with the department.

(g) Provide technical assistance to the managing entities.

(h) Promote the coordination of behavioral health care and primary care.

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

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

(k) Coordinate procedures for the referral and admission of patients to, and the discharge of patients from, treatment facilities as defined in s. 394.455(32) and their return to the community.

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

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

(4) CONTRACT WITH MANAGING ENTITIES.—

(a) The department shall contract with not-for-profit community-based organizations with competence in managing provider networks serving persons with mental health and substance use disorders to serve as managing entities. However, if fewer than two responsive bids are received to a solicitation for a managing entity contract, the department shall reissue the

solicitation, and managed behavioral health organizations shall also be eligible to bid and contract with the department.

(b) The department shall require all contractors serving as managing entities to operate under the same data reporting, administrative, and administrative rate requirements, regardless of whether the managing entity is for profit or not for profit.

(c) When necessary due to contract termination or the expiration of the allowable contract term, the department shall issue an invitation to negotiate in order to select an organization to serve as a managing entity pursuant to paragraph (a). The department shall consider the input and recommendations of the provider network and community stakeholders when selecting a new contractor. The invitation to negotiate shall specify the criteria and the relative weight of the criteria that will be used to select the new contractor. At a minimum, the department shall consider the bidder's:

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

2. Established community partnerships with behavioral health providers.

3. Demonstrated organizational capabilities for network management functions.

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

5. Willingness to provide recovery-oriented services and systems of care and work collaboratively with persons with

mental health and substance use disorders and their families in designing such systems and delivering such services.

(d) The contract terms shall require that, when the contractor serving as the managing entity changes, the department shall develop and implement a transition plan in cooperation with the outgoing managing entity that ensures continuity of care for patients receiving behavioral health services.

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

(a) Maintain a board of directors or, if a managed behavioral health organization, an advisory board, that is representative of the community and that, at a minimum, includes consumers and family members, community stakeholders and organizations, a community-based care lead agency representative, and providers of mental health and substance abuse services, including public and private receiving facilities.

(b) Conduct a community behavioral health care needs assessment every three years in the geographic area served by the managing entity which specifies needs by subregion. The process for conducting the needs assessment shall include an opportunity for public participation. The managing entity shall provide the needs assessment to the department.

(c) Determine the optimal array of services to meet the needs identified in the community behavioral health care needs

assessment, and expand the scope of services as resources become available.

(d) Work independently and in collaboration with stakeholders to improve access to and effectiveness, quality, and outcomes of behavioral health services. This work may include, but need not be limited to, facilitating the dissemination and use of evidence-informed practices.

(e) Promote the development and effective implementation of a coordinated system of care pursuant to s. 394.675, F.S.

(f) Submit network management plans and other documents as required by the department.

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

(h) As appropriate, assist local providers in developing local resources by pursuing third-party payments for services, applying for grants, securing local matching funds and in-kind services, and obtaining other resources needed to ensure services are available and accessible.

(i) Provide assistance to counties to develop a designated receiving system pursuant to s. 394.4602(2) and a transportation plan pursuant to s. 394.462(3).

(j) Enter into cooperative agreements with local homeless councils and organizations for sharing information about clients, available resources, and other data or information for addressing the homelessness of persons suffering from a behavioral health crisis.

(k) Work collaboratively with public receiving facilities, homeless services providers, and housing providers to create or find placements for individuals served by the managing entity to prevent or reduce readmissions.

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

(m) Provide or contract for case management services.

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

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

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

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

(r) Establish and maintain effective relationships with community stakeholders, including individuals served by the behavioral health system and their families, local governments, and other community organizations that meet needs of individuals with mental illness or substance abuse impairment.

(s) Collaborate with and encourage increased coordination between the provider network and other systems, programs, and entities such as the child welfare system, law enforcement, criminal justice system, Medicaid program, public defenders, and regional conflict counsel.

1. Collaborations with local criminal and juvenile justice systems shall seek at a minimum to divert persons with mental illness, substance abuse disorders, or co-occurring conditions, from these systems.

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

3. Collaboration with the child welfare system shall seek at a minimum to provide effective and timely services to parents and caregivers involved in the child welfare system, including provision of case management services as appropriate.

(6) NETWORK ACCREDITATION AND SYSTEMS COORDINATION AGREEMENTS.—

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

2. All managing entities under contract as of July 1, 2016, shall earn accreditation deemed acceptable by the department pursuant to paragraph (a) by June 30, 2019. Managing entities whose initial contract with the state is executed after July 1, 2016, shall earn network accreditation within 3 years after the contract execution date. The department may renew the contract of a managing entity that initially earns the network accreditation within the required timeframe and maintains it throughout the contract term for one additional five-year term even if the contract provisions do not allow a renewal for an additional term, provided other contract requirements and performance standards are met.

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

(c) By February 1 of each year, beginning in 2018, each managing entity shall develop and submit to the department a prioritized plan for phased enhancement of the behavioral health system of care by subregion of the managing entity's service area, if appropriate, based on the assessed behavioral health care needs of the subregion and service gaps. If the plan recommends additional funding, for each recommended use of funds the enhancement plan shall describe, at a minimum, the specific needs that would be met, the specific services that would be purchased, the estimated benefits of the services, the projected costs, the projected number of individuals that would be served, and any other information indicating the estimated benefit to

the community. The managing entity shall include consumers and their family members, local governments, law enforcement agencies, providers, community partners, and other stakeholders when developing the plan. Individual sections of the plan shall address:

1. The designated receiving systems developed pursuant to s. 394.4602, and shall give consideration to evidence-based, evidence-informed, and innovative practices for diverting individuals from the acute behavioral health care system and addressing their needs once they are in the system in the most efficient and cost-effective manner.

2. Treatment and recovery services, and shall emphasize the provision of care coordination to priority populations and the use of recovery-oriented, peer-involved approaches.

3. Coordination between the behavioral health system of care and other systems and shall give consideration to approaches to enhancing such coordination.

(7) PERFORMANCE MEASUREMENT AND ACCOUNTABILITY.-Managing entities shall collect and submit data to the department regarding persons served, outcomes of persons served, costs of services provided through the department's contract, and other data as required by the department. The department shall evaluate managing entity performance and the overall progress made by the managing entity, together with other systems, in meeting the community's behavioral health needs, based on consumer-centered outcome measures that reflect national

standards, if possible, and that can dependably be measured. The department shall work with managing entities to establish performance standards related at a minimum to:

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

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

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

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

5. Consumer and family satisfaction.

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

(8) FUNDING FOR MANAGING ENTITIES.—

(a) A contract established between the department and a managing entity under this section shall be funded by general

revenue, other applicable state funds, or applicable federal funding sources. A managing entity may carry forward documented unexpended state funds from one fiscal year to the next, but the cumulative amount carried forward may not exceed 8 percent of the annual amount of the contract. Any unexpended state funds in excess of that percentage shall be returned to the department. The funds carried forward may not be used in a way that would increase future recurring obligations or for any program or service that was not authorized under the existing contract with the department. Expenditures of funds carried forward shall be separately reported to the department. Any unexpended funds that remain at the end of the contract period shall be returned to the department. Funds carried forward may be retained through contract renewals and new contract procurements as long as the same managing entity is retained by the department.

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

(8) CRISIS STABILIZATION SERVICES UTILIZATION DATABASE.—The department shall develop, implement, and maintain standards under which a managing entity shall collect utilization data from all public receiving facilities situated within its geographic service area and all detoxification and addictions receiving facilities under contract with the managing entity. As used in this subsection, the term "public receiving facility"

means an entity that meets the licensure requirements of, and is designated by, the department to operate as a public receiving facility under s. 394.875 and that is operating as a licensed crisis stabilization unit.

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

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

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

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

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

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

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

(e) After ensuring the accuracy of data pursuant to paragraphs (c) and (d), the managing entity shall submit the data to the department on a monthly and an annual basis. The department shall create a statewide database for the data described under paragraph (b) and submitted under this paragraph

for the purpose of analyzing the payments for and the use of crisis stabilization services funded by the Baker Act and detoxification and addictions receiving services provided pursuant to parts IV and V of chapter 397 on a statewide basis and on an individual provider basis.

Section 17. Subsections (4) through (9) of section 397.305, Florida Statutes, are renumbered as subsections (7) though (12), respectively, and new subsections (4), (5), and (6) are added to that section to read:

397.305 Legislative findings, intent, and purpose.—

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

(5) It is the intent of the Legislature that state policy and funding decisions be driven by data concerning the populations served and the effectiveness of services provided.

(6) It is the intent of the Legislature to establish expectations that services provided to persons in this state use the coordination-of-care principles characteristic of recovery-oriented services and include social support services, such as housing support, life skills and vocational training, and employment assistance, necessary for persons with mental health and substance use disorders to live successfully in their communities.

Section 18. Subsections (20) through (45) of section 397.311, Florida Statutes, are renumbered as subsections (21) through (46), respectively, present subsection (38) is amended, and a new subsection (20) is added to that section, to read:

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

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

(39) ~~(38)~~ "Service component" or "component" means a discrete operational entity within a service provider which is subject to licensing as defined by rule. Service components include prevention, intervention, and clinical treatment described in subsection (23) ~~(22)~~.

Section 19. Subsection (21) is added to section 397.321, Florida Statues, and subsection (15) is amended, to read:

397.321 Duties of the department.—The department shall:

(21) Develop and prominently display on its website all forms necessary for the implementation and administration of parts IV and V of this chapter. These forms shall include, but are not limited to, a petition for involuntary admission form and all related pleading forms, and a form to be used by law enforcement agencies pursuant to s. 397.6772. The department

shall notify law enforcement agencies, the courts, and other state agencies of the existence and availability of such forms.

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

Section 20. Section 397.402, Florida Statutes, is created to read:

397.402 Single, consolidated licensure.—The department and the Agency for Health Care Administration shall develop a plan for modifying licensure statutes and rules to provide options for a single, consolidated license for a provider that offers multiple types of either or both mental health and substance abuse services regulated under chapters 394 and 397. The plan shall identify options for license consolidation within the department and within the agency, and shall identify interagency license consolidation options. The department and the agency shall submit the plan to the Governor, the President of the Senate, and the Speaker of the House of Representatives by November 1, 2016.

Section 21. Section 397.675, Florida Statutes, is amended to read:

397.675 Criteria for involuntary admissions, including protective custody, emergency admission, and other involuntary assessment, involuntary treatment, and alternative involuntary

assessment for minors, for purposes of assessment and stabilization, and for involuntary treatment.—A person meets the criteria for involuntary admission if there is good faith reason to believe the person is substance abuse impaired and, because of this condition, has refused services or is unable to determine whether services are necessary. The refusal of services is insufficient evidence of an inability to determine whether services are necessary unless, without care or treatment ~~such impairment~~:

(1) The person is likely to neglect or refuse care for himself or herself to the extent that the neglect or refusal poses a real and present threat of substantial harm to his or her well-being;

(2) The person is at risk of the deterioration of his or her physical or mental health which may not be avoided despite assistance from willing family members, friends, or other services; or

(3) There is a substantial likelihood that the person will cause serious bodily harm to himself or herself or others, as shown by the person's recent behavior. ~~Has lost the power of self-control with respect to substance use; and either~~

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

~~(b) Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so~~

~~impaired that the person is incapable of appreciating his or her need for such services and of making a rational decision in regard thereto; however, mere refusal to receive such services does not constitute evidence of lack of judgment with respect to his or her need for such services~~.

Section 22. Subsection (1) of section 397.6772, Florida Statutes, is amended to read:

397.6772 Protective custody without consent.—

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

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

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

Such detention is not to be considered an arrest for any purpose, and no entry or other record may be made to indicate that the person has been detained or charged with any crime. The officer in charge of the detention facility must notify the nearest appropriate licensed service provider within the first 8 hours after detention that the person has been detained. It is the duty of the detention facility to arrange, as necessary, for transportation of the person to an appropriate licensed service provider with an available bed. Persons taken into protective custody must be assessed by the attending physician within the 72-hour period and without unnecessary delay, to determine the need for further services.

Section 23. Paragraph (a) of subsection (1) of section 397.6773, Florida Statutes, is amended to read:

397.6773 Dispositional alternatives after protective custody.—

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

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

Section 24. Section 397.679, Florida Statutes, is amended to read:

397.679 Emergency admission; circumstances justifying.—A person who meets the criteria for involuntary admission in s. 397.675 may be admitted to a hospital or to a licensed

detoxification facility or addictions receiving facility for emergency assessment and stabilization, or to a less intensive component of a licensed service provider for assessment only, upon receipt by the facility of the professional's ~~physician's~~ certificate and the completion of an application for emergency admission.

Section 25. Subsection (1) of section 397.6791, Florida Statutes, is amended to read:

397.6791 Emergency admission; persons who may initiate.—The following persons may request an emergency admission:

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

Section 26. Section 397.6793, Florida Statutes, is amended to read:

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

(1) A physician, clinical psychologist, physician assistant, psychiatric nurse, advanced registered nurse practitioner, mental health counselor, marriage and family therapist, master's level certified addiction professional for substance abuse services, or clinical social worker may execute a certificate stating that he or she has examined a person within the preceding 5 days and finds that the person appears to

meet the criteria for emergency admission and stating the observations upon which that conclusion is based. The professional's ~~physician's~~ certificate must include the name of the person to be admitted, the relationship between the person and the professional executing the certificate ~~physician~~, the relationship between the applicant and the professional executing the certificate ~~physician~~, and any relationship between the professional executing the certificate ~~physician~~ and the licensed service provider~~, and a statement that the person has been examined and assessed within 5 days of the application date,~~ and must include factual allegations with respect to the need for emergency admission, including the reason for the professional's belief that the person:

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

(b) Meets the criteria of s. 397.675(1), (2), or (3). ~~The reason for the physician's belief that because of such impairment the person has lost the power of self-control with respect to substance abuse; and either~~

~~(c)1. The reason the physician believes that the person has inflicted or is likely to inflict physical harm on himself or herself or others unless admitted; or~~

~~2. The reason the physician believes that the person's refusal to voluntarily receive care is based on judgment so impaired by reason of substance abuse that the person is~~

~~incapable of appreciating his or her need for care and of making a rational decision regarding his or her need for care.~~

(2) The professional's ~~physician's~~ certificate must recommend the least restrictive type of service that is appropriate for the person. The certificate must be signed by the professional ~~physician~~.

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

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

Section 27. Section 397.6795, Florida Statutes, is amended to read:

397.6795 Transportation-assisted delivery of persons for emergency assessment.—An applicant for a person's emergency admission, or the person's spouse or guardian, a law enforcement officer, or a health officer may deliver a person named in the professional's ~~physician's~~ certificate for emergency admission to a hospital or a licensed detoxification facility or

addictions receiving facility for emergency assessment and stabilization.

Section 28. Subsection (1) of section 397.681, Florida Statutes, is amended to read:

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

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

Section 29. Subsection (1) of section 397.6811, Florida Statutes, is amended to read:

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

of a petition. Involuntary assessment and stabilization may be initiated by the submission of a petition to the court.

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

Section 30. Section 397.6814, Florida Statutes, is amended to read:

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

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

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

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

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

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

Section 31. Subsection (4) is added to section 397.6818, Florida Statutes, to read:

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

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

Section 32. Section 397.6819, Florida Statutes, is amended to read:

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

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

(2) The managing entity shall be notified of the recommendation of involuntary services so it may assist in locating and providing, if available, the requested services. The managing entity shall document such efforts to obtain the requested services.

Section 33. Section 397.6821, Florida Statutes, is repealed.

Section 34. Subsection (1) of section 397.695, Florida Statutes, is amended to read:

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

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

Section 35. Section 397.6951, Florida Statutes, is amended to read:

397.6951 Contents of petition for involuntary services ~~treatment~~.—A petition for involuntary services ~~treatment~~ must contain the name of the respondent to be admitted; the name of the petitioner or petitioners; the relationship between the respondent and the petitioner; the name of the respondent's attorney, if known~~, and a statement of the petitioner's knowledge of the respondent's ability to afford an attorney~~; the findings and recommendations of the assessment performed by the qualified professional; and the factual allegations presented by the petitioner establishing the need for involuntary services. The factual allegations shall demonstrate ~~treatment, including~~:

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

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

~~(3)(a)~~ The reason the petitioner believes that the criteria in s. 397.675(1), (2), and (3) are met ~~the respondent has inflicted or is likely to inflict physical harm on himself or herself or others unless~~ ~~admitted~~; and ~~or~~

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

Section 36. Section 397.6955, Florida Statutes, is amended to read:

397.6955 Duties of court upon filing of petition for involuntary treatment.—Upon the filing of a petition for the involuntary treatment of a substance abuse impaired person with the clerk of the court, the court shall immediately determine whether the respondent is represented by an attorney or whether the appointment of counsel for the respondent is appropriate. If the court appoints counsel for the person, the clerk of the court shall immediately notify the regional conflict counsel, created pursuant to s. 27.511, of the appointment. The regional conflict counsel shall represent the person until the petition is dismissed, the court order expires, or the person is discharged from involuntary outpatient services. An attorney that represents the person named in the petition shall have access to the person, witnesses, and records relevant to the presentation of the person's case and shall represent the

interests of the person, regardless of the source of payment to the attorney.

(2) The court shall schedule a hearing to be held on the petition within 5 ~~10~~ days, unless a continuance is granted. The court may appoint a general or special master to preside at the hearing.

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

Section 37. Section 397.697, Florida Statutes, is amended to read:

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

(1) When the court finds that the conditions for involuntary services ~~substance abuse treatment~~ have been proved by clear and convincing evidence, it may order the respondent to receive ~~undergo~~ involuntary services from ~~treatment by~~ a publicly funded licensed service provider for a period not to exceed 90 ~~60~~ days. The court may also order a respondent to

receive involuntary services through a privately funded licensed service provider if the respondent has the ability to pay for the involuntary services or if any person voluntarily demonstrates the willingness and ability to pay for the respondent's involuntary services. If the court finds it necessary, it may direct the sheriff to take the respondent into custody and deliver him or her to the licensed service provider specified in the court order, or to the nearest appropriate licensed service provider, for involuntary services ~~treatment~~. When the conditions justifying involuntary services ~~treatment~~ no longer exist, the individual must be released as provided in s. 397.6971. When the conditions justifying involuntary services ~~treatment~~ are expected to exist after 90 ~~60~~ days of involuntary services ~~treatment~~, a renewal of the involuntary services ~~treatment~~ order may be requested pursuant to s. 397.6975 before ~~prior to~~ the end of the 90-day ~~60-day~~ period.

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

(3) An involuntary services ~~treatment~~ order authorizes the licensed service provider to require the individual to receive services that ~~undergo such treatment as~~ will benefit him or her,

including services ~~treatment~~ at any licensable service component of a licensed service provider.

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

Section 38. Section 397.6971, Florida Statutes, is amended to read:

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

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

(a) The individual no longer meets the criteria specified in s. 397.675 for involuntary admission and has given his or her informed consent to be transferred to voluntary treatment status.~~;~~

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

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

1. Such inability no longer exists; or

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

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

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

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

Section 39. Section 397.6975, Florida Statutes, is amended to read:

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

(1) Whenever a service provider believes that an individual who is nearing the scheduled date of release from involuntary services ~~treatment~~ continues to meet the criteria for involuntary services ~~treatment~~ in s. 397.693, a petition for renewal of the involuntary services ~~treatment~~ order may be filed

with the court at least 10 days before the expiration of the court-ordered services ~~treatment~~ period. The court shall immediately schedule a hearing to be held not more than 15 days after filing of the petition. The court shall provide the copy of the petition for renewal and the notice of the hearing to all parties to the proceeding. The hearing is conducted pursuant to s. 397.6957.

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

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

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

(4) Hearings on petitions for continued involuntary services shall be before the circuit court. The court may appoint a general or special master to preside at the hearing. The procedures for obtaining an order pursuant to this section shall be in accordance with s. 397.697.

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

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

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

Section 40. Section 397.6977, Florida Statutes, is amended to read:

397.6977 Disposition of individual upon completion of involuntary services ~~substance abuse treatment~~.~~—~~At the conclusion of the 90-day ~~60-day~~ period of court-ordered involuntary services ~~treatment~~, the individual shall ~~is~~ automatically be discharged unless a motion for renewal of the

involuntary services ~~treatment~~ order has been filed with the court pursuant to s. 397.6975.

Section 41. Section 397.6978, Florida Statutes, is created to read:

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

(1) The administrator of a receiving facility or addictions receiving facility may petition the court for the appointment of a guardian advocate based upon the opinion of a qualified professional that the patient is incompetent to consent to treatment. If the court finds that a patient is incompetent to consent to treatment, has not been adjudicated incapacitated, and that a guardian with the authority to consent to mental health treatment has not been appointed, it may appoint a guardian advocate. The patient has the right to have an attorney represent him or her at the hearing. If the person is indigent, the court shall appoint the office of the regional conflict counsel to represent him or her at the hearing. The patient has the right to testify, cross-examine witnesses, and present witnesses. The proceeding shall be recorded electronically or stenographically, and testimony shall be provided under oath. One of the qualified professionals authorized to give an opinion in support of a petition for involuntary placement, as described in s. 397.675 or s. 397.6981, shall testify. A guardian advocate shall meet the qualifications of a guardian contained in part IV of chapter

744. The person who is appointed as a guardian advocate shall agree to the appointment.

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

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

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

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

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

(e) A person providing any substantial professional services to the individual, including clinical services.

(f) A creditor of the individual.

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

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

(3) A facility requesting appointment of a guardian advocate shall, before the appointment, provide the prospective

guardian advocate with information about the duties and responsibilities of guardian advocates, including information about the ethics of medical decisionmaking. Before asking a guardian advocate to give consent to treatment for a patient, the facility shall provide to the guardian advocate sufficient information so that the guardian advocate can decide whether to give express and informed consent to the treatment. Such information shall include information that demonstrates that the treatment is essential to the care of the patient and does not present an unreasonable risk of serious, hazardous, or irreversible side effects. If possible, before giving consent to treatment, the guardian advocate shall personally meet and talk with the patient and the patient's physician. If that is not possible, the discussion may be conducted by telephone. The decision of the guardian advocate may be reviewed by the court, upon petition of the patient's attorney, the patient's family, or the facility administrator.

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

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

appointment shall be developed by the department, approved by the chief judge of the circuit court, and taught by a court-approved organization, which may include, but need not be limited to, a community college, a guardianship organization, a local bar association, or The Florida Bar.

(b) The training course may be web-based, provided in video format, or other electronic means but shall be capable of ensuring the identity and participation of the prospective guardian advocate.

(c) The court may decide on a case-by-case basis to waive some or all of the training requirements for or impose additional requirements on the guardian advocate. In making its decision, shall consider the experience and education of the guardian advocate, the duties assigned to the guardian advocate, and the needs of the patient.

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

(a) The patient's spouse.

(b) An adult child of the patient.

(c) A parent of the patient.

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

(e) An adult friend of the patient.

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

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

(a) Abortion.

(b) Sterilization.

(c) Electroshock therapy.

(d) Psychosurgery.

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

The court shall base its authorization on evidence that the treatment or procedure is essential to the care of the patient

and that the treatment does not present an unreasonable risk of serious, hazardous, or irreversible side effects. In complying with this subsection, the court shall follow the procedures set forth in subsection (1).

(8) The guardian advocate shall be discharged when the patient is discharged from an order for involuntary outpatient services, involuntary inpatient placement, or when the patient is transferred from involuntary to voluntary status. The court or a hearing officer shall consider the competence of the patient as provided in subsection (1) and may consider an involuntarily placed patient's competence to consent to treatment at any hearing. Upon sufficient evidence, the court may restore, or the hearing officer may recommend that the court restore, the patient's competence. A copy of the order restoring competence or the certificate of discharge containing the restoration of competence shall be provided to the patient and the guardian advocate.

Section 42. Section 491.0045, Florida Statutes is amended to read:

491.0045 Intern registration; requirements.—

(1) ~~Effective January 1, 1998,~~ An individual who has not satisfied ~~intends to practice in Florida to satisfy~~ the postgraduate or post-master's level experience requirements, as specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register as an intern in the profession for which he or she is seeking licensure prior to commencing the post-master's experience

requirement or an individual who intends to satisfy part of the required graduate-level practicum, internship, or field experience, outside the academic arena for any profession, must register as an intern in the profession for which he or she is seeking licensure prior to commencing the practicum, internship, or field experience.

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

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

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

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

(c) Identified a qualified supervisor.

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

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

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

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

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

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

Section 43. Section 394.4674, Florida Statutes, is repealed.

Section 44. Section 394.4985, Florida Statutes, is repealed.

Section 45. Section 394.745, Florida Statutes, is repealed.

Section 46. Section 397.331, Florida Statutes, is repealed.

Section 47. Section 397.801, Florida Statutes, is repealed.

Section 48. Section 397.811, Florida Statutes, is repealed.

Section 49. Section 397.821, Florida Statutes, is repealed.397

Section 50. Section 397.901, Florida Statutes, is repealed.

Section 51. Section 397.93, Florida Statutes, is repealed.

Section 52. Section 397.94, Florida Statutes, is repealed.

Section 53. Section 397.951, Florida Statutes, is repealed.

Section 54. Section 397.97, Florida Statutes, is repealed.

Section 55. Section 397.98, Florida Statutes, is repealed.

Section 56. Paragraph (e) of subsection (5) of section 212.055, Florida Statutes, is amended to read:

212.055 Discretionary sales surtaxes; legislative intent; authorization and use of proceeds.—It is the legislative intent

that any authorization for imposition of a discretionary sales surtax shall be published in the Florida Statutes as a subsection of this section, irrespective of the duration of the levy. Each enactment shall specify the types of counties authorized to levy; the rate or rates which may be imposed; the maximum length of time the surtax may be imposed, if any; the procedure which must be followed to secure voter approval, if required; the purpose for which the proceeds may be expended; and such other requirements as the Legislature may provide. Taxable transactions and administrative procedures shall be as provided in s. 212.054.

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

(e) A governing board, agency, or authority shall be chartered by the county commission upon this act becoming law. The governing board, agency, or authority shall adopt and implement a health care plan for indigent health care services.

The governing board, agency, or authority shall consist of no more than seven and no fewer than five members appointed by the county commission. The members of the governing board, agency, or authority shall be at least 18 years of age and residents of the county. No member may be employed by or affiliated with a health care provider or the public health trust, agency, or authority responsible for the county public general hospital. The following community organizations shall each appoint a representative to a nominating committee: the South Florida Hospital and Healthcare Association, the Miami-Dade County Public Health Trust, the Dade County Medical Association, the Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade County. This committee shall nominate between 10 and 14 county citizens for the governing board, agency, or authority. The slate shall be presented to the county commission and the county commission shall confirm the top five to seven nominees, depending on the size of the governing board. Until such time as the governing board, agency, or authority is created, the funds provided for in subparagraph (d)2. shall be placed in a restricted account set aside from other county funds and not disbursed by the county for any other purpose.

1. The plan shall divide the county into a minimum of four and maximum of six service areas, with no more than one participant hospital per service area. The county public general hospital shall be designated as the provider for one of the

service areas. Services shall be provided through participants' primary acute care facilities.

2. The plan and subsequent amendments to it shall fund a defined range of health care services for both indigent persons and the medically poor, including primary care, preventive care, hospital emergency room care, and hospital care necessary to stabilize the patient. For the purposes of this section, "stabilization" means stabilization as defined in s. 397.311(42) ~~397.311(41)~~. Where consistent with these objectives, the plan may include services rendered by physicians, clinics, community hospitals, and alternative delivery sites, as well as at least one regional referral hospital per service area. The plan shall provide that agreements negotiated between the governing board, agency, or authority and providers shall recognize hospitals that render a disproportionate share of indigent care, provide other incentives to promote the delivery of charity care to draw down federal funds where appropriate, and require cost containment, including, but not limited to, case management. From the funds specified in subparagraphs (d)1. and 2. for indigent health care services, service providers shall receive reimbursement at a Medicaid rate to be determined by the governing board, agency, or authority created pursuant to this paragraph for the initial emergency room visit, and a per-member per-month fee or capitation for those members enrolled in their service area, as compensation for the services rendered following the initial emergency visit. Except for provisions of

emergency services, upon determination of eligibility, enrollment shall be deemed to have occurred at the time services were rendered. The provisions for specific reimbursement of emergency services shall be repealed on July 1, 2001, unless otherwise reenacted by the Legislature. The capitation amount or rate shall be determined prior to program implementation by an independent actuarial consultant. In no event shall such reimbursement rates exceed the Medicaid rate. The plan must also provide that any hospitals owned and operated by government entities on or after the effective date of this act must, as a condition of receiving funds under this subsection, afford public access equal to that provided under s. 286.011 as to any meeting of the governing board, agency, or authority the subject of which is budgeting resources for the retention of charity care, as that term is defined in the rules of the Agency for Health Care Administration. The plan shall also include innovative health care programs that provide cost-effective alternatives to traditional methods of service and delivery funding.

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

4. Eligible residents who participate in the health care plan shall receive coverage for a period of 12 months or the

period extending from the time of enrollment to the end of the current fiscal year, per enrollment period, whichever is less.

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

Section 57. Subsection (1) of section 394.657, Florida Statutes, is amended to read:

394.657 County planning councils or committees.—

(1) Each board of county commissioners shall designate the county public safety coordinating council established under s. 951.26, or designate another criminal or juvenile justice mental health and substance abuse council or committee, as the planning council or committee. The public safety coordinating council or other designated criminal or juvenile justice mental health and substance abuse council or committee, in coordination with the county offices of planning and budget, shall make a formal recommendation to the board of county commissioners regarding how the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program may best be implemented within a community. The board of county commissioners may assign any entity to prepare the application on behalf of the county

administration for submission to the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Policy ~~Review~~ Committee for review. A county may join with one or more counties to form a consortium and use a regional public safety coordinating council or another county-designated regional criminal or juvenile justice mental health and substance abuse planning council or committee for the geographic area represented by the member counties.

Section 58. Subsection (1) of section 394.658, Florida Statutes, is amended to read:

394.658 Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program requirements.—

(1) The Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Policy ~~Review~~ Committee, in collaboration with the Department of Children and Families, the Department of Corrections, the Department of Juvenile Justice, the Department of Elderly Affairs, and the Office of the State Courts Administrator, shall establish criteria to be used to review submitted applications and to select the county that will be awarded a 1-year planning grant or a 3-year implementation or expansion grant. A planning, implementation, or expansion grant may not be awarded unless the application of the county meets the established criteria.

(a) The application criteria for a 1-year planning grant must include a requirement that the applicant county or counties have a strategic plan to initiate systemic change to identify

and treat individuals who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders who are in, or at risk of entering, the criminal or juvenile justice systems. The 1-year planning grant must be used to develop effective collaboration efforts among participants in affected governmental agencies, including the criminal, juvenile, and civil justice systems, mental health and substance abuse treatment service providers, transportation programs, and housing assistance programs. The collaboration efforts shall be the basis for developing a problem-solving model and strategic plan for treating adults and juveniles who are in, or at risk of entering, the criminal or juvenile justice system and doing so at the earliest point of contact, taking into consideration public safety. The planning grant shall include strategies to divert individuals from judicial commitment to community-based service programs offered by the Department of Children and Families in accordance with ss. 916.13 and 916.17.

(b) The application criteria for a 3-year implementation or expansion grant shall require information from a county that demonstrates its completion of a well-established collaboration plan that includes public-private partnership models and the application of evidence-based practices. The implementation or expansion grants may support programs and diversion initiatives that include, but need not be limited to:

1. Mental health courts;

2. Diversion programs;

3. Alternative prosecution and sentencing programs;

4. Crisis intervention teams;

5. Treatment accountability services;

6. Specialized training for criminal justice, juvenile justice, and treatment services professionals;

7. Service delivery of collateral services such as housing, transitional housing, and supported employment; and

8. Reentry services to create or expand mental health and substance abuse services and supports for affected persons.

(c) Each county application must include the following information:

1. An analysis of the current population of the jail and juvenile detention center in the county, which includes:

a. The screening and assessment process that the county uses to identify an adult or juvenile who has a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders;

b. The percentage of each category of persons admitted to the jail and juvenile detention center that represents people who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders; and

c. An analysis of observed contributing factors that affect population trends in the county jail and juvenile detention center.

2. A description of the strategies the county intends to use to serve one or more clearly defined subsets of the

population of the jail and juvenile detention center who have a mental illness or to serve those at risk of arrest and incarceration. The proposed strategies may include identifying the population designated to receive the new interventions, a description of the services and supervision methods to be applied to that population, and the goals and measurable objectives of the new interventions. The interventions a county may use with the target population may include, but are not limited to:

a. Specialized responses by law enforcement agencies;

b. Centralized receiving facilities for individuals evidencing behavioral difficulties;

c. Postbooking alternatives to incarceration;

d. New court programs, including pretrial services and specialized dockets;

e. Specialized diversion programs;

f. Intensified transition services that are directed to the designated populations while they are in jail or juvenile detention to facilitate their transition to the community;

g. Specialized probation processes;

h. Day-reporting centers;

i. Linkages to community-based, evidence-based treatment programs for adults and juveniles who have mental illness or substance abuse disorders; and

j. Community services and programs designed to prevent high-risk populations from becoming involved in the criminal or juvenile justice system.

3. The projected effect the proposed initiatives will have on the population and the budget of the jail and juvenile detention center. The information must include:

a. The county's estimate of how the initiative will reduce the expenditures associated with the incarceration of adults and the detention of juveniles who have a mental illness;

b. The methodology that the county intends to use to measure the defined outcomes and the corresponding savings or averted costs;

c. The county's estimate of how the cost savings or averted costs will sustain or expand the mental health and substance abuse treatment services and supports needed in the community; and

d. How the county's proposed initiative will reduce the number of individuals judicially committed to a state mental health treatment facility.

4. The proposed strategies that the county intends to use to preserve and enhance its community mental health and substance abuse system, which serves as the local behavioral health safety net for low-income and uninsured individuals.

5. The proposed strategies that the county intends to use to continue the implemented or expanded programs and initiatives that have resulted from the grant funding.

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

394.9085 Behavioral provider liability.—

(6) For purposes of this section, the terms "detoxification services," "addictions receiving facility," and "receiving facility" have the same meanings as those provided in ss. 397.311(23)(a)4., 397.311(23)(a)1. ~~397.311(22)(a)4., 397.311(22)(a)1.~~, and 394.455(26), respectively.

Section 60. Subsection (8) of section 397.405, Florida Statutes, is amended to read:

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

(8) A legally cognizable church or nonprofit religious organization or denomination providing substance abuse services, including prevention services, which are solely religious, spiritual, or ecclesiastical in nature. A church or nonprofit religious organization or denomination providing any of the licensed service components itemized under s. 397.311(23) ~~397.311(22)~~ is not exempt from substance abuse licensure but retains its exemption with respect to all services which are solely religious, spiritual, or ecclesiastical in nature.

The exemptions from licensure in this section do not apply to any service provider that receives an appropriation, grant, or contract from the state to operate as a service provider as defined in this chapter or to any substance abuse program

regulated pursuant to s. 397.406. Furthermore, this chapter may not be construed to limit the practice of a physician or physician assistant licensed under chapter 458 or chapter 459, a psychologist licensed under chapter 490, a psychotherapist licensed under chapter 491, or an advanced registered nurse practitioner licensed under part I of chapter 464, who provides substance abuse treatment, so long as the physician, physician assistant, psychologist, psychotherapist, or advanced registered nurse practitioner does not represent to the public that he or she is a licensed service provider and does not provide services to individuals pursuant to part V of this chapter. Failure to comply with any requirement necessary to maintain an exempt status under this section is a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

Section 61. Subsections (1) and (5) of section 397.407, Florida Statutes, are amended to read:

397.407 Licensure process; fees.—

(1) The department shall establish the licensure process to include fees and categories of licenses and must prescribe a fee range that is based, at least in part, on the number and complexity of programs listed in s. 397.311(23) ~~397.311(22)~~ which are operated by a licensee. The fees from the licensure of service components are sufficient to cover at least 50 percent of the costs of regulating the service components. The department shall specify a fee range for public and privately funded licensed service providers. Fees for privately funded

licensed service providers must exceed the fees for publicly funded licensed service providers.

(5) The department may issue probationary, regular, and interim licenses. The department shall issue one license for each service component that is operated by a service provider and defined pursuant to s. 397.311(23) ~~397.311(22)~~. The license is valid only for the specific service components listed for each specific location identified on the license. The licensed service provider shall apply for a new license at least 60 days before the addition of any service components or 30 days before the relocation of any of its service sites. Provision of service components or delivery of services at a location not identified on the license may be considered an unlicensed operation that authorizes the department to seek an injunction against operation as provided in s. 397.401, in addition to other sanctions authorized by s. 397.415. Probationary and regular licenses may be issued only after all required information has been submitted. A license may not be transferred. As used in this subsection, the term "transfer" includes, but is not limited to, the transfer of a majority of the ownership interest in the licensed entity or transfer of responsibilities under the license to another entity by contractual arrangement.

Section 62. Section 397.416, Florida Statutes, is amended to read:

397.416 Substance abuse treatment services; qualified professional.—Notwithstanding any other provision of law, a

person who was certified through a certification process recognized by the former Department of Health and Rehabilitative Services before January 1, 1995, may perform the duties of a qualified professional with respect to substance abuse treatment services as defined in this chapter, and need not meet the certification requirements contained in s. 397.311(31) ~~397.311(30)~~.

Section 63. Paragraphs (d) and (g) of subsection (1) of section 440.102, Florida Statutes, are amended to read:

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

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

(d) "Drug rehabilitation program" means a service provider, established pursuant to s. 397.311(40) ~~397.311(39)~~, that provides confidential, timely, and expert identification, assessment, and resolution of employee drug abuse.

(g) "Employee assistance program" means an established program capable of providing expert assessment of employee personal concerns; confidential and timely identification services with regard to employee drug abuse; referrals of employees for appropriate diagnosis, treatment, and assistance; and followup services for employees who participate in the program or require monitoring after returning to work. If, in

addition to the above activities, an employee assistance program provides diagnostic and treatment services, these services shall in all cases be provided by service providers pursuant to s. 397.311(40) ~~397.311(39)~~.

Section 64. For fiscal year 2016-2017, the sum of $400,000 in nonrecurring funds is appropriated from the Operations and Maintenance Trust Fund to the Department of Children and Families for the purpose of modifying the existing crisis stabilization services utilization database to collect and analyze data and information pursuant to s. 397.321, Florida Statutes, as amended by this act.

Section 65. Except as otherwise expressly provided in this act and except for this section, which shall take effect upon this act becoming a law, this act shall take effect July 1, 2016.

T I T L E A M E N D M E N T

Remove everything before the enacting clause and insert:

An act relating to mental health and substance abuse; amending s. 39.407, F.S.; requiring information about a child's suitability for residential treatment to be provided to an additional recipient; amending s. 394.453, F.S.; revising legislative intent regarding the Florida Mental Health Act; amending s. 394.455, F.S.; defining the term "qualified

professional"; amending s. 394.4597, F.S.; specifying certain persons who are prohibited from being selected as a patient's representative; providing rights of a patient's representative; creating s. 394.4603, F.S.; defining "access center," "addiction receiving facility." "designated receiving facility," "detoxification facility," "facility," "no-wrong-door model," "receiving facility," and "triage center"; creating a designated receiving system that functions as a no-wrong-door model, based on models such as a central receiving system, a coordinated receiving system, or a tiered receiving system; requiring each county develop and implement a transportation plan for the designated receiving system; amending s. 394.462, F.S.; providing for transportation of a person to a facility other than the nearest receiving facility; providing for the development and implementation of transportation exception plans; amends s. 394.463, F.S.; authorizing circuit or county courts to enter ex parte orders for involuntary examination; amends s. 394.4655, F.S; renaming involuntary outpatient placement; providing for involuntary outpatient services; requiring a service provider to document certain inquiries; requiring the managing entity to document certain efforts; making technical changes; amending 394.467, F.S.; revising criteria for involuntary inpatient placement; requiring a facility filing a petition for involuntary inpatient placement to send a copy to the department and managing entity; revising criteria for a hearing on involuntary inpatient placement;

revising criteria for a procedure for continued involuntary inpatient services; specifying requirements for a certain waiver of the patient's attendance at a hearing; requiring the court to consider certain testimony and evidence regarding a patient's incompetence; limiting duration of treatment at a crisis stabilization unit or short-term residential treatment facility to 90 days; permitting treatment at a treatment facility for up to 6 months; prohibiting a court from ordering a person with traumatic brain injury or dementia who lacks a co-occurring mental illness to be involuntarily placed in a state treatment facility; providing for the return of a patient to a treatment facility when the patient leaves without authorization; amends s. 394.46715, F.S., revising the Department of Children and Families' rulemaking authority; amending s. 394.656, F.S.; renaming the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee; providing additional members of the committee; providing duties of the committee; directing the department to create a grant review and selection committee; providing duties of the committee; authorizing a designated not-for-profit community provider or managing entity to apply for certain grants; providing eligibility requirements; defining the term "sequential intercept mapping"; revising provisions relating to the transfer of grant funds by the department; amending s. 394.67, F.S.; defining the term "managing entity" and revising the definitions of "mental health services" and "substance abuse services"; amending s. 394.675,

F.S.; creating a behavioral health system of care to provide mental health and substance abuse services and services for co-occurring conditions; requiring case managers and individuals supervising case managers to hold a valid credential; creating s. 394.761, F.S.; requiring the Agency for Health Care Administration and the department to develop a plan to obtain federal approval for increasing the availability of federal Medicaid funding for behavioral health care to be used for a specified purpose; requiring the agency and the department to submit a written plan that contains certain information to the Legislature by a specified date; amending s. 394.875, F.S.; allowing certain facilities to be located in the upper floors of a building; amending s. 394.9082, F.S.; revising legislative findings and intent relating to behavioral health managing entities; revising and providing definitions; requiring, rather than authorizing, the department to contract with not-for-profit community-based organizations to serve as managing entities; deleting provisions providing for contracting for services; providing contractual responsibilities of a managing entity; providing protocols for the department to select a managing entity; providing duties of managing entities; requiring the department to develop and enforce measurable outcome standards that address specified goals; providing specified elements in a behavioral health system of care; revising the criteria that the department may use when adopting rules and contractual standards relating to the qualification and operation of managing

entities; deleting certain departmental responsibilities; providing that managing entities may earn coordinated behavioral health system of care designations by developing and implementing certain plans; providing requirements for the plans; providing for earning and maintaining such designation; requiring plans for phased enhancement of the coordinated behavioral health system of care; deleting a provision requiring an annual report to the Legislature; authorizing, rather than requiring, the department to adopt rules; amending s. 397.305, F.S.; revising legislative intent regarding mental health and substance abuse treatment services; amending s. 397.311, F.S.; defining the term "informed consent"; amending s. 397.321, F.S.; requiring the department to develop, implement, and maintain standards and protocols for the collection of utilization data for addictions receiving facility and detoxification services provided with department funding; specifying data to be collected; requiring reconciliation of data; providing timeframes for the collection and submission of data; requiring the department to create a statewide database to store the data for certain purposes; requiring the department to adopt rules; deleting a requirement for the department to appoint a substance abuse impairment coordinator; requiring the department to develop certain forms, display such forms on its website, and notify certain entities of the existence and availability of such forms; creating s. 397.402, F.S.; requiring the department and the agency to submit a plan to the Governor and Legislature

by a specified date with options for modifying certain licensure statutes and rules to provide for a single, consolidated license for providers that offer certain mental health and substance abuse services; amending s. 397.675, F.S.; revising the criteria for involuntary admissions due to substance abuse or co-occurring mental health disorders; amending s. 397.6772, F.S.; requiring law enforcement officers to use standard forms developed by the department to detail the circumstances under which a person was taken into custody under the Hal S. Marchman Alcohol and Other Drug Services Act; amending s. 397.6773, F.S., correcting a cross-reference; amending s. 397.679, F.S.; specifying the licensed professionals who may complete a certificate for the involuntary admission of an individual; amending s. 397.6791, F.S.; providing a list of professionals authorized to initiate a certificate for an emergency assessment or admission of a person with a substance abuse disorder; amending s. 397.6793, F.S.; revising the criteria for initiation of a certificate for an emergency admission for a person who is substance abuse impaired; amending s. 397.6795, F.S.; revising the list of persons who may deliver a person for an emergency assessment; amending s. 397.681, F.S.; prohibiting the court from charging a fee for the filing of petitions for involuntary assessment and stabilization and involuntary treatment; amending s. 397.6811, F.S.; revising the list of persons who may file a petition for an involuntary assessment and stabilization; amending s. 397.6814, F.S.; prohibiting a fee from being charged

for the filing of a petition for involuntary assessment and stabilization; amending s. 397.6818, F.S.; limiting the validity of an order for involuntary admission to seven days unless otherwise specified in the order; amending s. 397.6819, F.S.; revising the responsibilities of service providers who admit an individual for an involuntary assessment and stabilization; repealing s. 397.6821, F.S., relating to extension of time for completion of involuntary assessment and stabilization; amending s. 397.695, F.S.; authorizing certain persons to file a petition for involuntary outpatient services of an individual; providing procedures and requirements for such petitions; amending s. 397.6951, F.S.; requiring that certain additional information be included in a petition for involuntary outpatient services; amending s. 397.6955, F.S.; requiring a court to fulfill certain additional duties upon the filing of petition for involuntary outpatient services; authorizing a continuance to be granted for a hearing on involuntary treatment of a substance abuse impaired person; amending s. 397.697, F.S.; allowing the court to order a respondent to undergo treatment through a privately funded licensed service provider under certain conditions; requiring court orders for involuntary services to be sent to the managing entity within a specified time; amending s. 397.6971, F.S.; establishing the requirements for an early release from involuntary outpatient services; amending s. 397.6975, F.S.; requiring the court to appoint certain counsel; providing requirements for hearings on petitions for continued involuntary

outpatient services; requiring notice of such hearings; amending s. 397.6977, F.S.; conforming provisions to changes made by the act; creating s. 397.6978, F.S.; providing for the appointment of guardian advocates if an individual is found incompetent to consent to treatment; providing a list of persons prohibited from being appointed as an individual's guardian advocate; providing requirements for a facility requesting the appointment of a guardian advocate; requiring a training course for guardian advocates; providing requirements for the training course; providing requirements for the prioritization of individuals to be selected as guardian advocates; authorizing certain guardian advocates to consent to medical treatment; providing exceptions; providing procedures for the discharge of a guardian advocate; amending s. 491.0045, F.S.; revising requirements relating to interns; limiting an intern registration to 5 years; providing timelines for expiration of certain intern registrations; providing requirements for issuance of subsequent registrations; prohibiting an individual who held a provisional license issued by the board from applying for an intern registration in the same profession; repealing s. 394.4674, F.S., relating to a plan and report; repealing s. 394.4985, F.S., relating to districtwide information and referral network and implementation; repealing s. 394.745, F.S., relating to an annual report and compliance of providers under contract with the department; repealing s. 397.331, F.S., relating to definitions; repealing s. 397.801, F.S., relating to substance

abuse impairment coordination; repealing s. 397.811, F.S., relating to juvenile substance abuse impairment coordination; repealing s. 397.821, F.S., relating to juvenile substance abuse impairment prevention and early intervention councils; repealing s. 397.901, F.S., relating to prototype juvenile addictions receiving facilities; repealing s. 397.93, F.S., relating to children's substance abuse services and target populations; repealing s. 397.94, F.S., relating to children's substance abuse services and the information and referral network; repealing s. 397.951, F.S., relating to treatment and sanctions; repealing s. 397.97, F.S., relating to children's substance abuse services and demonstration models; repealing s. 397.98, F.S., relating to children's substance abuse services and utilization management; amending ss. 212.055, 394.657, 394.658, 394.9085, 397.405, 397.407, 397.416, and 440.102, F.S.; conforming provisions and cross-references to changes made by the act; providing an appropriation; providing effective dates.