

1 A bill to be entitled
2 An act relating to mental health and substance abuse;
3 amending s. 39.407, F.S.; requiring information about
4 a child's suitability for residential treatment to be
5 provided to an additional recipient; amending s.
6 394.453, F.S.; revising legislative intent regarding
7 the Florida Mental Health Act; amending s. 394.455,
8 F.S.; defining the term "qualified professional";
9 amending s. 394.4597, F.S.; specifying certain persons
10 who are prohibited from being selected as a patient's
11 representative; providing rights of a patient's
12 representative; creating s. 394.4602, F.S.; providing
13 definitions; creating a designated receiving system
14 that functions as a no-wrong-door model, based on
15 certain receiving system models; requiring each county
16 to develop and implement a transportation plan for the
17 designated receiving system; amending s. 394.462,
18 F.S.; authorizing a law enforcement agency to
19 transport a person to a receiving facility other than
20 the nearest receiving facility under certain
21 circumstances; deleting exceptions to the requirement
22 that law enforcement agencies transport a person to a
23 receiving facility for examination; amending s.
24 394.463, F.S.; authorizing circuit or county courts to
25 enter ex parte orders for involuntary examination;
26 requiring a diagnosis of Alzheimer's disease or a

27 dementia-related disorder to be indicated in the court
28 order for involuntary examination, law enforcement
29 report, or certificate; requiring law enforcement
30 officers to collect certain information and provide
31 that information to the receiving facility;
32 authorizing the temporary placement of persons with
33 Alzheimer's disease or a dementia-related disorder in
34 a secure private area within the receiving facility
35 under certain circumstances; conforming provisions to
36 changes made by the act; amending s. 394.4655, F.S.;
37 revising provisions and terminology relating to
38 involuntary outpatient placement; providing for
39 involuntary outpatient services; requiring a service
40 provider to prepare treatment plans that contain
41 certain information and notify the managing entity
42 regarding availability of requested services;
43 requiring the managing entity to document certain
44 efforts to obtain services; amending s. 394.467, F.S.;
45 revising criteria for involuntary inpatient placement;
46 requiring a facility filing a petition for involuntary
47 inpatient placement to send a copy of such petition to
48 the managing entity; providing for participation by
49 the state attorney in certain involuntary inpatient
50 placement proceedings; revising criteria for a hearing
51 on involuntary inpatient placement; revising criteria
52 for a procedure for continued involuntary inpatient

53 placement; specifying requirements for a certain
54 waiver of the patient's attendance at a hearing;
55 requiring the court to consider certain testimony and
56 evidence regarding a patient's incompetence; limiting
57 duration of treatment at a crisis stabilization unit
58 or short-term residential treatment facility to 90
59 days; permitting treatment at a treatment facility for
60 up to 6 months; prohibiting a court from ordering a
61 person with traumatic brain injury or dementia who
62 lacks a co-occurring mental illness to be
63 involuntarily placed in a state treatment facility;
64 providing for the return of a patient to a treatment
65 facility when the patient leaves without the
66 administrator's authorization; amending s. 394.46715,
67 F.S.; revising the Department of Children and
68 Families' rulemaking authority; amending s. 394.656,
69 F.S.; renaming the Criminal Justice, Mental Health,
70 and Substance Abuse Statewide Grant Review Committee
71 as the Criminal Justice, Mental Health, and Substance
72 Abuse Statewide Grant Policy Committee; providing
73 additional members of the committee; providing duties
74 of the committee; directing the department to create a
75 grant review and selection committee; providing duties
76 of the committee; authorizing a designated not-for-
77 profit community provider or managing entity to apply
78 for certain grants; providing eligibility

79 requirements; defining the term "sequential intercept
80 mapping"; revising provisions relating to the transfer
81 of grant funds by the department; amending s. 394.67,
82 F.S.; defining the term "managing entity"; revising
83 the definitions of the terms "mental health services"
84 and "substance abuse services"; amending s. 394.675,
85 F.S.; creating a behavioral health system of care to
86 provide mental health and substance abuse services and
87 services for co-occurring disorders; requiring case
88 managers and persons directly supervising case
89 managers to hold a valid certification; prioritizing
90 certain individuals for receipt of such services;
91 creating s. 394.761, F.S.; requiring the Agency for
92 Health Care Administration and the department to
93 develop a plan to obtain federal approval for
94 increasing the availability of federal Medicaid
95 funding for behavioral health care to be used for a
96 specified purpose; requiring the agency and the
97 department to submit a written plan that contains
98 certain information to the Legislature by a specified
99 date; amending s. 394.875, F.S.; allowing certain
100 facilities to be located in a multistory building and
101 on the upper floors of a building; amending s.
102 394.9082, F.S.; revising and providing legislative
103 findings and intent relating to behavioral health
104 managing entities; revising and providing definitions;

105 requiring, rather than authorizing, the department to
106 contract with not-for-profit community-based
107 organizations to serve as managing entities; deleting
108 provisions providing for contracting for services;
109 providing contractual responsibilities of a managing
110 entity; providing protocols for the department to
111 select a managing entity; providing duties of managing
112 entities; requiring the department to develop and
113 enforce measurable outcome standards that address
114 specified goals; providing specified elements in a
115 behavioral health system of care; revising the
116 criteria that the department may use when adopting
117 rules and contractual standards relating to the
118 qualification and operation of managing entities;
119 deleting certain departmental responsibilities;
120 providing that managing entities may earn coordinated
121 behavioral health system of care designations by
122 developing and implementing certain plans; providing
123 requirements for the plans; providing for earning and
124 maintaining such designation; requiring plans for
125 phased enhancement of the coordinated behavioral
126 health system of care; deleting a provision requiring
127 an annual report to the Legislature; authorizing,
128 rather than requiring, the department to adopt rules;
129 amending s. 397.305, F.S.; revising legislative intent
130 regarding mental health and substance abuse treatment

131 services; amending s. 397.311, F.S.; defining the term
132 "informed consent"; conforming a cross-reference;
133 amending s. 397.321, F.S.; deleting a requirement for
134 the department to appoint a substance abuse impairment
135 coordinator; requiring the department to develop
136 certain forms, display such forms on its website, and
137 notify certain entities of the existence and
138 availability of such forms; creating s. 397.402, F.S.;
139 requiring the department and the agency to develop a
140 plan for modifying certain licensure statutes and
141 rules to provide for a single, consolidated license
142 for providers that offer certain mental health and
143 substance abuse services; requiring the department and
144 the agency to submit the plan to the Governor and
145 Legislature by a specified date; amending s. 397.675,
146 F.S.; revising the criteria for involuntary admissions
147 due to substance abuse or co-occurring mental health
148 disorders; amending s. 397.6772, F.S.; requiring law
149 enforcement officers to use standard forms developed
150 by the department to execute a written report
151 detailing the circumstances under which a person was
152 taken into custody under the Hal S. Marchman Alcohol
153 and Other Drug Services Act; amending s. 397.679,
154 F.S.; specifying the licensed professionals who may
155 complete a certificate for emergency involuntary
156 admission of a person; amending s. 397.6791, F.S.;

157 providing a list of professionals authorized to
158 initiate a certificate for an emergency assessment or
159 admission of a person with a substance abuse
160 impairment; amending s. 397.6793, F.S.; revising the
161 criteria for initiation of a certificate for the
162 emergency admission of a person who is substance abuse
163 impaired; amending s. 397.6795, F.S.; conforming
164 provisions to changes made by the act; amending s.
165 397.681, F.S.; prohibiting the court from charging a
166 fee for the filing of petitions for involuntary
167 assessment and stabilization and involuntary
168 treatment; amending s. 397.6811, F.S.; revising the
169 list of persons who may file a petition for an
170 involuntary assessment and stabilization; amending s.
171 397.6814, F.S.; prohibiting a fee from being charged
172 for the filing of a petition for involuntary
173 assessment and stabilization; amending s. 397.6818,
174 F.S.; limiting the validity of an order for
175 involuntary admission to 7 days after it is signed
176 unless otherwise specified in the order; amending s.
177 397.6819, F.S.; revising the responsibilities of
178 service providers who admit an individual for an
179 involuntary assessment and stabilization; requiring
180 notification of a managing entity when involuntary
181 services are recommended by a provider; requiring the
182 managing entity to document certain efforts to obtain

183 services; repealing s. 397.6821, F.S., relating to
184 extension of time for completion of involuntary
185 assessment and stabilization; amending s. 397.695,
186 F.S.; authorizing certain persons to file a petition
187 for involuntary services of an individual; amending s.
188 397.6951, F.S.; requiring that certain additional
189 information be included in a petition for involuntary
190 services; amending s. 397.6955, F.S.; requiring a
191 court to fulfill certain additional duties upon the
192 filing of a petition for involuntary outpatient
193 services; authorizing a continuance to be granted for
194 a hearing on a petition for involuntary services for a
195 substance abuse impaired person; amending s. 397.697,
196 F.S.; authorizing the court to order a respondent to
197 receive involuntary services through a privately
198 funded licensed service provider under certain
199 conditions; requiring court orders for involuntary
200 services to be sent to the managing entity within a
201 specified time; authorizing the electronic submission
202 of certain documents; amending s. 397.6971, F.S.;
203 revising the requirements for an early release from
204 involuntary services; amending s. 397.6975, F.S.;
205 requiring the court to appoint certain counsel within
206 a specified timeframe; providing requirements for
207 hearings on petitions for continued involuntary
208 services; requiring notice of such hearings; requiring

209 | the court to consider certain testimony and evidence
210 | regarding a respondent's competence to consent to
211 | treatment; amending s. 397.6977, F.S.; conforming
212 | provisions to changes made by the act; creating s.
213 | 397.6978, F.S.; providing for the appointment of
214 | guardian advocates if an individual is found
215 | incompetent to consent to treatment; providing a list
216 | of persons prohibited from being appointed as an
217 | individual's guardian advocate; providing requirements
218 | for a facility requesting the appointment of a
219 | guardian advocate; requiring a training course for
220 | guardian advocates; providing requirements for the
221 | training course; providing requirements for the
222 | prioritization of individuals to be selected as
223 | guardian advocates; authorizing certain guardian
224 | advocates to consent to medical treatment; providing
225 | exceptions; providing procedures for the discharge of
226 | a guardian advocate; amending s. 491.0045, F.S.;
227 | revising requirements relating to interns; limiting an
228 | intern registration to 5 years; providing timelines
229 | for expiration of certain intern registrations;
230 | providing requirements for issuance of subsequent
231 | intern registrations; prohibiting an individual who
232 | has held a provisional license issued by the board
233 | from applying for an intern registration in the same
234 | profession; repealing s. 394.4674, F.S., relating to a

235 | plan and report; repealing s. 394.4985, F.S., relating
 236 | to districtwide information and referral network and
 237 | implementation; repealing s. 394.745, F.S., relating
 238 | to an annual report and compliance of providers under
 239 | contract with the department; repealing s. 397.331,
 240 | F.S., relating to definitions; repealing s. 397.801,
 241 | F.S., relating to substance abuse impairment
 242 | coordination; repealing s. 397.811, F.S., relating to
 243 | juvenile substance abuse impairment coordination;
 244 | repealing s. 397.821, F.S., relating to juvenile
 245 | substance abuse impairment prevention and early
 246 | intervention councils; repealing s. 397.901, F.S.,
 247 | relating to prototype juvenile addictions receiving
 248 | facilities; repealing s. 397.93, F.S., relating to
 249 | children's substance abuse services and target
 250 | populations; repealing s. 397.94, F.S., relating to
 251 | children's substance abuse services and the
 252 | information and referral network; repealing s.
 253 | 397.951, F.S., relating to treatment and sanctions;
 254 | repealing s. 397.97, F.S., relating to children's
 255 | substance abuse services and demonstration models;
 256 | repealing s. 397.98, F.S., relating to children's
 257 | substance abuse services and utilization management;
 258 | amending ss. 212.055, 394.4598, 394.4615, 394.657,
 259 | 394.658, 394.674, 394.9085, 397.405, 397.407, 397.416,
 260 | 397.6773, 409.972, 440.102, 744.704, and 790.065,

261 F.S.; conforming provisions and cross-references to
 262 changes made by the act; providing an appropriation;
 263 providing effective dates.

264
 265 Be It Enacted by the Legislature of the State of Florida:

267 Section 1. Paragraph (c) of subsection (6) of section
 268 39.407, Florida Statutes, is amended to read:

269 39.407 Medical, psychiatric, and psychological examination
 270 and treatment of child; physical, mental, or substance abuse
 271 examination of person with or requesting child custody.—

272 (6) Children who are in the legal custody of the
 273 department may be placed by the department, without prior
 274 approval of the court, in a residential treatment center
 275 licensed under s. 394.875 or a hospital licensed under chapter
 276 395 for residential mental health treatment only pursuant to
 277 this section or may be placed by the court in accordance with an
 278 order of involuntary examination or involuntary placement
 279 entered pursuant to s. 394.463 or s. 394.467. All children
 280 placed in a residential treatment program under this subsection
 281 must have a guardian ad litem appointed.

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

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

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

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

297
 298 A copy of the written findings of the evaluation and suitability
 299 assessment must be provided to the department, ~~and~~ to the
 300 guardian ad litem, and to the child's Medicaid managed care
 301 plan, if applicable, which entities ~~who~~ shall have the
 302 opportunity to discuss the findings with the evaluator.

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

305 394.453 Legislative intent.—

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

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

312 ~~(b) It is the intent of the Legislature That treatment~~

313 programs for such disorders ~~shall~~ include, but not be limited
314 to, comprehensive health, social, educational, and
315 rehabilitative services to persons requiring intensive short-
316 term and continued treatment in order to encourage them to
317 assume responsibility for their treatment and recovery. It is
318 intended that:

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

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

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

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

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

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

339 communities.

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

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

347 ~~(2) It is the further intent of the Legislature that the~~
348 ~~least restrictive means of intervention be employed based on the~~
349 ~~individual needs of each person, within the scope of available~~
350 ~~services.~~ It is the policy of this state that the use of
351 restraint and seclusion on clients is justified only as an
352 emergency safety measure to be used in response to imminent
353 danger to the client or others. It is, therefore, the intent of
354 the Legislature to achieve an ongoing reduction in the use of
355 restraint and seclusion in programs and facilities serving
356 persons with mental illness.

357 Section 3. Subsections (26) through (38) of section
358 394.455, Florida Statutes, are renumbered as subsections (27)
359 through (39), respectively, and a new subsection (26) is added
360 to that section to read:

361 394.455 Definitions.—As used in this part, unless the
362 context clearly requires otherwise, the term:

363 (26) "Qualified professional" means a physician or a
364 physician assistant licensed under chapter 458 or chapter 459; a

365 psychiatrist licensed under chapter 458 or chapter 459; a
366 professional licensed under chapter 491; a psychologist as
367 defined in s. 490.003(7); or a psychiatric nurse as defined in
368 subsection (23).

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

371 394.4597 Persons to be notified; designation of a
372 patient's representative.—

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

379 (2) INVOLUNTARY PATIENTS.—

380 (a) At the time a patient is admitted to a facility for
381 involuntary examination or placement, or when a petition for
382 involuntary placement is filed, the names, addresses, and
383 telephone numbers of the patient's guardian or guardian
384 advocate, or representative if the patient has no guardian, and
385 the patient's attorney shall be entered in the patient's
386 clinical record.

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

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

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

- 402 1. The patient's spouse.
- 403 2. An adult child of the patient.
- 404 3. A parent of the patient.
- 405 4. The adult next of kin of the patient.
- 406 5. An adult friend of the patient.
- 407 ~~6. The appropriate Florida local advocacy council as~~
 408 ~~provided in s. 402.166.~~

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

- 411 1. A professional providing clinical services to the
 412 patient under this part;
- 413 2. The licensed professional who initiated the involuntary
 414 examination of the patient, if the examination was initiated by
 415 professional certificate;
- 416 3. An employee, an administrator, or a board member of the

- 417 facility providing the examination of the patient;
- 418 4. An employee, an administrator, or a board member of a
419 treatment facility providing treatment of the patient;
- 420 5. A person providing any substantial professional
421 services for the patient, including clinical and nonclinical
422 services;
- 423 6. A creditor of the patient;
- 424 7. A person subject to an injunction for protection
425 against domestic violence under s. 741.30, whether the order of
426 injunction is temporary or final, for which the patient was the
427 petitioner; and
- 428 8. A person subject to an injunction for protection
429 against repeat violence, stalking, sexual violence, or dating
430 violence under s. 784.046, whether the order of injunction is
431 temporary or final, for which the patient was the petitioner.
- 432 (f) The representative selected by the patient or
433 designated by the facility has the right to:
- 434 1. Receive notice of the patient's admission;
- 435 2. Receive notice of proceedings affecting the patient;
- 436 3. Have access to the patient within reasonable timelines
437 in accordance with the provider's publicized visitation policy,
438 unless such access is documented to be detrimental to the
439 patient;
- 440 4. Receive notice of any restriction of the patient's
441 right to communicate or receive visitors;
- 442 5. Receive a copy of the inventory of personal effects

443 upon the patient's admission and request an amendment to the
444 inventory at any time;

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

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

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

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

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

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

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

467 ~~(c) A licensed professional providing services to the~~
468 ~~patient under this part, an employee of a facility providing~~

469 ~~direct services to the patient under this part, a department~~
470 ~~employee, a person providing other substantial services to the~~
471 ~~patient in a professional or business capacity, or a creditor of~~
472 ~~the patient shall not be appointed as the patient's~~
473 ~~representative.~~

474 Section 5. Section 394.4602, Florida Statutes, is created
475 to read:

476 394.4602 Designated receiving system; transportation
477 plans.-

478 (1) DEFINITIONS.-As used in this section:

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

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

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

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

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

504 (f) "No-wrong-door model" means a model for the delivery
505 of crisis services to persons who have a mental health or
506 substance use disorder, or co-occurring disorders, which
507 optimizes access to care, regardless of the entry point to the
508 behavioral health care system.

509 (g) "Receiving facility" means any public or private
510 facility designated by the department to receive and hold or
511 refer, as appropriate, involuntary patients under emergency
512 conditions for mental health or substance abuse evaluation and
513 to provide treatment or transportation to the appropriate
514 service provider. The term does not include a county jail.

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

520 (2) DESIGNATED RECEIVING SYSTEM.—

521 (a) A designated receiving system shall consist of one or
522 more facilities serving a defined geographic area and
523 responsible for assessment and evaluation, both voluntary and
524 involuntary, and treatment or triage of patients who have a
525 mental health or substance use disorder, or co-occurring
526 disorders. A county or several counties shall plan the
527 designated receiving system using a process that includes the
528 managing entity and is open to participation by individuals with
529 behavioral health needs and their families, service providers,
530 law enforcement agencies, and other parties. The county or
531 counties, in collaboration with the managing entity, shall
532 document the designated receiving system through written
533 memoranda of agreement or other binding arrangements. The county
534 or counties and the managing entity shall approve the designated
535 receiving system by October 31, 2017, and the county or counties
536 and the managing entity shall review, update as necessary, and
537 reapprove the designated receiving system at least once every 3
538 years.

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

545 1. A central receiving system, which consists of a
546 designated central receiving facility that serves as a single

547 entry point for persons with mental health or substance use
548 disorders, or co-occurring disorders. The central receiving
549 facility shall be capable of assessment, evaluation, and triage
550 or treatment of various conditions and circumstances.

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

558 3. A tiered receiving system, which consists of multiple
559 entry points, some of which offer only specialized or limited
560 services. Each service provider shall be classified according to
561 its capabilities as either a designated receiving facility, or
562 another type of service provider such as a triage center, or an
563 access center. All participating service providers shall be
564 linked by methods to share data, formal referral agreements, and
565 cooperative arrangements for care coordination and case
566 management.

567
568 An accurate inventory of the participating service providers
569 which specifies the capabilities and limitations of each
570 provider and its ability to accept patients under the designated
571 receiving system agreements and the transportation plan
572 developed pursuant to this section shall be maintained and made

573 available at all times to all first responders in the service
574 area.

575 (3) TRANSPORTATION PLAN.—A transportation plan shall be
576 developed and implemented by each county by October 31, 2017, in
577 collaboration with the managing entity in accordance with this
578 section. A county may enter into a memorandum of understanding
579 with the governing boards of nearby counties to establish a
580 shared transportation plan. When multiple counties enter into a
581 memorandum of understanding for this purpose, the managing
582 entity shall be notified and provided with a copy of the
583 agreement. The transportation plan shall describe methods of
584 transportation to a facility within the designated receiving
585 system for individuals subject to involuntary examination under
586 s. 394.463 or involuntary assessment and stabilization under s.
587 397.675, and may identify responsibility for other
588 transportation to a participating facility when necessary and
589 agreed to by the facility. The plan may rely on emergency
590 medical transport services or private transport companies, as
591 appropriate. The plan shall comply with the transportation
592 provisions of ss. 394.462, 397.6771, 397.6772, 397.6795,
593 397.6822, and 397.697.

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

596 394.462 Transportation.—

597 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

598 (a) Each county shall designate a single law enforcement

599 agency within the county, or portions thereof, to take a person
600 into custody upon the entry of an ex parte order or the
601 execution of a certificate for involuntary examination by an
602 authorized professional and to transport that person to the
603 nearest receiving facility for examination, unless the
604 transportation plan developed pursuant to s. 394.4602 authorizes
605 a law enforcement agency to transport the person to another
606 receiving facility. The designated law enforcement agency may
607 decline to transport the person to a receiving facility only if:
608 1. The jurisdiction designated by the county has
609 contracted on an annual basis with an emergency medical
610 transport service or private transport company for
611 transportation of persons to receiving facilities pursuant to
612 this section at the sole cost of the county; and
613 2. The law enforcement agency and the emergency medical
614 transport service or private transport company agree that the
615 continued presence of law enforcement personnel is not necessary
616 for the safety of the person or others.
617 3. The jurisdiction designated by the county may seek
618 reimbursement for transportation expenses. The party responsible
619 for payment for such transportation is the person receiving the
620 transportation. The county shall seek reimbursement from the
621 following sources in the following order:
622 a. From an insurance company, health care corporation, or
623 other source, if the person receiving the transportation is
624 covered by an insurance policy or subscribes to a health care

625 corporation or other source for payment of such expenses.

626 b. From the person receiving the transportation.

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

630 (b) A ~~Any~~ company that transports a patient pursuant to
631 this subsection is considered an independent contractor and is
632 solely liable for the safe and dignified transportation of the
633 patient. Such company must be insured and provide no less than
634 \$100,000 in liability insurance with respect to the
635 transportation of patients.

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

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

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

651 arrangement best suited to the needs of the patient.

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

660 (g) When a ~~any~~ law enforcement officer has arrested a
661 person for a felony and it appears that the person meets the
662 statutory guidelines for involuntary examination or placement
663 under this part, such person shall first be processed in the
664 same manner as any other criminal suspect. The law enforcement
665 agency shall thereafter immediately notify the nearest public
666 receiving facility, which shall be responsible for promptly
667 arranging for the examination and treatment of the person. A
668 receiving facility is not required to admit a person charged
669 with a crime for whom the facility determines and documents that
670 it is unable to provide adequate security, but shall provide
671 mental health examination and treatment to the person where he
672 or she is held.

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

677 hospital is a designated receiving facility.

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

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

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

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

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

702 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

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

713 (b) A ~~Any~~ company that transports a patient pursuant to
714 this subsection is considered an independent contractor and is
715 solely liable for the safe and dignified transportation of the
716 patient. Such company must be insured and provide no less than
717 \$100,000 in liability insurance with respect to the
718 transportation of patients.

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

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

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

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

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

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

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

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

755 ~~persons with physical frailties; or~~

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

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

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

764 394.463 Involuntary examination.—

765 (2) INVOLUNTARY EXAMINATION.—

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

768 1. A circuit or county court may enter an ex parte order
769 stating that a person appears to meet the criteria for
770 involuntary examination, giving the findings on which that
771 conclusion is based. The ex parte order for involuntary
772 examination must be based on sworn testimony, written or oral.
773 If other less restrictive means are not available, such as
774 voluntary appearance for outpatient evaluation, a law
775 enforcement officer, or other designated agent of the court,
776 shall take the person into custody and deliver him or her to the
777 nearest receiving facility for involuntary examination. The
778 order of the court shall be made a part of the patient's
779 clinical record. No fee shall be charged for the filing of an
780 order under this subsection. Any receiving facility accepting

781 the patient based on this order must send a copy of the order to
782 the Agency for Health Care Administration on the next working
783 day. The order shall be valid only until executed or, if not
784 executed, for the period specified in the order itself. If no
785 time limit is specified in the order, the order shall be valid
786 for 7 days after the date that the order was signed.

787 2. A law enforcement officer shall take a person who
788 appears to meet the criteria for involuntary examination into
789 custody and deliver the person or have him or her delivered to
790 the nearest receiving facility for examination. The officer
791 shall execute a written report detailing the circumstances under
792 which the person was taken into custody, and the report shall be
793 made a part of the patient's clinical record. Any receiving
794 facility accepting the patient based on this report must send a
795 copy of the report to the Agency for Health Care Administration
796 on the next working day.

797 3. A physician, clinical psychologist, psychiatric nurse,
798 mental health counselor, marriage and family therapist, or
799 clinical social worker may execute a certificate stating that he
800 or she has examined a person within the preceding 48 hours and
801 finds that the person appears to meet the criteria for
802 involuntary examination and stating the observations upon which
803 that conclusion is based. If other less restrictive means are
804 not available, such as voluntary appearance for outpatient
805 evaluation, a law enforcement officer shall take the person
806 named in the certificate into custody and deliver him or her to

807 the nearest receiving facility for involuntary examination. The
808 law enforcement officer shall execute a written report detailing
809 the circumstances under which the person was taken into custody.
810 The report and certificate shall be made a part of the patient's
811 clinical record. Any receiving facility accepting the patient
812 based on this certificate must send a copy of the certificate to
813 the Agency for Health Care Administration on the next working
814 day.

815
816 If a person has been diagnosed with Alzheimer's disease or a
817 dementia-related disorder, this condition must be indicated in
818 the ex parte order, written report, or certificate. When
819 initiating transport of such person, a law enforcement officer
820 shall collect any information regarding his or her condition,
821 medications, and needs provided by a health professional, family
822 member, caregiver, or other individual and shall provide this
823 information to the receiving facility immediately upon arrival.
824 As soon as practicable, such person shall be temporarily placed
825 in a secure private area within the receiving facility, if
826 available and clinically indicated, where such person shall be
827 permitted to be accompanied by a family member or caregiver,
828 provided it is safe for such family member or caregiver to do
829 so.

830 (e) The Agency for Health Care Administration shall
831 receive and maintain the copies of ex parte orders, involuntary
832 outpatient services ~~placement~~ orders issued pursuant to s.

833 394.4655, involuntary inpatient placement orders issued pursuant
834 to s. 394.467, professional certificates, and law enforcement
835 officers' reports. These documents shall be considered part of
836 the clinical record, governed by the provisions of s. 394.4615.
837 The agency shall prepare annual reports analyzing the data
838 obtained from these documents, without information identifying
839 patients, and shall provide copies of reports to the department,
840 the President of the Senate, the Speaker of the House of
841 Representatives, and the minority leaders of the Senate and the
842 House of Representatives.

843 (g) A person for whom an involuntary examination has been
844 initiated who is being evaluated or treated at a hospital for an
845 emergency medical condition specified in s. 395.002 must be
846 examined by a receiving facility within 72 hours. The 72-hour
847 period begins when the patient arrives at the hospital and
848 ceases when the attending physician documents that the patient
849 has an emergency medical condition. If the patient is examined
850 at a hospital providing emergency medical services by a
851 professional qualified to perform an involuntary examination and
852 is found as a result of that examination not to meet the
853 criteria for involuntary outpatient services ~~placement~~ pursuant
854 to s. 394.4655(1) or involuntary inpatient placement pursuant to
855 s. 394.467(1), the patient may be offered voluntary placement,
856 if appropriate, or released directly from the hospital providing
857 emergency medical services. The finding by the professional that
858 the patient has been examined and does not meet the criteria for

859 involuntary inpatient placement or involuntary outpatient
860 services ~~placement~~ must be entered into the patient's clinical
861 record. Nothing in this paragraph is intended to prevent a
862 hospital providing emergency medical services from appropriately
863 transferring a patient to another hospital prior to
864 stabilization, provided the requirements of s. 395.1041(3)(c)
865 have been met.

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

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

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

876 3. The patient, unless he or she is charged with a crime,
877 shall be asked to give express and informed consent to placement
878 as a voluntary patient, and, if such consent is given, the
879 patient shall be admitted as a voluntary patient; or

880 4. A petition for involuntary placement shall be filed in
881 the circuit court when outpatient or inpatient treatment is
882 deemed necessary. When inpatient treatment is deemed necessary,
883 the least restrictive treatment consistent with the optimum
884 improvement of the patient's condition shall be made available.

885 When a petition is to be filed for involuntary outpatient
 886 services placement, it shall be filed by one of the petitioners
 887 specified in s. 394.4655(3)(a). A petition for involuntary
 888 inpatient placement shall be filed by the facility
 889 administrator.

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

892 394.4655 Involuntary outpatient services placement.—

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

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

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

900 (c) The person is unlikely to survive safely in the
 901 community without supervision, based on a clinical
 902 determination.†

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

905 (e) The person has:

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

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

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

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

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

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

934 (2) INVOLUNTARY OUTPATIENT SERVICES PLACEMENT.—

935 (a)1. A patient who is being recommended for involuntary
 936 outpatient services placement by the administrator of the

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

958 2. If the patient has been stabilized and no longer meets
959 the criteria for involuntary examination pursuant to s.
960 394.463(1), the patient must be released from the ~~receiving~~
961 facility while awaiting the hearing for involuntary outpatient
962 services placement. Before filing a petition for involuntary

963 outpatient services ~~treatment~~, the administrator of the a
964 ~~receiving~~ facility or a designated department representative
965 must identify the service provider that will have primary
966 responsibility for service provision under an order for
967 involuntary outpatient services ~~placement~~, unless the person is
968 otherwise participating in outpatient psychiatric treatment and
969 is not in need of public financing for that treatment, in which
970 case the individual, if eligible, may be ordered to involuntary
971 treatment pursuant to the existing psychiatric treatment
972 relationship.

973 3. The service provider shall prepare a written proposed
974 treatment plan in consultation with the patient or the patient's
975 guardian advocate, if appointed, for the court's consideration
976 for inclusion in the involuntary outpatient services ~~placement~~
977 order that addresses the nature and extent of the mental illness
978 and any co-occurring substance use disorder that necessitates
979 involuntary outpatient services. The treatment plan shall
980 specify the likely level of care, including the use of
981 medication, and the anticipated discharge criteria for
982 terminating involuntary outpatient services. The service
983 ~~provider shall also provide a copy of the proposed treatment~~
984 ~~plan to the patient and the administrator of the receiving~~
985 ~~facility. The treatment plan must specify the nature and extent~~
986 ~~of the patient's mental illness, address the reduction of~~
987 ~~symptoms that necessitate involuntary outpatient placement, and~~
988 ~~include measurable goals and objectives for the services and~~

989 ~~treatment that are provided to treat the person's mental illness~~
990 ~~and assist the person in living and functioning in the community~~
991 ~~or to prevent a relapse or deterioration.~~ Service providers may
992 select and supervise other individuals to implement specific
993 aspects of the treatment plan. The services in the ~~treatment~~
994 plan must be deemed clinically appropriate by a physician,
995 clinical psychologist, psychiatric nurse, mental health
996 counselor, marriage and family therapist, or clinical social
997 worker who consults with, or is employed or contracted by, the
998 service provider. The service provider must certify to the court
999 in the proposed treatment plan whether sufficient services for
1000 improvement and stabilization are currently available and
1001 whether the service provider agrees to provide those services.
1002 If the service provider certifies that the services in the
1003 proposed ~~treatment~~ plan are not available, the petitioner may
1004 not file the petition. The service provider shall notify the
1005 managing entity as to the availability of the requested
1006 services. The managing entity shall document such efforts to
1007 obtain the requested services.

1008 (b) If a patient in involuntary inpatient placement meets
1009 the criteria for involuntary outpatient services placement, the
1010 administrator of the ~~treatment~~ facility may, before the
1011 expiration of the period during which the ~~treatment~~ facility is
1012 authorized to retain the patient, recommend involuntary
1013 outpatient services placement. The recommendation must be
1014 supported by the opinion of two qualified professionals a

1015 ~~psychiatrist and the second opinion of a clinical psychologist~~
1016 ~~or another psychiatrist,~~ both of whom have personally examined
1017 the patient within the preceding 72 hours, that the criteria for
1018 involuntary outpatient services ~~placement~~ are met. ~~However, in a~~
1019 ~~county having a population of fewer than 50,000, if the~~
1020 ~~administrator certifies that a psychiatrist or clinical~~
1021 ~~psychologist is not available to provide the second opinion, the~~
1022 ~~second opinion may be provided by a licensed physician who has~~
1023 ~~postgraduate training and experience in diagnosis and treatment~~
1024 ~~of mental and nervous disorders or by a psychiatric nurse. Any~~
1025 ~~second opinion authorized in this subparagraph may be conducted~~
1026 ~~through a face-to-face examination, in person or by electronic~~
1027 ~~means.~~ Such recommendation must be entered on an involuntary
1028 outpatient services ~~placement~~ certificate, and the certificate
1029 must be made a part of the patient's clinical record.

1030 (c)1. The administrator of the ~~treatment~~ facility shall
1031 provide a copy of the involuntary outpatient services ~~placement~~
1032 certificate and a copy of the state mental health discharge form
1033 to the managing entity ~~a department representative~~ in the county
1034 where the patient will be residing. For persons who are leaving
1035 a state mental health treatment facility, the petition for
1036 involuntary outpatient services ~~placement~~ must be filed in the
1037 county where the patient will be residing.

1038 2. The service provider that will have primary
1039 responsibility for service provision shall be identified by the
1040 designated department representative before ~~prior to~~ the order

1041 for involuntary outpatient services ~~placement~~ and must, before
 1042 ~~prior to~~ filing a petition for involuntary outpatient services
 1043 ~~placement~~, certify to the court whether the services recommended
 1044 in the patient's discharge plan are available ~~in the local~~
 1045 ~~community~~ and whether the service provider agrees to provide
 1046 those services. The service provider must develop with the
 1047 patient, or the patient's guardian advocate, if appointed, a
 1048 treatment or service plan that addresses the needs identified in
 1049 the discharge plan. The plan must be deemed to be clinically
 1050 appropriate by a physician, clinical psychologist, psychiatric
 1051 nurse, mental health counselor, marriage and family therapist,
 1052 or clinical social worker, as defined in this chapter, who
 1053 consults with, or is employed or contracted by, the service
 1054 provider.

1055 3. If the service provider certifies that the services in
 1056 the proposed treatment or service plan are not available, the
 1057 petitioner may not file the petition. The service provider shall
 1058 notify the managing entity as to the availability of the
 1059 requested services. The managing entity shall document such
 1060 efforts to obtain the requested services.

1061 (3) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES
 1062 ~~PLACEMENT~~.—

1063 (a) A petition for involuntary outpatient services
 1064 ~~placement~~ may be filed by:

- 1065 1. The administrator of a receiving facility; or
- 1066 2. The administrator of a treatment facility.

1067 (b) Each required criterion for involuntary outpatient
1068 services ~~placement~~ must be alleged and substantiated in the
1069 petition for involuntary outpatient services ~~placement~~. A copy
1070 of the certificate recommending involuntary outpatient services
1071 ~~placement~~ completed by two ~~a~~ qualified professionals
1072 ~~professional specified in subsection (2)~~ must be attached to the
1073 petition. A copy of the proposed ~~treatment~~ plan must be attached
1074 to the petition. Before the petition is filed, the service
1075 provider shall certify that the services in the proposed
1076 ~~treatment~~ plan are available. If the necessary services are not
1077 available ~~in the patient's local community to respond to the~~
1078 ~~person's individual needs~~, the petition may not be filed. The
1079 service provider shall notify the managing entity as to the
1080 availability of the requested services. The managing entity
1081 shall document such efforts to obtain the requested services.

1082 (c) The petition for involuntary outpatient services
1083 ~~placement~~ must be filed in the county where the patient is
1084 located, unless the patient is being placed from a state
1085 treatment facility, in which case the petition must be filed in
1086 the county where the patient will reside. When the petition has
1087 been filed, the clerk of the court shall provide copies of the
1088 petition and the proposed ~~treatment~~ plan to the department, the
1089 managing entity, the patient, the patient's guardian or
1090 representative, the state attorney, and the public defender or
1091 the patient's private counsel. A fee may not be charged for
1092 filing a petition under this subsection.

1093 (4) APPOINTMENT OF COUNSEL.—

1094 (a) Within 1 court working day after the filing of a
 1095 petition for involuntary outpatient services ~~placement~~, the
 1096 court shall appoint the public defender to represent the person
 1097 who is the subject of the petition, unless the person is
 1098 otherwise represented by counsel. The clerk of the court shall
 1099 immediately notify the public defender of the appointment. The
 1100 public defender shall represent the person until the petition is
 1101 dismissed, the court order expires, or the patient is discharged
 1102 from involuntary outpatient services ~~placement~~. An attorney who
 1103 represents the patient shall be provided ~~shall have~~ access to
 1104 the patient, witnesses, and records relevant to the presentation
 1105 of the patient's case and shall represent the interests of the
 1106 patient, regardless of the source of payment to the attorney.

1107 (b) The state attorney for the circuit in which the
 1108 patient is located shall represent the state as the real party
 1109 in interest in the proceeding. The state attorney shall have
 1110 access to the patient's clinical records and witnesses and has
 1111 the authority to independently evaluate the sufficiency and
 1112 appropriateness of the petition for involuntary outpatient
 1113 services.

1114 (5) CONTINUANCE OF HEARING.—The patient is entitled, with
 1115 the concurrence of the patient's counsel, to at least one
 1116 continuance of the hearing. The continuance shall be for a
 1117 period of up to 4 weeks.

1118 (6) HEARING ON INVOLUNTARY OUTPATIENT SERVICES ~~PLACEMENT~~.—

1119 (a)1. The court shall hold the hearing on involuntary
 1120 outpatient services ~~placement~~ within 5 working days after the
 1121 filing of the petition, unless a continuance is granted. The
 1122 hearing shall be held in the county where the petition is filed,
 1123 shall be as convenient to the patient as is consistent with
 1124 orderly procedure, and shall be conducted in physical settings
 1125 not likely to be injurious to the patient's condition. If the
 1126 court finds that the patient's attendance at the hearing is not
 1127 consistent with the best interests of the patient and if the
 1128 patient's counsel does not object, the court may waive the
 1129 presence of the patient from all or any portion of the hearing.
 1130 The state attorney for the circuit in which the patient is
 1131 located shall represent the state, rather than the petitioner,
 1132 as the real party in interest in the proceeding.

1133 2. The court may appoint a magistrate ~~master~~ to preside at
 1134 the hearing. One of the professionals who executed the
 1135 involuntary outpatient services ~~placement~~ certificate shall be a
 1136 witness. The patient and the patient's guardian or
 1137 representative shall be informed by the court of the right to an
 1138 independent expert examination. If the patient cannot afford
 1139 such an examination, the court shall ensure that one is
 1140 provided, as otherwise provided by law ~~provide for one~~. The
 1141 independent expert's report is ~~shall be~~ confidential and not
 1142 discoverable, unless the expert is to be called as a witness for
 1143 the patient at the hearing. The court shall allow testimony from
 1144 individuals, including family members, deemed by the court to be

1145 relevant under state law, regarding the person's prior history
1146 and how that prior history relates to the person's current
1147 condition. The testimony in the hearing must be given under
1148 oath, and the proceedings must be recorded. The patient may
1149 refuse to testify at the hearing.

1150 (b)1. If the court concludes that the patient meets the
1151 criteria for involuntary outpatient services ~~placement~~ pursuant
1152 to subsection (1), the court shall issue an order for
1153 involuntary outpatient services ~~placement~~. The court order shall
1154 be for a period of up to 90 days ~~6 months~~. The order must
1155 specify the nature and extent of the patient's mental illness.
1156 The order of the court and the treatment plan shall be made part
1157 of the patient's clinical record. The service provider shall
1158 discharge a patient from involuntary outpatient services
1159 ~~placement~~ when the order expires or any time the patient no
1160 longer meets the criteria for involuntary services ~~placement~~.
1161 Upon discharge, the service provider shall send a certificate of
1162 discharge to the court.

1163 2. The court may not order the department or the service
1164 provider to provide services if the program or service is not
1165 available in the patient's local community, if there is no space
1166 available in the program or service for the patient, or if
1167 funding is not available for the program or service. The service
1168 provider shall notify the managing entity as to the availability
1169 of the requested services. The managing entity shall document
1170 such efforts to obtain the requested services. A copy of the

1171 order must be sent to the Agency for Health Care Administration
1172 by the service provider within 1 working day after it is
1173 received from the court. The order may be submitted
1174 electronically through existing data systems. After the
1175 ~~placement~~ order for involuntary outpatient services is issued,
1176 the service provider and the patient may modify ~~provisions of~~
1177 the ~~treatment~~ plan. For any material modification of the
1178 ~~treatment~~ plan to which the patient or, if one is appointed, the
1179 patient's guardian advocate agrees, ~~if appointed, does agree,~~
1180 the service provider shall send notice of the modification to
1181 the court. Any material modifications of the ~~treatment~~ plan
1182 which are contested by the patient or the patient's guardian
1183 advocate, if applicable ~~appointed,~~ must be approved or
1184 disapproved by the court consistent with subsection (2).

1185 3. If, in the clinical judgment of a physician, the
1186 patient has failed or ~~has~~ refused to comply with the treatment
1187 ordered by the court, and, in the clinical judgment of the
1188 physician, efforts were made to solicit compliance and the
1189 patient may meet the criteria for involuntary examination, a
1190 person may be brought to a receiving facility pursuant to s.
1191 394.463. If, after examination, the patient does not meet the
1192 criteria for involuntary inpatient placement pursuant to s.
1193 394.467, the patient must be discharged from the ~~receiving~~
1194 facility. The involuntary outpatient services ~~placement~~ order
1195 shall remain in effect unless the service provider determines
1196 that the patient no longer meets the criteria for involuntary

1197 outpatient services ~~placement~~ or until the order expires. The
 1198 service provider must determine whether modifications should be
 1199 made to the existing treatment plan and must attempt to continue
 1200 to engage the patient in treatment. For any material
 1201 modification of the ~~treatment~~ plan to which the patient or the
 1202 patient's guardian advocate, if applicable ~~appointed~~, agrees
 1203 ~~does agree~~, the service provider shall send notice of the
 1204 modification to the court. Any material modifications of the
 1205 ~~treatment~~ plan which are contested by the patient or the
 1206 patient's guardian advocate, if applicable ~~appointed~~, must be
 1207 approved or disapproved by the court consistent with subsection
 1208 (2).

1209 (c) If, at any time before the conclusion of the initial
 1210 hearing on involuntary outpatient services ~~placement~~, it appears
 1211 to the court that the person does not meet the criteria for
 1212 involuntary outpatient services ~~placement~~ under this section
 1213 but, instead, meets the criteria for involuntary inpatient
 1214 placement, the court may order the person admitted for
 1215 involuntary inpatient examination under s. 394.463. If the
 1216 person instead meets the criteria for involuntary assessment,
 1217 protective custody, or involuntary admission pursuant to s.
 1218 397.675, the court may order the person to be admitted for
 1219 involuntary assessment for a period of 5 days pursuant to s.
 1220 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by
 1221 chapter 397.

1222 (d) At the hearing on involuntary outpatient services

1223 ~~placement~~, the court shall consider testimony and evidence
 1224 regarding the patient's competence to consent to treatment. If
 1225 the court finds that the patient is incompetent to consent to
 1226 treatment, it shall appoint a guardian advocate as provided in
 1227 s. 394.4598. The guardian advocate shall be appointed or
 1228 discharged in accordance with s. 394.4598.

1229 (e) The administrator of the receiving facility or the
 1230 designated department representative shall provide a copy of the
 1231 court order and adequate documentation of a patient's mental
 1232 illness to the service provider for involuntary outpatient
 1233 services ~~placement~~. Such documentation must include any advance
 1234 directives made by the patient, a psychiatric evaluation of the
 1235 patient, and any evaluations of the patient performed by a
 1236 ~~clinical~~ psychologist or a clinical social worker.

1237 (7) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT
 1238 SERVICES PLACEMENT.—

1239 (a)1. If the person continues to meet the criteria for
 1240 involuntary outpatient services ~~placement~~, the service provider
 1241 shall, at least 10 days before the expiration of the period
 1242 during which the treatment is ordered for the person, file in
 1243 the circuit court a petition for continued involuntary
 1244 outpatient services ~~placement~~. The court shall immediately
 1245 schedule a hearing on the petition to be held within 15 days
 1246 after the petition is filed.

1247 2. The existing involuntary outpatient services ~~placement~~
 1248 order remains in effect until disposition on the petition for

1249 continued involuntary outpatient services ~~placement~~.

1250 3. A certificate shall be attached to the petition which
 1251 includes a statement from the person's physician or clinical
 1252 psychologist justifying the request, a brief description of the
 1253 patient's treatment during the time he or she was receiving
 1254 involuntarily services ~~placed~~, and an individualized plan of
 1255 continued treatment.

1256 4. The service provider shall develop the individualized
 1257 plan of continued treatment in consultation with the patient or
 1258 the patient's guardian advocate, if applicable ~~appointed~~. When
 1259 the petition has been filed, the clerk of the court shall
 1260 provide copies of the certificate and the individualized plan of
 1261 continued treatment to the department, the patient, the
 1262 patient's guardian advocate, the state attorney, and the
 1263 patient's private counsel or the public defender.

1264 (b) Within 1 court working day after the filing of a
 1265 petition for continued involuntary outpatient services
 1266 ~~placement~~, the court shall appoint the public defender to
 1267 represent the person who is the subject of the petition, unless
 1268 the person is otherwise represented by counsel. The clerk of the
 1269 court shall immediately notify the public defender of such
 1270 appointment. The public defender shall represent the person
 1271 until the petition is dismissed or the court order expires or
 1272 the patient is discharged from involuntary outpatient services
 1273 ~~placement~~. Any attorney representing the patient shall have
 1274 access to the patient, witnesses, and records relevant to the

1275 presentation of the patient's case and shall represent the
1276 interests of the patient, regardless of the source of payment to
1277 the attorney.

1278 (c) Hearings on petitions for continued involuntary
1279 outpatient services placement shall be before the circuit court.
1280 The court may appoint a magistrate ~~master~~ to preside at the
1281 hearing. The procedures for obtaining an order pursuant to this
1282 paragraph must meet the requirements of ~~shall be in accordance~~
1283 ~~with~~ subsection (6), except that the time period included in
1284 paragraph (1) (e) does not apply when ~~is not applicable in~~
1285 determining the appropriateness of additional periods of
1286 involuntary outpatient services placement.

1287 (d) Notice of the hearing shall be provided as set forth
1288 in s. 394.4599. The patient and the patient's attorney may agree
1289 to a period of continued outpatient services placement without a
1290 court hearing.

1291 (e) The same procedure shall be repeated before the
1292 expiration of each additional period the patient is placed in
1293 treatment.

1294 (f) If the patient has previously been found incompetent
1295 to consent to treatment, the court shall consider testimony and
1296 evidence regarding the patient's competence. Section 394.4598
1297 governs the discharge of the guardian advocate if the patient's
1298 competency to consent to treatment has been restored.

1299 Section 9. Section 394.467, Florida Statutes, is amended
1300 to read:

1301 394.467 Involuntary inpatient placement.—

1302 (1) CRITERIA.—A person may be ordered for ~~placed in~~

1303 involuntary inpatient placement for treatment upon a finding of

1304 the court by clear and convincing evidence that:

1305 (a) He or she has a mental illness ~~is mentally ill~~ and

1306 because of his or her mental illness:

1307 1.a. He or she has refused voluntary inpatient placement

1308 for treatment after sufficient and conscientious explanation and

1309 disclosure of the purpose of inpatient placement for treatment;

1310 or

1311 b. He or she is unable to determine for himself or herself

1312 whether inpatient placement is necessary; and

1313 2.a. He or she is manifestly incapable of surviving alone

1314 or with the help of willing and responsible family or friends,

1315 including available alternative services, and, without

1316 treatment, is likely to suffer from neglect or refuse to care

1317 for himself or herself, and such neglect or refusal poses a real

1318 and present threat of substantial harm to his or her well-being;

1319 or

1320 b. There is substantial likelihood that in the near future

1321 he or she will inflict serious bodily harm on himself or herself

1322 or others ~~another person~~, as evidenced by recent behavior

1323 causing, attempting, or threatening such harm; and

1324 (b) All available less restrictive treatment alternatives

1325 that ~~which~~ would offer an opportunity for improvement of his or

1326 her condition have been judged to be inappropriate.

1327 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
 1328 retained by a receiving facility or involuntarily placed in a
 1329 treatment facility upon the recommendation of the administrator
 1330 of the receiving facility where the patient has been examined
 1331 and after adherence to the notice and hearing procedures
 1332 provided in s. 394.4599. The recommendation must be supported by
 1333 the opinion of a psychiatrist and the second opinion of a
 1334 clinical psychologist, psychiatric nurse, or another
 1335 psychiatrist, both of whom have personally examined the patient
 1336 within the preceding 72 hours, that the criteria for involuntary
 1337 inpatient placement are met. However, in a county that has a
 1338 population of fewer than 50,000, if the administrator certifies
 1339 that a psychiatrist, psychiatric nurse, or clinical psychologist
 1340 is not available to provide the second opinion, the second
 1341 opinion may be provided by a ~~licensed~~ physician who has
 1342 postgraduate training and experience in diagnosis and treatment
 1343 of mental illness ~~and nervous disorders~~ ~~or by a psychiatric~~
 1344 ~~nurse~~. Any second opinion authorized in this subsection may be
 1345 conducted through a face-to-face examination, in person or by
 1346 electronic means. Such recommendation shall be entered on a
 1347 petition for ~~an~~ involuntary inpatient placement certificate that
 1348 authorizes the receiving facility to retain the patient pending
 1349 transfer to a treatment facility or completion of a hearing.

1350 (3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT.—

1351 (a) The administrator of the facility shall file a
 1352 petition for involuntary inpatient placement in the court in the

1353 county where the patient is located. Upon filing, the clerk of
1354 the court shall provide copies to the department, the patient,
1355 the patient's guardian or representative, and the state attorney
1356 and public defender of the judicial circuit in which the patient
1357 is located. A No fee may not shall be charged for the filing of
1358 a petition under this subsection.

1359 (b) A facility filing a petition under this subsection for
1360 involuntary inpatient placement shall send a copy of the
1361 petition to the managing entity in its area.

1362 (4) APPOINTMENT OF COUNSEL.—

1363 (a) Within 1 court working day after the filing of a
1364 petition for involuntary inpatient placement, the court shall
1365 appoint the public defender to represent the person who is the
1366 subject of the petition, unless the person is otherwise
1367 represented by counsel. The clerk of the court shall immediately
1368 notify the public defender of such appointment. Any attorney
1369 representing the patient shall have access to the patient,
1370 witnesses, and records relevant to the presentation of the
1371 patient's case and shall represent the interests of the patient,
1372 regardless of the source of payment to the attorney.

1373 (b) The state attorney for the circuit in which the
1374 patient is located shall represent the state as the real party
1375 in interest in the proceeding. The state attorney shall have
1376 access to the patient's clinical records and witnesses and has
1377 the authority to independently evaluate the sufficiency and
1378 appropriateness of the petition for involuntary inpatient

1379 placement.

1380 (5) CONTINUANCE OF HEARING.—The patient is entitled, with
1381 the concurrence of the patient's counsel, to at least one
1382 continuance of the hearing. ~~The continuance shall be for a~~
1383 ~~period~~ of up to 4 weeks.

1384 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

1385 (a)1. The court shall hold the hearing on involuntary
1386 inpatient placement within 5 court working days, unless a
1387 continuance is granted.

1388 2. The hearing shall be held in the county where the
1389 patient is located and shall be as convenient to the patient as
1390 may be consistent with orderly procedure and shall be conducted
1391 in physical settings not likely to be injurious to the patient's
1392 condition. If the court finds that the patient's attendance at
1393 the hearing is not consistent with the best interests of the
1394 patient, and the patient's counsel does not object, the court
1395 may waive the presence of the patient from all or any portion of
1396 the hearing. The state attorney for the circuit in which the
1397 patient is located shall represent the state, rather than the
1398 petitioning facility administrator, as the real party in
1399 interest in the proceeding.

1400 ~~3.2.~~ The court may appoint a ~~general or special~~ magistrate
1401 to preside at the hearing. One of the two professionals who
1402 executed the petition for involuntary inpatient placement
1403 certificate shall be a witness. The patient and the patient's
1404 guardian or representative shall be informed by the court of the

1405 right to an independent expert examination. If the patient
1406 cannot afford such an examination, the court shall ensure that
1407 one is provided, as otherwise provided for by law ~~provide for~~
1408 ~~one~~. The independent expert's report is ~~shall be~~ confidential
1409 and not discoverable, unless the expert is to be called as a
1410 witness for the patient at the hearing. The testimony in the
1411 hearing must be given under oath, and the proceedings must be
1412 recorded. The patient may refuse to testify at the hearing.

1413 (b) If the court concludes that the patient meets the
1414 criteria for involuntary inpatient placement, it shall order
1415 that the patient be transferred to a treatment facility or, if
1416 the patient is at a treatment facility, that the patient be
1417 retained there or be treated at any other appropriate receiving
1418 or treatment facility, or that the patient receive services from
1419 a receiving or treatment facility, on an involuntary basis. If
1420 the order is for treatment at a crisis stabilization unit or
1421 short-term residential treatment facility, it shall be for up to
1422 90 days; if the order is for treatment at a treatment facility,
1423 it shall be for a period of up to 6 months. The order shall
1424 specify the nature and extent of the patient's mental illness.
1425 The court may not order an individual with traumatic brain
1426 injury or dementia who lacks a co-occurring mental illness to be
1427 involuntarily placed in a state treatment facility. The facility
1428 shall discharge a patient any time the patient no longer meets
1429 the criteria for involuntary inpatient placement, unless the
1430 patient has transferred to voluntary status.

1431 (c) If at any time prior to the conclusion of the hearing
1432 on involuntary inpatient placement it appears to the court that
1433 the person does not meet the criteria for involuntary inpatient
1434 placement under this section, but instead meets the criteria for
1435 involuntary outpatient services ~~placement~~, the court may order
1436 the person evaluated for involuntary outpatient services
1437 ~~placement~~ pursuant to s. 394.4655. The petition and hearing
1438 procedures set forth in s. 394.4655 shall apply. If the person
1439 instead meets the criteria for involuntary assessment,
1440 protective custody, or involuntary admission pursuant to s.
1441 397.675, ~~then~~ the court may order the person to be admitted for
1442 involuntary assessment for a period of 5 days pursuant to s.
1443 397.6811. Thereafter, all proceedings shall be governed by
1444 chapter 397.

1445 (d) At the hearing on involuntary inpatient placement, the
1446 court shall consider testimony and evidence regarding the
1447 patient's competence to consent to treatment. If the court finds
1448 that the patient is incompetent to consent to treatment, it
1449 shall appoint a guardian advocate as provided in s. 394.4598.

1450 (e) The administrator of the receiving facility shall
1451 provide a copy of the court order and adequate documentation of
1452 a patient's mental illness to the administrator of a treatment
1453 facility if the ~~whenever~~ a patient is ordered for involuntary
1454 inpatient placement, ~~whether~~ by civil or criminal court. The
1455 documentation shall include any advance directives made by the
1456 patient, a psychiatric evaluation of the patient, and any

1457 evaluations of the patient performed by a clinical psychologist,
1458 a psychiatric nurse, a marriage and family therapist, a mental
1459 health counselor, or a clinical social worker. The administrator
1460 of a treatment facility may refuse admission to a ~~any~~ patient
1461 directed to its facilities on an involuntary basis, ~~whether~~ by
1462 civil or criminal court order, ~~who~~ is not accompanied ~~at the~~
1463 ~~same time~~ by adequate orders and documentation.

1464 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT
1465 PLACEMENT.—

1466 (a) Hearings on petitions for continued involuntary
1467 inpatient placement of an individual placed at any treatment
1468 facility shall be administrative hearings and shall be conducted
1469 in accordance with ~~the provisions of~~ s. 120.57(1), except that
1470 any order entered by the administrative law judge shall be final
1471 and subject to judicial review in accordance with s. 120.68.
1472 Orders concerning patients committed after successfully pleading
1473 not guilty by reason of insanity shall be governed by ~~the~~
1474 ~~provisions of~~ s. 916.15.

1475 (b) If the patient continues to meet the criteria for
1476 involuntary inpatient placement and is being treated at a
1477 treatment facility, the administrator shall, before ~~prior to~~ the
1478 expiration of the period ~~during which~~ the treatment facility is
1479 authorized to retain the patient, file a petition requesting
1480 authorization for continued involuntary inpatient placement. The
1481 request shall be accompanied by a statement from the patient's
1482 physician, psychiatrist, psychiatric nurse, or clinical

1483 psychologist justifying the request, a brief description of the
1484 patient's treatment during the time he or she was involuntarily
1485 placed, and an individualized plan of continued treatment.
1486 Notice of the hearing shall be provided as set forth in s.
1487 394.4599. If at the hearing the administrative law judge finds
1488 that attendance at the hearing is not consistent with the best
1489 interests of the patient, the administrative law judge may waive
1490 the presence of the patient from all or any portion of the
1491 hearing, unless the patient, through counsel, objects to the
1492 waiver of presence. The testimony in the hearing must be under
1493 oath, and the proceedings must be recorded.

1494 (c) Unless the patient is otherwise represented or is
1495 ineligible, he or she shall be represented at the hearing on the
1496 petition for continued involuntary inpatient placement by the
1497 public defender of the circuit in which the facility is located.

1498 (d) If at a hearing it is shown that the patient continues
1499 to meet the criteria for involuntary inpatient placement, the
1500 administrative law judge shall sign the order for continued
1501 involuntary inpatient placement for a period not to exceed 6
1502 months. The same procedure shall be repeated prior to the
1503 expiration of each additional period the patient is retained.

1504 (e) If continued involuntary inpatient placement is
1505 necessary for a patient admitted while serving a criminal
1506 sentence, but whose sentence is about to expire, or for a
1507 patient involuntarily placed while a minor but who is about to
1508 reach the age of 18, the administrator shall petition the

1509 administrative law judge for an order authorizing continued
1510 involuntary inpatient placement.

1511 (f) If the patient has been previously found incompetent
1512 to consent to treatment, the administrative law judge shall
1513 consider testimony and evidence regarding the patient's
1514 competence. If the administrative law judge finds evidence that
1515 the patient is now competent to consent to treatment, the
1516 administrative law judge may issue a recommended order to the
1517 court that found the patient incompetent to consent to treatment
1518 that the patient's competence be restored and that any guardian
1519 advocate previously appointed be discharged.

1520 (8) RETURN TO FACILITY OF PATIENTS.—~~If~~ When a patient
1521 involuntarily held at a treatment facility under this part
1522 leaves the facility without the administrator's authorization,
1523 the administrator may authorize a search for the patient and his
1524 or her ~~the return of the patient~~ to the facility. The
1525 administrator may request the assistance of a law enforcement
1526 agency in this regard ~~the search for and return of the patient.~~

1527 Section 10. Section 394.46715, Florida Statutes, is
1528 amended to read:

1529 394.46715 Rulemaking authority.—The department may adopt
1530 rules to administer this part ~~Department of Children and~~
1531 ~~Families shall have rulemaking authority to implement the~~
1532 ~~provisions of ss. 394.455, 394.4598, 394.4615, 394.463,~~
1533 ~~394.4655, and 394.467 as amended or created by this act. These~~
1534 ~~rules shall be for the purpose of protecting the health, safety,~~

1535 ~~and well-being of persons examined, treated, or placed under~~
1536 ~~this act.~~

1537 Section 11. Section 394.656, Florida Statutes, is amended
1538 to read:

1539 394.656 Criminal Justice, Mental Health, and Substance
1540 Abuse Reinvestment Grant Program.—

1541 (1) There is created within the Department of Children and
1542 Families the Criminal Justice, Mental Health, and Substance
1543 Abuse Reinvestment Grant Program. The purpose of the program is
1544 to provide funding to counties with which they can plan,
1545 implement, or expand initiatives that increase public safety,
1546 avert increased spending on criminal justice, and improve the
1547 accessibility and effectiveness of treatment services for adults
1548 and juveniles who have a mental illness, substance abuse
1549 disorder, or co-occurring mental health and substance abuse
1550 disorders and who are in, or at risk of entering, the criminal
1551 or juvenile justice systems.

1552 (2) The department shall establish a Criminal Justice,
1553 Mental Health, and Substance Abuse Statewide Grant Policy Review
1554 Committee. The committee shall include:

1555 (a) One representative of the Department of Children and
1556 Families;

1557 (b) One representative of the Department of Corrections;

1558 (c) One representative of the Department of Juvenile
1559 Justice;

1560 (d) One representative of the Department of Elderly

1561 Affairs; ~~and~~
 1562 (e) One representative of the Office of the State Courts
 1563 Administrator;
 1564 (f) One representative of the Department of Veterans'
 1565 Affairs;
 1566 (g) One representative of the National Alliance on Mental
 1567 Illness;
 1568 (h) One representative of the Florida Sheriffs
 1569 Association;
 1570 (i) One representative of the Florida Police Chiefs
 1571 Association;
 1572 (j) One representative of the Florida Association of
 1573 Counties;
 1574 (k) One representative of the Florida Alcohol and Drug
 1575 Abuse Association;
 1576 (l) One representative of the Florida Association of
 1577 Managing Entities;
 1578 (m) One representative of the Florida Council for
 1579 Community Mental Health;
 1580 (n) One representative of the Florida Prosecuting
 1581 Attorneys Association;
 1582 (o) One representative of the Florida Public Defender
 1583 Association; and
 1584 (p) One administrator of a state-licensed limited mental
 1585 health assisted living facility.
 1586 (3) The committee shall serve as the advisory body to

1587 review policy and funding issues that help reduce the impact of
 1588 persons with mental illnesses and substance use disorders on
 1589 communities, criminal justice agencies, and the court system.
 1590 The committee shall advise the department in selecting
 1591 priorities for grants and investing awarded grant moneys.

1592 (4) The department shall create a grant review and
 1593 selection committee that has experience in substance use and
 1594 mental health disorders, community corrections, and law
 1595 enforcement. To the extent possible, the ~~members of the~~
 1596 committee shall have expertise in ~~grant writing,~~ grant
 1597 reviewing~~,~~ and grant application scoring.

1598 (5)~~(3)~~(a) A county, or not-for-profit community provider
 1599 or managing entity designated by the county planning council or
 1600 committee, as described in s. 394.657, may apply for a 1-year
 1601 planning grant or a 3-year implementation or expansion grant.
 1602 The purpose of the grants is to demonstrate that investment in
 1603 treatment efforts related to mental illness, substance abuse
 1604 disorders, or co-occurring mental health and substance abuse
 1605 disorders results in a reduced demand on the resources of the
 1606 judicial, corrections, juvenile detention, and health and social
 1607 services systems.

1608 (b) To be eligible to receive a 1-year planning grant or a
 1609 3-year implementation or expansion grant:~~7~~

1610 1. A county applicant must have a ~~county~~ planning council
 1611 or committee that is in compliance with the membership
 1612 requirements set forth in this section.

1613 2. A not-for-profit community provider or managing entity
 1614 shall be designated by the county planning council or committee
 1615 and have written authorization to submit an application. A not-
 1616 for-profit community provider or managing entity shall have
 1617 written authorization for each application it submits.

1618 (c) The department may award a 3-year implementation or
 1619 expansion grant to an applicant who has not received a 1-year
 1620 planning grant.

1621 (d) The department may require an applicant to conduct
 1622 sequential intercept mapping for a project. For purposes of this
 1623 paragraph, the term "sequential intercept mapping" means a
 1624 process for reviewing a local community's mental health,
 1625 substance abuse, criminal justice, and related systems and
 1626 identifying points of interceptions where interventions may be
 1627 made to prevent an individual with a substance use disorder or
 1628 mental illness from deeper involvement in the criminal justice
 1629 system.

1630 (6)-(4) The grant review and selection committee shall
 1631 select the grant recipients and notify the department of
 1632 Children and Families in writing of the recipients' names of the
 1633 applicants who have been selected by the committee to receive a
 1634 grant. Contingent upon the availability of funds and upon
 1635 notification by the grant review and selection committee of
 1636 those applicants approved to receive planning, implementation,
 1637 or expansion grants, the department ~~of Children and Families~~ may
 1638 transfer funds appropriated for the grant program to a selected

1639 ~~any county awarded a grant~~ recipient.

1640 Section 12. Subsections (15) through (24) of section
1641 394.67, Florida Statutes, are renumbered as subsections (16)
1642 through (25), respectively, present subsections (3), (15) and
1643 (24) are amended, and a new subsection (15) is added to that
1644 section, to read:

1645 394.67 Definitions.—As used in this part, the term:

1646 (3) "Crisis services" means short-term evaluation,
1647 stabilization, and brief intervention services provided to a
1648 person who is experiencing an acute mental or emotional crisis,
1649 as defined in subsection (18) ~~(17)~~, or an acute substance abuse
1650 crisis, as defined in subsection (19) ~~(18)~~, to prevent further
1651 deterioration of the person's mental health. Crisis services are
1652 provided in settings such as a crisis stabilization unit, an
1653 inpatient unit, a short-term residential treatment program, a
1654 detoxification facility, or an addictions receiving facility; at
1655 the site of the crisis by a mobile crisis response team; or at a
1656 hospital on an outpatient basis.

1657 (15) "Managing entity" means a corporation that is
1658 selected by the department to execute the administrative duties
1659 specified in s. 394.9082 to facilitate the delivery of
1660 behavioral health services through a coordinated behavioral
1661 health system of care.

1662 (16) ~~(15)~~ "Mental health services" means those therapeutic
1663 interventions and activities that help to eliminate, reduce, or
1664 manage symptoms or distress for persons who have severe

1665 emotional distress or a mental illness and to effectively manage
1666 the disability that often accompanies a mental illness so that
1667 the person can recover from the mental illness, become
1668 appropriately self-sufficient for his or her age, and live in a
1669 stable family or in the community. ~~The term also includes those~~
1670 ~~preventive interventions and activities that reduce the risk for~~
1671 ~~or delay the onset of mental disorders. The term includes the~~
1672 ~~following types of services:~~

1673 ~~(a) Treatment services, such as psychiatric medications~~
1674 ~~and supportive psychotherapies, which are intended to reduce or~~
1675 ~~ameliorate the symptoms of severe distress or mental illness.~~

1676 ~~(b) Rehabilitative services, which are intended to reduce~~
1677 ~~or eliminate the disability that is associated with mental~~
1678 ~~illness. Rehabilitative services may include assessment of~~
1679 ~~personal goals and strengths, readiness preparation, specific~~
1680 ~~skill training, and assistance in designing environments that~~
1681 ~~enable individuals to maximize their functioning and community~~
1682 ~~participation.~~

1683 ~~(c) Support services, which include services that assist~~
1684 ~~individuals in living successfully in environments of their~~
1685 ~~choice. Such services may include income supports, social~~
1686 ~~supports, housing supports, vocational supports, or~~
1687 ~~accommodations related to the symptoms or disabilities~~
1688 ~~associated with mental illness.~~

1689 ~~(d) Case management services, which are intended to assist~~
1690 ~~individuals in obtaining the formal and informal resources that~~

1691 ~~they need to successfully cope with the consequences of their~~
1692 ~~illness. Resources may include treatment or rehabilitative or~~
1693 ~~supportive interventions by both formal and informal providers.~~
1694 ~~Case management may include an assessment of client needs;~~
1695 ~~intervention planning with the client, his or her family, and~~
1696 ~~service providers; linking the client to needed services;~~
1697 ~~monitoring service delivery; evaluating the effect of services~~
1698 ~~and supports; and advocating on behalf of the client.~~

1699
1700 ~~Mental health services may be delivered in a variety of~~
1701 ~~settings, such as inpatient, residential, partial hospital, day~~
1702 ~~treatment, outpatient, club house, or a drop-in or self-help~~
1703 ~~center, as well as in other community settings, such as the~~
1704 ~~client's residence or workplace. The types and intensity of~~
1705 ~~services provided shall be based on the client's clinical status~~
1706 ~~and goals, community resources, and preferences. Services such~~
1707 ~~as assertive community treatment involve all four types of~~
1708 ~~services which are delivered by a multidisciplinary treatment~~
1709 ~~team that is responsible for identified individuals who have a~~
1710 ~~serious mental illness.~~

1711 (25)~~(24)~~ "Substance abuse services" means services
1712 designed to prevent or remediate the consequences of substance
1713 abuse, improve an individual's quality of life and self-
1714 sufficiency, and support long-term recovery. ~~The term includes~~
1715 ~~the following service categories:~~

1716 ~~(a) Prevention services, which include information~~

1717 ~~dissemination; education regarding the consequences of substance~~
1718 ~~abuse; alternative drug-free activities; problem identification;~~
1719 ~~referral of persons to appropriate prevention programs;~~
1720 ~~community-based programs that involve members of local~~
1721 ~~communities in prevention activities; and environmental~~
1722 ~~strategies to review, change, and enforce laws that control the~~
1723 ~~availability of controlled and illegal substances.~~

1724 ~~(b) Assessment services, which include the evaluation of~~
1725 ~~individuals and families in order to identify their strengths~~
1726 ~~and determine their required level of care, motivation, and need~~
1727 ~~for treatment and ancillary services.~~

1728 ~~(c) Intervention services, which include early~~
1729 ~~identification, short-term counseling and referral, and~~
1730 ~~outreach.~~

1731 ~~(d) Rehabilitation services, which include residential,~~
1732 ~~outpatient, day or night, case management, in-home, psychiatric,~~
1733 ~~and medical treatment, and methadone or medication management.~~

1734 ~~(e) Ancillary services, which include self-help and other~~
1735 ~~support groups and activities; aftercare provided in a~~
1736 ~~structured, therapeutic environment; supported housing;~~
1737 ~~supported employment; vocational services; and educational~~
1738 ~~services.~~

1739 Section 13. Paragraph (a) of subsection (1) of section
1740 394.674, Florida Statutes, is amended to read:

1741 394.674 Eligibility for publicly funded substance abuse
1742 and mental health services; fee collection requirements.—

1743 (1) To be eligible to receive substance abuse and mental
 1744 health services funded by the department, an individual must be
 1745 a member of at least one of the department's priority
 1746 populations approved by the Legislature. The priority
 1747 populations include:

1748 (a) For adult mental health services:

1749 1. Adults who have severe and persistent mental illness,
 1750 as designated by the department using criteria that include
 1751 severity of diagnosis, duration of the mental illness, ability
 1752 to independently perform activities of daily living, and receipt
 1753 of disability income for a psychiatric condition. Included
 1754 within this group are:

1755 a. Older adults in crisis.

1756 b. Older adults who are at risk of being placed in a more
 1757 restrictive environment because of their mental illness.

1758 c. Persons deemed incompetent to proceed or not guilty by
 1759 reason of insanity under chapter 916.

1760 d. Other persons involved in the criminal justice system.

1761 e. Persons diagnosed as having co-occurring mental illness
 1762 and substance abuse disorders.

1763 2. Persons who are experiencing an acute mental or
 1764 emotional crisis as defined in s. 394.67(18) ~~394.67(17)~~.

1765 Section 14. Section 394.675, Florida Statutes, is amended
 1766 to read:

1767 394.675 Behavioral health system of care ~~Substance abuse~~
 1768 ~~and mental health service system.~~—

1769 (1) A behavioral health system of care ~~community-based~~
1770 ~~system of comprehensive substance abuse and mental health~~
1771 ~~services~~ shall be established as resources permit and shall
1772 include mental health services, substance abuse services, and
1773 services for co-occurring disorders for prevention, assessment,
1774 intervention, treatment, rehabilitation, and support, such as:

1775 (a) Crisis services provided through a designated
1776 receiving system as provided in s. 394.4602.

1777 (b) Case management, which includes direct services
1778 intended to assist individuals in obtaining the formal and
1779 informal resources that they need to successfully cope with the
1780 consequences of their illness. Resources may include treatment
1781 or rehabilitative or supportive interventions by both formal and
1782 informal providers. Case management may include an assessment of
1783 individual needs; intervention planning with the individual, his
1784 or her family, and service providers; linking the individual to
1785 needed services; monitoring service delivery; evaluating the
1786 effect of services and supports; and advocating on behalf of the
1787 individual. By July 1, 2017, each case manager or person
1788 directly supervising case managers shall hold a valid
1789 certification issued from a department-approved credentialing
1790 entity as defined in s. 397.311(9).

1791 (c) Care coordination. To the extent allowed by available
1792 resources, the managing entity shall provide for care
1793 coordination to facilitate the appropriate delivery of
1794 behavioral health care services in the least restrictive setting

1795 based on standardized level of care determinations,
1796 recommendations by a treating practitioner, and the needs of the
1797 individual and his or her family, as appropriate. In addition to
1798 treatment services, care coordination shall address the recovery
1799 support needs of the individual and shall involve coordination
1800 with other local systems and entities, public and private, which
1801 are involved with the individual, such as primary care, child
1802 welfare, behavioral health care, and criminal and juvenile
1803 justice organizations. The following individuals shall be
1804 prioritized for receipt of care coordination services:

1805 1. Individuals with serious mental illness or substance
1806 use disorders who have experienced multiple arrests, involuntary
1807 commitments, admittances to a state mental health treatment
1808 facility, or episodes of incarceration or have been placed on
1809 conditional release for a felony or violated a condition of
1810 probation multiple times as a result of their behavioral health
1811 condition.

1812 2. Individuals in state treatment facilities who are on
1813 the wait list for community-based care.

1814 3. Individuals in receiving facilities or crisis
1815 stabilization units who are on the wait list for a state
1816 treatment facility.

1817 (d) Transportation in accordance with a plan developed
1818 under s. 394.4602.

1819 (e) Outpatient services.

1820 (f) Residential services.

- 1821 (g) Hospital inpatient care.
- 1822 (h) Aftercare and other postdischarge services.
- 1823 (i) Medication-assisted treatment and medication
- 1824 management.
- 1825 (j) Recovery support, including, but not limited to,
- 1826 support for competitive employment, educational attainment,
- 1827 independent living skills development, family support and
- 1828 education, wellness management and self-care, and assistance in
- 1829 obtaining housing that meets the individual's needs. Such
- 1830 housing shall include mental health residential treatment
- 1831 facilities, limited mental health assisted living facilities,
- 1832 adult family care homes, and supportive housing. Housing
- 1833 provided using state funds shall provide a safe and decent
- 1834 environment free from abuse and neglect. The care plan shall
- 1835 assign specific responsibility for initial and ongoing
- 1836 evaluation of the supervision and support needs of the
- 1837 individual and the identification of housing that meets such
- 1838 needs. For purposes of this paragraph, the term "supervision"
- 1839 means oversight of and assistance with compliance with the
- 1840 clinical aspects of an individual's care plan.
- 1841 (k) Medical services which promote improved access to
- 1842 primary care by individuals with behavioral health conditions.
- 1843 (l) Behavioral health services provided in a primary
- 1844 health care setting.
- 1845 (m) Prevention and outreach services.
- 1846 ~~(a) Crisis services.~~

1847 ~~(b) Substance abuse services.~~

1848 ~~(c) Mental health services.~~

1849 (2) Notwithstanding the provisions of this part, funds
1850 that are provided through state and federal sources for specific
1851 services or for specific populations shall be used for those
1852 purposes.

1853 Section 15. Section 394.761, Florida Statutes, is created
1854 to read:

1855 394.761 Revenue maximization.—The agency and the
1856 department shall develop a plan to obtain federal approval for
1857 increasing the availability of federal Medicaid funding for
1858 behavioral health care. Increased funding shall be used to
1859 advance the goal of improved integration of behavioral health
1860 services and primary care services for individuals eligible for
1861 Medicaid through the development and effective implementation of
1862 the behavioral health system of care as described in s. 394.675.
1863 The agency and the department shall submit the written plan to
1864 the President of the Senate and the Speaker of the House of
1865 Representatives by November 1, 2016. The plan shall identify the
1866 amount of general revenue funding appropriated for mental health
1867 and substance abuse services which is eligible to be used as
1868 state Medicaid match. The plan shall evaluate alternative uses
1869 of increased Medicaid funding, including seeking Medicaid
1870 eligibility for the severely and persistently mentally ill or
1871 persons with substance use disorders, increased reimbursement
1872 rates for behavioral health services, adjustments to the

1873 capitation rate for Medicaid enrollees with chronic mental
1874 illness and substance use disorders, supplemental payments to
1875 mental health and substance abuse service providers through a
1876 designated state health program or other mechanisms, and
1877 innovative programs to provide incentives for improved outcomes
1878 for behavioral health conditions. The plan shall identify the
1879 advantages and disadvantages of each alternative and assess each
1880 alternative's potential for achieving improved integration of
1881 services. The plan shall identify the types of federal approvals
1882 necessary to implement each alternative and project a timeline
1883 for implementation.

1884 Section 16. Subsections (7) through (10) of section
1885 394.875, Florida Statutes, are renumbered as subsections (8)
1886 through (11), respectively, and a new subsection (7) is added to
1887 that section to read:

1888 394.875 Crisis stabilization units, residential treatment
1889 facilities, and residential treatment centers for children and
1890 adolescents; authorized services; license required.—

1891 (7) Notwithstanding any other provision of law, a crisis
1892 stabilization unit, a short-term residential treatment facility,
1893 or an integrated adult mental health crisis stabilization and
1894 addictions receiving facility collocated with a centralized
1895 receiving facility may be allowed in a multistory building and
1896 may be located on floors other than the ground floor.

1897 Section 17. Section 394.9082, Florida Statutes, is amended
1898 to read:

1899 (Substantial rewording of section. See
1900 s. 394.9082, F.S., for present text.)
1901 394.9082 Behavioral health managing entities.—
1902 (1) INTENT.—The Legislature finds that untreated
1903 behavioral health disorders constitute major health problems for
1904 residents of this state, are a major economic burden to the
1905 citizens of this state, and substantially increase demands on
1906 the state's juvenile and adult criminal justice systems, the
1907 child welfare system, and health care systems. The Legislature
1908 finds that behavioral health disorders respond to appropriate
1909 treatment, rehabilitation, and supportive intervention. The
1910 Legislature finds that the state's return on its investment in
1911 the funding of the community-based behavioral health prevention
1912 and treatment service systems and facilities can be enhanced for
1913 individuals also served by Medicaid through integration, and for
1914 individuals not served by Medicaid through coordination, of
1915 these services with primary care. The Legislature finds that
1916 local communities have also made substantial investments in
1917 behavioral health services, contracting with safety net
1918 providers who by mandate and mission provide specialized
1919 services to vulnerable and hard-to-serve populations and have
1920 strong ties to local public health and public safety agencies.
1921 The Legislature finds that a regional management structure that
1922 facilitates a comprehensive and cohesive system of coordinated
1923 care for behavioral health treatment and prevention services
1924 will improve access to care, promote service continuity, and

1925 provide for more efficient and effective delivery of substance
 1926 abuse and mental health services. The Legislature finds that
 1927 streamlining administrative processes will create cost
 1928 efficiencies and provide flexibility to better match available
 1929 services to consumers' identified needs. The Legislature finds
 1930 that discharge of consumers from public receiving facilities
 1931 into homelessness is inappropriate and detrimental to their
 1932 recovery, and managing entities, public receiving facilities,
 1933 homeless services providers, and housing providers shall work
 1934 together cooperatively to identify placements that meet
 1935 consumers' needs and facilitate their recovery.

1936 (2) DEFINITIONS.—As used in this section, the term:

1937 (a) "Behavioral health services" means mental health
 1938 services and substance abuse services as defined in this chapter
 1939 and chapter 397 which are provided using local match and state
 1940 and federal funds.

1941 (b) "Behavioral health system of care" means the array of
 1942 mental health services and substance abuse services described in
 1943 s. 394.675.

1944 (c) "Geographic area" means one or more contiguous
 1945 counties, circuits, or regions as described in s. 409.966.

1946 (d) "Managed behavioral health organization" means a
 1947 Medicaid managed care organization currently under contract with
 1948 the Medicaid managed medical assistance program in this state
 1949 pursuant to part IV of chapter 409, including a managed care
 1950 organization operating as a behavioral health specialty plan.

1951 (e) "Provider network" means the direct service agencies
 1952 under contract with a managing entity to provide behavioral
 1953 health services.

1954 (f) "Subregion" means a distinct portion of a managing
 1955 entity's geographic region defined by unifying service and
 1956 provider utilization patterns.

1957 (3) DEPARTMENT DUTIES.—The department shall:

1958 (a) Designate, based on a plan by a county or counties in
 1959 collaboration with the managing entity, the receiving system
 1960 developed pursuant to s. 394.4602(2).

1961 (b) Contract with organizations to serve as managing
 1962 entities in accordance with the requirements of this section and
 1963 conduct a readiness review of any new managing entities before
 1964 such entities assume their responsibilities.

1965 (c) Specify the geographic area served by each managing
 1966 entity which shall be of sufficient size in population, funding,
 1967 and services for flexibility and efficiency.

1968 (d) Specify data reporting requirements and use of shared
 1969 data systems.

1970 (e) Develop strategies to divert persons with mental
 1971 illness or substance use disorders from the criminal and
 1972 juvenile justice systems and integrate behavioral health
 1973 services with the child welfare system.

1974 (f) Support the development and implementation of a
 1975 coordinated system of care by requiring each provider that
 1976 receives state funds for behavioral health services through a

1977 direct contract with the department to work with the managing
 1978 entity in the provider's service area to coordinate the
 1979 provision of behavioral health services as part of the contract
 1980 with the department.

1981 (g) Provide technical assistance to the managing entities.

1982 (h) Promote the coordination of behavioral health care and
 1983 primary care.

1984 (i) Facilitate coordination between the managing entity
 1985 and other payors of behavioral health care.

1986 (j) Develop and provide a unique identifier for clients
 1987 receiving behavioral health services through the managing entity
 1988 to coordinate care.

1989 (k) Coordinate procedures for the referral and admission
 1990 of patients to, and the discharge of patients from, treatment
 1991 facilities as defined in s. 394.455(33) and their return to the
 1992 community.

1993 (l) Ensure that managing entities comply with state and
 1994 federal laws, rules, regulations, and grant requirements.

1995 (m) Develop rules for the operations of, and the
 1996 requirements that shall be met by, the managing entity, if
 1997 necessary.

1998 (4) CONTRACT WITH MANAGING ENTITIES.-

1999 (a) The department shall contract with not-for-profit
 2000 community-based organizations with competence in managing
 2001 provider networks serving persons with mental health and
 2002 substance use disorders to serve as managing entities. However,

2003 if fewer than two responsive bids are received to a solicitation
2004 for a managing entity contract, the department shall reissue the
2005 solicitation and managed behavioral health organizations shall
2006 also be eligible to bid and contract with the department.

2007 (b) The department shall require all contractors serving
2008 as managing entities to operate under the same data reporting,
2009 administrative, and administrative rate requirements, regardless
2010 of whether the managing entity is for profit or not for profit.

2011 (c) When necessary due to contract termination or the
2012 expiration of the allowable contract term, the department shall
2013 issue an invitation to negotiate in order to select an
2014 organization to serve as a managing entity pursuant to paragraph
2015 (a). The department shall consider the input and recommendations
2016 of the provider network and community stakeholders when
2017 selecting a new contractor. The invitation to negotiate shall
2018 specify the criteria and the relative weight of the criteria
2019 that will be used to select the new contractor. At a minimum,
2020 the department shall consider the bidder's:

2021 1. Experience serving persons with mental health and
2022 substance use disorders.

2023 2. Established community partnerships with behavioral
2024 health care providers.

2025 3. Demonstrated organizational capabilities for network
2026 management functions.

2027 4. Capability to coordinate behavioral health services
2028 with primary care services.

2029 5. Willingness to provide recovery-oriented services and
2030 systems of care and work collaboratively with persons with
2031 mental health and substance use disorders and their families in
2032 designing such systems and delivering such services.

2033 (d) The contract terms shall require that, when the
2034 contractor serving as the managing entity changes, the
2035 department shall develop and implement a transition plan in
2036 cooperation with the outgoing managing entity that ensures
2037 continuity of care for patients receiving behavioral health
2038 services.

2039 (5) MANAGING ENTITY DUTIES.—A managing entity shall:

2040 (a) Maintain a board of directors or, if a managed
2041 behavioral health organization, an advisory board that is
2042 representative of the community and that, at a minimum, includes
2043 consumers and family members, community stakeholders and
2044 organizations, a community-based care lead agency
2045 representative, and providers of mental health and substance
2046 abuse services, including public and private receiving
2047 facilities.

2048 (b) Conduct a community behavioral health care needs
2049 assessment every 3 years in the geographic area served by the
2050 managing entity which specifies needs by subregion. The process
2051 for conducting the needs assessment shall include an opportunity
2052 for public participation. The managing entity shall provide the
2053 needs assessment to the department.

2054 (c) Determine the optimal array of services to meet the

2055 needs identified in the community behavioral health care needs
2056 assessment and expand the scope of services as resources become
2057 available.

2058 (d) Work independently and collaboratively with
2059 stakeholders to improve access to and effectiveness, quality,
2060 and outcomes of behavioral health services. This work may
2061 include, but need not be limited to, facilitating the
2062 dissemination and use of evidence-informed practices.

2063 (e) Promote the development and effective implementation
2064 of a coordinated behavioral health system of care pursuant to s.
2065 394.675.

2066 (f) Submit network management plans and other documents as
2067 required by the department.

2068 (g) Develop a comprehensive provider network of qualified
2069 providers to deliver behavioral health services. The managing
2070 entity is not required to competitively procure network
2071 providers but shall publicize opportunities to join the provider
2072 network and evaluate providers in the network to determine if
2073 they may remain in the network. The managing entity shall
2074 publish these processes on its website. The managing entity
2075 shall ensure continuity of care for clients if a provider ceases
2076 to provide a service or leaves the network.

2077 (h) As appropriate, assist local providers in developing
2078 local resources by pursuing third-party payments for services,
2079 applying for grants, securing local matching funds and in-kind
2080 services, and obtaining other resources needed to ensure that

2081 services are available and accessible.

2082 (i) Provide assistance to counties to develop a designated
 2083 receiving system pursuant to s. 394.4602(2) and a transportation
 2084 plan pursuant to s. 394.4602(3).

2085 (j) Enter into cooperative agreements with local homeless
 2086 councils and organizations for sharing information about
 2087 clients, available resources, and other data or information for
 2088 addressing the homelessness of persons suffering from a
 2089 behavioral health crisis.

2090 (k) Work collaboratively with public receiving facilities,
 2091 homeless services providers, and housing providers to create or
 2092 find placements for individuals served by the managing entity to
 2093 prevent or reduce readmissions.

2094 (l) Monitor network providers' performance and their
 2095 compliance with contract requirements and federal and state
 2096 laws, rules, regulations, and grant requirements.

2097 (m) Provide or contract for case management services.

2098 (n) Manage and allocate funds for services to meet federal
 2099 and state laws, rules, and regulations.

2100 (o) Promote coordination of behavioral health care with
 2101 primary care.

2102 (p) Implement shared data systems necessary for the
 2103 delivery of coordinated care and integrated services, the
 2104 assessment of managing entity performance and provider
 2105 performance, and the reporting of outcomes and costs of
 2106 services.

2107 (q) Operate in a transparent manner, providing public
 2108 access to information, notice of meetings, and opportunities for
 2109 public participation in managing entity decisionmaking.

2110 (r) Establish and maintain effective relationships with
 2111 community stakeholders, including individuals served by the
 2112 behavioral health system of care and their families, local
 2113 governments, and other community organizations that meet the
 2114 needs of individuals with mental illness or substance use
 2115 disorders.

2116 (s) Collaborate with and encourage increased coordination
 2117 between the provider network and other systems, programs, and
 2118 entities, such as the child welfare system, law enforcement
 2119 agencies, the criminal and juvenile justice systems, the
 2120 Medicaid program, offices of the public defender, and offices of
 2121 criminal conflict and civil regional counsel.

2122 1. Collaboration with the criminal and juvenile justice
 2123 systems shall seek, at a minimum, to divert persons with mental
 2124 illness, substance use disorders, or co-occurring conditions
 2125 from these systems.

2126 2. Collaboration with the court system shall seek, at a
 2127 minimum, to develop specific written procedures and agreements
 2128 to maximize the use of involuntary outpatient services, reduce
 2129 involuntary inpatient treatment, and increase diversion from the
 2130 criminal and juvenile justice systems.

2131 3. Collaboration with the child welfare system shall seek,
 2132 at a minimum, to provide effective and timely services to

2133 parents and caregivers involved in the child welfare system,
2134 including provision of case management services, as appropriate.

2135 (6) NETWORK ACCREDITATION AND SYSTEMS COORDINATION
2136 AGREEMENTS.—

2137 (a)1. The department shall identify acceptable
2138 accreditations which address coordination within a network and,
2139 if possible, between the network and major systems and programs
2140 with which the network interacts, such as the child welfare
2141 system, the courts system, and the Medicaid program. In
2142 identifying acceptable accreditations, the department shall
2143 consider whether the accreditation facilitates integrated
2144 strategic planning, resource coordination, technology
2145 integration, performance measurement, and increased value to
2146 consumers through choice of and access to services, improved
2147 coordination of services, and effectiveness and efficiency of
2148 service delivery.

2149 2. All managing entities under contract with the state by
2150 July 1, 2016, shall earn accreditation deemed acceptable by the
2151 department pursuant to subparagraph 1. by June 30, 2019.
2152 Managing entities whose initial contract with the state is
2153 executed after July 1, 2016, shall earn network accreditation
2154 within 3 years after the contract execution date. The department
2155 may renew the contract of a managing entity that initially earns
2156 the network accreditation within the required timeframe and
2157 maintains it throughout the contract term for one additional 5-
2158 year term even if the contract provisions do not allow a renewal

2159 for an additional term, provided all other contract requirements
2160 and performance standards are met.

2161 (b) If no accreditations are available or deemed
2162 acceptable pursuant to paragraph (a) by July 1, 2017, each
2163 managing entity under contract with the state by July 1, 2016,
2164 shall cooperate with the managing entity and enter into a
2165 memorandum of understanding which details mechanisms for
2166 communication and coordination with any community-based care
2167 lead agencies, circuit courts, county courts, sheriffs' offices,
2168 offices of the public defender, offices of criminal conflict and
2169 civil regional counsel, Medicaid managed medical assistance
2170 plans, and homeless coalitions in its service area. Each
2171 managing entity under contract after July 1, 2016, shall enter
2172 into a memorandum of understanding pursuant to this paragraph
2173 within 1 year after its contract execution date.

2174 (c) By February 1 of each year, beginning in 2018, each
2175 managing entity shall develop and submit to the department a
2176 prioritized plan for phased enhancement of the behavioral health
2177 system of care by subregion of the managing entity's service
2178 area, if appropriate, based on the assessed behavioral health
2179 care needs of the subregion and service gaps. If the plan
2180 recommends additional funding, for each recommended use of funds
2181 the enhancement plan shall describe, at a minimum, the specific
2182 needs that would be met, the specific services that would be
2183 purchased, the estimated benefits of the services, the projected
2184 costs, the projected number of individuals that would be served,

2185 and any other information indicating the estimated benefit to
2186 the community. The managing entity shall include consumers and
2187 their family members, local governments, law enforcement
2188 agencies, service providers, community partners, and other
2189 stakeholders when developing the plan. Individual sections of
2190 the plan shall address:

2191 1. The designated receiving systems developed pursuant to
2192 s. 394.4602, and shall give consideration to evidence-based,
2193 evidence-informed, and innovative practices for diverting
2194 individuals from the acute behavioral health care system and
2195 addressing their needs once they are in the system in the most
2196 efficient and cost-effective manner.

2197 2. Treatment and recovery services, and shall emphasize
2198 the provision of care coordination to priority populations and
2199 the use of recovery-oriented, peer-involved approaches.

2200 3. Coordination between the behavioral health system of
2201 care and other systems, and shall give consideration to
2202 approaches for enhancing such coordination.

2203 (7) PERFORMANCE MEASUREMENT AND ACCOUNTABILITY.-Managing
2204 entities shall collect and submit data to the department
2205 regarding persons served, outcomes of persons served, costs of
2206 services provided through the department's contract, and other
2207 data as required by the department. The department shall
2208 evaluate managing entity performance and the overall progress
2209 made by the managing entity, together with other systems, in
2210 meeting the community's behavioral health needs, based on

2211 consumer-centered outcome measures that reflect national
 2212 standards, if possible, that can be accurately measured. The
 2213 department shall work with managing entities to establish
 2214 performance standards, including, but not limited to:

2215 (a) The extent to which individuals in the community
 2216 receive services.

2217 (b) The improvement in the overall behavioral health of a
 2218 community.

2219 (c) The improvement in functioning or progress in the
 2220 recovery of individuals served by the managing entity, as
 2221 determined using person-centered measures tailored to the
 2222 population.

2223 (d) The success of strategies to divert admissions to
 2224 acute levels of care, jails, prisons, and forensic facilities as
 2225 measured by, at a minimum, the total number and percentage of
 2226 clients who, during a specified period, experience multiple
 2227 admissions to acute levels of care, jails, prisons, or forensic
 2228 facilities.

2229 (e) Consumer and family, if appropriate, satisfaction.

2230 (f) The satisfaction of key community constituencies, such
 2231 as law enforcement agencies, juvenile justice agencies, the
 2232 courts, school districts, local government entities, hospitals,
 2233 and other organizations, as appropriate, for the geographical
 2234 service area of the managing entity.

2235 (8) FUNDING FOR MANAGING ENTITIES.—

2236 (a) A contract established between the department and a

2237 managing entity under this section shall be funded by general
 2238 revenue, other applicable state funds, or applicable federal
 2239 funding sources. A managing entity may carry forward documented
 2240 unexpended state funds from one fiscal year to the next, but the
 2241 cumulative amount carried forward may not exceed 8 percent of
 2242 the annual amount of the contract. Any unexpended state funds in
 2243 excess of that percentage shall be returned to the department.
 2244 The funds carried forward may not be used in a way that would
 2245 increase future recurring obligations or for any program or
 2246 service that was not authorized under the existing contract with
 2247 the department. Expenditures of funds carried forward shall be
 2248 separately reported to the department. Any unexpended funds that
 2249 remain at the end of the contract period shall be returned to
 2250 the department. Funds carried forward may be retained through
 2251 contract renewals and new contract procurements as long as the
 2252 same managing entity is retained by the department.

2253 (b) The method of payment for a fixed-price contract with
 2254 a managing entity shall provide for a 2-month advance payment at
 2255 the beginning of each fiscal year and equal monthly payments
 2256 thereafter.

2257 (9) CRISIS STABILIZATION SERVICES UTILIZATION DATABASE.—
 2258 The department shall develop, implement, and maintain standards
 2259 under which a managing entity shall collect utilization data
 2260 from all public receiving facilities situated within its
 2261 geographical service area and all detoxification and addictions
 2262 receiving facilities under contract with the managing entity. As

2263 used in this subsection, the term "public receiving facility"
2264 means an entity that meets the licensure requirements of, and is
2265 designated by, the department to operate as a public receiving
2266 facility under s. 394.875 and that is operating as a licensed
2267 crisis stabilization unit.

2268 (a) The department shall develop standards and protocols
2269 to be used for data collection, storage, transmittal, and
2270 analysis. The standards and protocols shall allow for
2271 compatibility of data and data transmittal between public
2272 receiving facilities, detoxification facilities, addictions
2273 receiving facilities, managing entities, and the department for
2274 the implementation, and to meet the requirements, of this
2275 subsection.

2276 (b) A managing entity shall require providers specified in
2277 paragraph (a) to submit data, in real time or at least daily, to
2278 the managing entity for:

2279 1. All admissions and discharges of clients receiving
2280 public receiving facility services who qualify as indigent, as
2281 defined in s. 394.4787.

2282 2. The current active census of total licensed beds, the
2283 number of beds purchased by the department, the number of
2284 clients qualifying as indigent who occupy those beds, and the
2285 total number of unoccupied licensed beds, regardless of funding
2286 for each public receiving facility.

2287 3. All admissions and discharges of clients receiving
2288 substance abuse services in an addictions receiving facility or

2289 detoxification facility pursuant to parts IV and V of chapter
2290 397.

2291 (c) A managing entity shall require providers specified in
2292 paragraph (a) to submit data, on a monthly basis, to the
2293 managing entity which aggregates the daily data submitted under
2294 paragraph (b). The managing entity shall reconcile the data in
2295 the monthly submission to the data received by the managing
2296 entity under paragraph (b) to check for consistency. If the
2297 monthly aggregate data submitted by a provider under this
2298 paragraph are inconsistent with the daily data submitted under
2299 paragraph (b), the managing entity shall consult with the
2300 provider to make corrections necessary to ensure accurate data.

2301 (d) A managing entity shall require providers specified in
2302 paragraph (a) within its provider network to submit data, on an
2303 annual basis, to the managing entity which aggregates the data
2304 submitted and reconciled under paragraph (c). The managing
2305 entity shall reconcile the data in the annual submission to the
2306 data received and reconciled by the managing entity under
2307 paragraph (c) to check for consistency. If the annual aggregate
2308 data submitted by a provider under this paragraph are
2309 inconsistent with the data received and reconciled under
2310 paragraph (c), the managing entity shall consult with the
2311 provider to make corrections necessary to ensure accurate data.

2312 (e) After ensuring the accuracy of data pursuant to
2313 paragraphs (c) and (d), the managing entity shall submit the
2314 data to the department on a monthly and an annual basis. The

2315 department shall create a statewide database for the data
2316 described under paragraph (b) and submitted under this paragraph
2317 for the purpose of analyzing the payments for and the use of
2318 crisis stabilization services funded by the Baker Act and
2319 detoxification and addictions receiving services provided
2320 pursuant to parts IV and V of chapter 397 on a statewide basis
2321 and on an individual provider basis.

2322 Section 18. Subsections (4) through (9) of section
2323 397.305, Florida Statutes, are renumbered as subsections (7)
2324 though (12), respectively, and new subsections (4), (5), and (6)
2325 are added to that section to read:

2326 397.305 Legislative findings, intent, and purpose.—

2327 (4) It is the intent of the Legislature that licensed,
2328 qualified health professionals be authorized to practice to the
2329 full extent of their education and training in the performance
2330 of professional functions necessary to carry out the intent of
2331 this chapter.

2332 (5) It is the intent of the Legislature that state policy
2333 and funding decisions be driven by data concerning the
2334 populations served and the effectiveness of the services
2335 provided.

2336 (6) It is the intent of the Legislature to establish
2337 expectations that services provided to persons in this state use
2338 the coordination-of-care principles characteristic of recovery-
2339 oriented services and include social support services, such as
2340 housing support, life skills and vocational training, and

2341 employment assistance, necessary for persons with mental health
 2342 and substance use disorders to live successfully in their
 2343 communities.

2344 Section 19. Subsections (20) through (45) of section
 2345 397.311, Florida Statutes, are renumbered as subsections (21)
 2346 through (46), respectively, present subsection (38) is amended,
 2347 and a new subsection (20) is added to that section, to read:

2348 397.311 Definitions.—As used in this chapter, except part
 2349 VIII, the term:

2350 (20) "Informed consent" means consent voluntarily given in
 2351 writing, by a competent person, after sufficient explanation and
 2352 disclosure of the subject matter involved to enable the person
 2353 to make a knowing and willful decision without any element of
 2354 force, fraud, deceit, duress, or other form of constraint or
 2355 coercion.

2356 ~~(39)(38)~~ "Service component" or "component" means a
 2357 discrete operational entity within a service provider which is
 2358 subject to licensing as defined by rule. Service components
 2359 include prevention, intervention, and clinical treatment
 2360 described in subsection (23) ~~(22)~~.

2361 Section 20. Subsections (16) through (20) of section
 2362 397.321, Florida Statutes, are renumbered as subsections (15)
 2363 through (19), respectively, present subsection (15) is amended,
 2364 and a new subsection (20) is added to that section, to read:

2365 397.321 Duties of the department.—The department shall:
 2366 ~~(15) Appoint a substance abuse impairment coordinator to~~

2367 ~~represent the department in efforts initiated by the statewide~~
2368 ~~substance abuse impairment prevention and treatment coordinator~~
2369 ~~established in s. 397.801 and to assist the statewide~~
2370 ~~coordinator in fulfilling the responsibilities of that position.~~

2371 (20) Develop and prominently display on its website all
2372 forms necessary for the implementation and administration of
2373 parts IV and V of this chapter. These forms shall include, but
2374 are not limited to, a petition for involuntary admission form
2375 and all related pleading forms, and a form to be used by law
2376 enforcement agencies pursuant to s. 397.6772. The department
2377 shall notify law enforcement agencies, the courts, and other
2378 state agencies of the existence and availability of such forms.

2379 Section 21. Section 397.402, Florida Statutes, is created
2380 to read:

2381 397.402 Single, consolidated licensure.—The department and
2382 the Agency for Health Care Administration shall develop a plan
2383 for modifying licensure statutes and rules to provide options
2384 for a single, consolidated license for a provider that offers
2385 multiple types of either or both mental health and substance
2386 abuse services regulated under chapters 394 and 397. The plan
2387 shall identify options for license consolidation within the
2388 department and within the agency, and shall identify interagency
2389 license consolidation options. The department and the agency
2390 shall submit the plan to the Governor, the President of the
2391 Senate, and the Speaker of the House of Representatives by
2392 November 1, 2016.

2393 Section 22. Section 397.675, Florida Statutes, is amended
 2394 to read:

2395 397.675 Criteria for involuntary admissions, including
 2396 protective custody, emergency admission, and other involuntary
 2397 assessment, involuntary treatment, and alternative involuntary
 2398 assessment for minors, for purposes of assessment and
 2399 stabilization, and for involuntary treatment.—A person meets the
 2400 criteria for involuntary admission if there is good faith reason
 2401 to believe the person is substance abuse impaired and, because
 2402 of this condition, has refused services or is unable to
 2403 determine whether services are necessary. The refusal of
 2404 services is insufficient evidence of an inability to determine
 2405 whether services are necessary unless, without care or treatment
 2406 such impairment:

2407 (1) The person is likely to neglect or refuse care for
 2408 himself or herself to the extent that the neglect or refusal
 2409 poses a real and present threat of substantial harm to his or
 2410 her well-being;

2411 (2) The person is at risk of the deterioration of his or
 2412 her physical or mental health which may not be avoided despite
 2413 assistance from willing family members, friends, or other
 2414 services; or

2415 (3) There is a substantial likelihood that the person will
 2416 cause serious bodily harm to himself or herself or others, as
 2417 demonstrated by the person's recent behavior ~~Has lost the power~~
 2418 ~~of self-control with respect to substance use; and either~~

2419 ~~(2)(a) Has inflicted, or threatened or attempted to~~
 2420 ~~inflict, or unless admitted is likely to inflict, physical harm~~
 2421 ~~on himself or herself or another; or~~

2422 ~~(b) Is in need of substance abuse services and, by reason~~
 2423 ~~of substance abuse impairment, his or her judgment has been so~~
 2424 ~~impaired that the person is incapable of appreciating his or her~~
 2425 ~~need for such services and of making a rational decision in~~
 2426 ~~regard thereto; however, mere refusal to receive such services~~
 2427 ~~does not constitute evidence of lack of judgment with respect to~~
 2428 ~~his or her need for such services.~~

2429 Section 23. Subsection (1) of section 397.6772, Florida
 2430 Statutes, is amended to read:

2431 397.6772 Protective custody without consent.—

2432 (1) If a person in circumstances which justify protective
 2433 custody as described in s. 397.677 fails or refuses to consent
 2434 to assistance and a law enforcement officer has determined that
 2435 a hospital or a licensed detoxification or addictions receiving
 2436 facility is the most appropriate place for the person, the
 2437 officer may, after giving due consideration to the expressed
 2438 wishes of the person:

2439 (a) Take the person to a hospital or to a licensed
 2440 detoxification or addictions receiving facility against the
 2441 person's will but without using unreasonable force. The officer
 2442 shall use the standard form developed by the department pursuant
 2443 to s. 397.321 to execute a written report detailing the
 2444 circumstances under which the person was taken into custody. The

2445 written report shall be included in the patient's clinical
 2446 record; or

2447 (b) In the case of an adult, detain the person for his or
 2448 her own protection in any municipal or county jail or other
 2449 appropriate detention facility.

2450
 2451 Such detention is not to be considered an arrest for any
 2452 purpose, and no entry or other record may be made to indicate
 2453 that the person has been detained or charged with any crime. The
 2454 officer in charge of the detention facility must notify the
 2455 nearest appropriate licensed service provider within the first 8
 2456 hours after detention that the person has been detained. It is
 2457 the duty of the detention facility to arrange, as necessary, for
 2458 transportation of the person to an appropriate licensed service
 2459 provider with an available bed. Persons taken into protective
 2460 custody must be assessed by the attending physician within the
 2461 72-hour period and without unnecessary delay, to determine the
 2462 need for further services.

2463 Section 24. Paragraph (a) of subsection (1) of section
 2464 397.6773, Florida Statutes, is amended to read:

2465 397.6773 Dispositional alternatives after protective
 2466 custody.—

2467 (1) An individual who is in protective custody must be
 2468 released by a qualified professional when:

2469 (a) The individual no longer meets the involuntary
 2470 admission criteria in s. 397.675 ~~397.675(1)~~;

2471 Section 25. Section 397.679, Florida Statutes, is amended
 2472 to read:

2473 397.679 Emergency admission; circumstances justifying.—A
 2474 person who meets the criteria for involuntary admission in s.
 2475 397.675 may be admitted to a hospital or to a licensed
 2476 detoxification facility or addictions receiving facility for
 2477 emergency assessment and stabilization, or to a less intensive
 2478 component of a licensed service provider for assessment only,
 2479 upon receipt by the facility of the professional's ~~physician's~~
 2480 certificate and the completion of an application for emergency
 2481 admission.

2482 Section 26. Subsection (1) of section 397.6791, Florida
 2483 Statutes, is amended to read:

2484 397.6791 Emergency admission; persons who may initiate.—
 2485 The following persons may request an emergency admission:

2486 (1) In the case of an adult, the certifying professional
 2487 pursuant to s. 397.6793 ~~physician~~, the person's spouse or legal
 2488 guardian, any relative of the person, or any other responsible
 2489 adult who has personal knowledge of the person's substance abuse
 2490 impairment.

2491 Section 27. Section 397.6793, Florida Statutes, is amended
 2492 to read:

2493 397.6793 Professional's ~~Physician's~~ certificate for
 2494 emergency admission.—

2495 (1) A physician, clinical psychologist, physician
 2496 assistant, psychiatric nurse, advanced registered nurse

2497 practitioner, mental health counselor, marriage and family
 2498 therapist, master's level certified addiction professional for
 2499 substance abuse services, or clinical social worker may execute
 2500 a certificate stating that he or she has examined a person
 2501 within the preceding 5 days and finds that the person appears to
 2502 meet the criteria for emergency admission and stating the
 2503 observations upon which that conclusion is based. The
 2504 professional's ~~physician's~~ certificate must include the name of
 2505 the person to be admitted, the relationship between the person
 2506 and the professional executing the certificate ~~physician~~, the
 2507 relationship between the applicant and the professional
 2508 executing the certificate ~~physician~~, and any relationship
 2509 between the professional executing the certificate ~~physician~~ and
 2510 the licensed service provider, ~~and a statement that the person~~
 2511 ~~has been examined and assessed within 5 days of the application~~
 2512 ~~date,~~ and must include factual allegations with respect to the
 2513 need for emergency admission, including the reasons for the
 2514 professional's belief that the person:

2515 (a) ~~The reason for the physician's belief that the person~~
 2516 ~~Is substance abuse impaired; and~~

2517 (b) Meets the criteria of s. 397.675(1), (2), or (3) ~~The~~
 2518 ~~reason for the physician's belief that because of such~~
 2519 ~~impairment the person has lost the power of self-control with~~
 2520 ~~respect to substance abuse; and either~~

2521 (c)1. ~~The reason the physician believes that the person~~
 2522 ~~has inflicted or is likely to inflict physical harm on himself~~

2523 ~~or herself or others unless admitted; or~~

2524 ~~2. The reason the physician believes that the person's~~
2525 ~~refusal to voluntarily receive care is based on judgment so~~
2526 ~~impaired by reason of substance abuse that the person is~~
2527 ~~incapable of appreciating his or her need for care and of making~~
2528 ~~a rational decision regarding his or her need for care.~~

2529 (2) The professional's ~~physician's~~ certificate must
2530 recommend the least restrictive type of service that is
2531 appropriate for the person. The certificate must be signed by
2532 the professional ~~physician~~.

2533 (3) A signed copy of the professional's ~~physician's~~
2534 certificate shall accompany the person, and shall be made a part
2535 of the person's clinical record, together with a signed copy of
2536 the application. The application and professional's ~~physician's~~
2537 certificate authorize the involuntary admission of the person
2538 pursuant to, and subject to the provisions of, ss. 397.679-
2539 397.6797.

2540 (4) The professional's ~~physician's~~ certificate must
2541 indicate whether the person requires transportation assistance
2542 for delivery for emergency admission and specify, pursuant to s.
2543 397.6795, the type of transportation assistance necessary.

2544 Section 28. Section 397.6795, Florida Statutes, is amended
2545 to read:

2546 397.6795 Transportation-assisted delivery of persons for
2547 emergency assessment.—An applicant for a person's emergency
2548 admission, or the person's spouse or guardian, a law enforcement

2549 officer, or a health officer may deliver a person named in the
 2550 professional's ~~physician's~~ certificate for emergency admission
 2551 to a hospital or a licensed detoxification facility or
 2552 addictions receiving facility for emergency assessment and
 2553 stabilization.

2554 Section 29. Subsection (1) of section 397.681, Florida
 2555 Statutes, is amended to read:

2556 397.681 Involuntary petitions; general provisions; court
 2557 jurisdiction and right to counsel.—

2558 (1) JURISDICTION.—The courts have jurisdiction of
 2559 involuntary assessment and stabilization petitions and
 2560 involuntary treatment petitions for substance abuse impaired
 2561 persons, and such petitions must be filed with the clerk of the
 2562 court in the county where the person is located. The clerk of
 2563 the court may not charge a fee for the filing of a petition
 2564 under this section. The chief judge may appoint a ~~general or~~
 2565 ~~special~~ magistrate to preside over all or part of the
 2566 proceedings. The alleged impaired person is named as the
 2567 respondent.

2568 Section 30. Subsection (1) of section 397.6811, Florida
 2569 Statutes, is amended to read:

2570 397.6811 Involuntary assessment and stabilization.—A
 2571 person determined by the court to appear to meet the criteria
 2572 for involuntary admission under s. 397.675 may be admitted for a
 2573 period of 5 days to a hospital or to a licensed detoxification
 2574 facility or addictions receiving facility, for involuntary

2575 assessment and stabilization or to a less restrictive component
 2576 of a licensed service provider for assessment only upon entry of
 2577 a court order or upon receipt by the licensed service provider
 2578 of a petition. Involuntary assessment and stabilization may be
 2579 initiated by the submission of a petition to the court.

2580 (1) If the person upon whose behalf the petition is being
 2581 filed is an adult, a petition for involuntary assessment and
 2582 stabilization may be filed by the respondent's spouse or legal
 2583 guardian, any relative, a private practitioner, the director of
 2584 a licensed service provider or the director's designee, or an
 2585 adult ~~any three adults~~ who has ~~have~~ personal knowledge of the
 2586 respondent's substance abuse impairment.

2587 Section 31. Section 397.6814, Florida Statutes, is amended
 2588 to read:

2589 397.6814 Involuntary assessment and stabilization;
 2590 contents of petition.—A petition for involuntary assessment and
 2591 stabilization must contain the name of the respondent, + the name
 2592 of the applicant or applicants, + the relationship between the
 2593 respondent and the applicant, and ~~+~~ the name of the respondent's
 2594 attorney, if known, ~~and a statement of the respondent's ability~~
 2595 ~~to afford an attorney;~~ and must state facts to support the need
 2596 for involuntary assessment and stabilization, including:

2597 (1) The reason for the petitioner's belief that the
 2598 respondent is substance abuse impaired; ~~and~~

2599 (2) The reason for the petitioner's belief that because of
 2600 such impairment the respondent has lost the power of self-

2601 control with respect to substance abuse; and ~~either~~
 2602 (3) (a) The reason the petitioner believes that the
 2603 respondent has inflicted or is likely to inflict physical harm
 2604 on himself or herself or others unless admitted; or
 2605 (b) The reason the petitioner believes that the
 2606 respondent's refusal to voluntarily receive care is based on
 2607 judgment so impaired by reason of substance abuse that the
 2608 respondent is incapable of appreciating his or her need for care
 2609 and of making a rational decision regarding that need for care.
 2610 If the respondent has refused to submit to an assessment, such
 2611 refusal must be alleged in the petition.

2612
 2613 A fee may not be charged for the filing of a petition pursuant
 2614 to this section.

2615 Section 32. Subsection (4) is added to section 397.6818,
 2616 Florida Statutes, to read:

2617 397.6818 Court determination.—At the hearing initiated in
 2618 accordance with s. 397.6811(1), the court shall hear all
 2619 relevant testimony. The respondent must be present unless the
 2620 court has reason to believe that his or her presence is likely
 2621 to be injurious to him or her, in which event the court shall
 2622 appoint a guardian advocate to represent the respondent. The
 2623 respondent has the right to examination by a court-appointed
 2624 qualified professional. After hearing all the evidence, the
 2625 court shall determine whether there is a reasonable basis to
 2626 believe the respondent meets the involuntary admission criteria

2627 of s. 397.675.

2628 (4) The order is valid only for the period specified in
 2629 the order or, if a period is not specified, for 7 days after the
 2630 order is signed.

2631 Section 33. Section 397.6819, Florida Statutes, is amended
 2632 to read:

2633 397.6819 Involuntary assessment and stabilization;
 2634 responsibility of licensed service provider.—

2635 (1) A licensed service provider may admit an individual
 2636 for involuntary assessment and stabilization for a period not to
 2637 exceed 5 days unless a petition for involuntary services has
 2638 been initiated and the individual is being retained pursuant to
 2639 s. 397.6822(3). The individual must be assessed within 72 hours
 2640 after admission ~~without unnecessary delay~~ by a qualified
 2641 professional. If an assessment is performed by a qualified
 2642 professional who is not a physician, the assessment must be
 2643 reviewed by a physician before the end of the assessment period.

2644 (2) The managing entity shall be notified of the
 2645 recommendation of involuntary services so it may assist in
 2646 locating and providing, if available, the requested services.
 2647 The managing entity shall document such efforts to obtain the
 2648 requested services.

2649 Section 34. Section 397.6821, Florida Statutes, is
 2650 repealed.

2651 Section 35. Subsection (1) of section 397.695, Florida
 2652 Statutes, is amended to read:

2653 397.695 Involuntary services ~~treatment~~; persons who may
 2654 petition.—

2655 (1) If the respondent is an adult, a petition for
 2656 involuntary services ~~treatment~~ may be filed by the respondent's
 2657 spouse or legal guardian, any relative, a service provider, or
 2658 an adult ~~any three adults~~ who has ~~have~~ personal knowledge of the
 2659 respondent's substance abuse impairment and his or her prior
 2660 course of assessment and treatment.

2661 Section 36. Section 397.6951, Florida Statutes, is amended
 2662 to read:

2663 397.6951 Contents of petition for involuntary services
 2664 ~~treatment~~.—A petition for involuntary services ~~treatment~~ must
 2665 contain the name of the respondent to be admitted; the name of
 2666 the petitioner or petitioners; the relationship between the
 2667 respondent and the petitioner; the name of the respondent's
 2668 attorney, if known, ~~and a statement of the petitioner's~~
 2669 ~~knowledge of the respondent's ability to afford an attorney;~~ the
 2670 findings and recommendations of the assessment performed by the
 2671 qualified professional; and the factual allegations presented by
 2672 the petitioner establishing the need for involuntary services.
 2673 The factual allegations shall demonstrate ~~treatment, including:~~

- 2674 (1) The reason for the petitioner's belief that the
 2675 respondent is substance abuse impaired. ~~;~~ ~~and~~
- 2676 ~~(2) The reason for the petitioner's belief that because of~~
 2677 ~~such impairment the respondent has lost the power of self-~~
 2678 ~~control with respect to substance abuse; and either~~

2679 ~~(2)~~(3)~~(a)~~ The reason for the petitioner's belief
 2680 ~~petitioner believes that the criteria in s. 397.675(1), (2), or~~
 2681 ~~(3) are met. the respondent has inflicted or is likely to~~
 2682 ~~inflict physical harm on himself or herself or others unless~~
 2683 ~~admitted; or~~

2684 ~~(3)~~~~(b)~~ The reason for the petitioner's belief ~~petitioner~~
 2685 ~~believes~~ that the respondent's refusal to voluntarily receive
 2686 care is based on judgment so impaired by reason of substance
 2687 abuse that the respondent is incapable of appreciating his or
 2688 her need for care and of making a rational decision regarding
 2689 that need for care.

2690 Section 37. Section 397.6955, Florida Statutes, is amended
 2691 to read:

2692 397.6955 Duties of court upon filing of petition for
 2693 involuntary services ~~treatment~~.—Upon the filing of a petition
 2694 for ~~the~~ involuntary services for ~~treatment~~ of a substance abuse
 2695 impaired person with the clerk of the court, the court shall
 2696 immediately determine whether the respondent is represented by
 2697 an attorney or whether the appointment of counsel for the
 2698 respondent is appropriate. If the court appoints counsel for the
 2699 person, the clerk of the court shall immediately notify the
 2700 office of criminal conflict and civil regional counsel created
 2701 pursuant to s. 27.511 of the appointment. The office of criminal
 2702 conflict and civil regional counsel shall represent the person
 2703 until the petition is dismissed, the court order expires, or the
 2704 person is discharged from involuntary outpatient services. An

2705 attorney that represents the person named in the petition shall
 2706 have access to the person, witnesses, and records relevant to
 2707 the presentation of the person's case and shall represent the
 2708 interests of the person, regardless of the source of payment to
 2709 the attorney.

2710 (2) The court shall schedule a hearing to be held on the
 2711 petition within 5 ~~10~~ days, unless a continuance is granted. The
 2712 court may appoint a magistrate to preside at the hearing.

2713 (3) A copy of the petition and notice of the hearing must
 2714 be provided to the respondent; the respondent's parent,
 2715 guardian, or legal custodian, in the case of a minor; the
 2716 respondent's attorney, if known; the petitioner; the
 2717 respondent's spouse or guardian, if applicable; and such other
 2718 persons as the court may direct. If the respondent is a minor, a
 2719 copy of the petition and notice of the hearing shall be, ~~and~~
 2720 ~~have such petition and order personally delivered to the~~
 2721 ~~respondent if he or she is a minor.~~ The court shall also issue a
 2722 summons to the person whose admission is sought.

2723 Section 38. Section 397.697, Florida Statutes, is amended
 2724 to read:

2725 397.697 Court determination; effect of court order for
 2726 involuntary services ~~substance abuse treatment.~~

2727 (1) When the court finds that the conditions for
 2728 involuntary services ~~substance abuse treatment~~ have been proved
 2729 by clear and convincing evidence, it may order the respondent to
 2730 receive ~~undergo~~ involuntary services from ~~treatment by~~ a

2731 publicly funded licensed service provider for a period not to
2732 exceed 90 ~~60~~ days. The court may also order a respondent to
2733 receive involuntary services through a privately funded licensed
2734 service provider if the respondent has the ability to pay for
2735 the involuntary services or if any person voluntarily
2736 demonstrates the willingness and ability to pay for the
2737 respondent's involuntary services. If the court finds it
2738 necessary, it may direct the sheriff to take the respondent into
2739 custody and deliver him or her to the licensed service provider
2740 specified in the court order, or to the nearest appropriate
2741 licensed service provider, for involuntary services ~~treatment~~.
2742 When the conditions justifying involuntary services ~~treatment~~ no
2743 longer exist, the individual must be released as provided in s.
2744 397.6971. When the conditions justifying involuntary services
2745 ~~treatment~~ are expected to exist after 90 ~~60~~ days of involuntary
2746 services ~~treatment~~, a renewal of the involuntary services
2747 ~~treatment~~ order may be requested pursuant to s. 397.6975 before
2748 ~~prior to~~ the end of the 90-day ~~60-day~~ period.

2749 (2) In all cases resulting in an order for involuntary
2750 services ~~substance abuse treatment~~, the court shall retain
2751 jurisdiction over the case and the parties for the entry of such
2752 further orders as the circumstances may require. The court's
2753 requirements for notification of proposed release must be
2754 included in the original ~~treatment~~ order.

2755 (3) An involuntary services ~~treatment~~ order authorizes the
2756 licensed service provider to require the individual to receive

2757 services that ~~undergo such treatment as~~ will benefit him or her,
 2758 including services ~~treatment~~ at any licensable service component
 2759 of a licensed service provider.

2760 (4) If the court orders involuntary services, a copy of
 2761 the order shall be sent to the managing entity within 1 working
 2762 day after it is received from the court. Documents may be
 2763 submitted electronically through existing data systems, if
 2764 applicable.

2765 Section 39. Section 397.6971, Florida Statutes, is amended
 2766 to read:

2767 397.6971 Early release from involuntary services ~~substance~~
 2768 ~~abuse treatment.~~-

2769 (1) At any time before ~~prior to~~ the end of the 90-day ~~60-~~
 2770 ~~day~~ involuntary services ~~treatment~~ period, or before ~~prior to~~
 2771 the end of any extension granted pursuant to s. 397.6975, an
 2772 individual receiving ~~admitted for~~ involuntary services ~~treatment~~
 2773 may be determined eligible for discharge to the most appropriate
 2774 referral or disposition for the individual when any of the
 2775 following apply:

2776 (a) The individual no longer meets the criteria specified
 2777 in s. 397.675 for involuntary admission and has given his or her
 2778 informed consent to be transferred to voluntary treatment
 2779 status.~~†~~

2780 (b) If the individual was admitted on the grounds of
 2781 likelihood of infliction of physical harm upon himself or
 2782 herself or others, such likelihood no longer exists.~~† or~~

2783 (c) If the individual was admitted on the grounds of need
 2784 for assessment and stabilization or treatment, accompanied by
 2785 inability to make a determination respecting such need, ~~either:~~

- 2786 1. Such inability no longer exists; or
- 2787 2. It is evident that further treatment will not bring
- 2788 about further significant improvements in the individual's
- 2789 condition. ~~;~~

2790 (d) The individual is no longer in need of services. ~~;~~ ~~or~~

2791 (e) The director of the service provider determines that
 2792 the individual is beyond the safe management capabilities of the
 2793 provider.

2794 (2) Whenever a qualified professional determines that an
 2795 individual admitted for involuntary services ~~qualifies~~ ~~treatment~~
 2796 ~~is ready~~ for early release under ~~for any of the reasons listed~~
 2797 ~~in~~ subsection (1), the service provider shall immediately
 2798 discharge the individual, and must notify all persons specified
 2799 by the court in the original ~~treatment~~ order.

2800 Section 40. Section 397.6975, Florida Statutes, is amended
 2801 to read:

2802 397.6975 Extension of involuntary services ~~substance abuse~~
 2803 ~~treatment~~ period.—

2804 (1) Whenever a service provider believes that an
 2805 individual who is nearing the scheduled date of release from
 2806 involuntary services ~~treatment~~ continues to meet the criteria
 2807 for involuntary services ~~treatment~~ in s. 397.693, a petition for
 2808 renewal of the involuntary services ~~treatment~~ order may be filed

2809 with the court at least 10 days before the expiration of the
 2810 court-ordered services ~~treatment~~ period. The court shall
 2811 immediately schedule a hearing to be held not more than 15 days
 2812 after filing of the petition. The court shall provide the copy
 2813 of the petition for renewal and the notice of the hearing to all
 2814 parties to the proceeding. The hearing is conducted pursuant to
 2815 s. 397.6957.

2816 (2) If the court finds that the petition for renewal of
 2817 the involuntary services ~~treatment~~ order should be granted, it
 2818 may order the respondent to undergo involuntary services
 2819 ~~treatment~~ for a period not to exceed an additional 90 days. When
 2820 the conditions justifying involuntary services ~~treatment~~ no
 2821 longer exist, the individual must be released as provided in s.
 2822 397.6971. When the conditions justifying involuntary services
 2823 ~~treatment~~ continue to exist after an additional 90 days ~~of~~
 2824 ~~additional treatment~~, a new petition requesting renewal of the
 2825 involuntary services ~~treatment~~ order may be filed pursuant to
 2826 this section.

2827 (3) Within 1 court working day after the filing of a
 2828 petition for continued involuntary services, the court shall
 2829 appoint the office of criminal conflict and civil regional
 2830 counsel to represent the respondent, unless the respondent is
 2831 otherwise represented by counsel. The clerk of the court shall
 2832 immediately notify the office of criminal conflict and civil
 2833 regional counsel of such appointment. The office of criminal
 2834 conflict and civil regional counsel shall represent the

2835 respondent until the petition is dismissed or the court order
2836 expires or the respondent is discharged from involuntary
2837 services. An attorney representing the respondent shall have
2838 access to the respondent, witnesses, and records relevant to the
2839 presentation of the respondent's case and shall represent the
2840 interests of the respondent, regardless of the source of payment
2841 to the attorney.

2842 (4) Hearings on petitions for continued involuntary
2843 services shall be before the circuit court. The court may
2844 appoint a magistrate to preside at the hearing. The procedures
2845 for obtaining an order pursuant to this section shall be in
2846 accordance with s. 397.697.

2847 (5) Notice of the hearing shall be provided to the
2848 respondent and his or her counsel. The respondent and the
2849 respondent's counsel may agree to a period of continued
2850 involuntary services without a court hearing.

2851 (6) The procedures in this section shall be repeated
2852 before the expiration of each additional period of involuntary
2853 services.

2854 (7) If the respondent has previously been found
2855 incompetent to consent to treatment, the court shall consider
2856 testimony and evidence regarding the respondent's competence.

2857 Section 41. Section 397.6977, Florida Statutes, is amended
2858 to read:

2859 397.6977 Disposition of individual upon completion of
2860 involuntary services ~~substance abuse treatment.~~—At the

2861 conclusion of the 90-day ~~60-day~~ period of court-ordered
 2862 involuntary services ~~treatment~~, the individual shall ~~is~~
 2863 automatically be discharged unless a motion for renewal of the
 2864 involuntary services ~~treatment~~ order has been filed with the
 2865 court pursuant to s. 397.6975.

2866 Section 42. Section 397.6978, Florida Statutes, is created
 2867 to read:

2868 397.6978 Guardian advocate; patient incompetent to
 2869 consent; substance use disorder.-

2870 (1) The administrator of a receiving facility or
 2871 addictions receiving facility may petition the court for the
 2872 appointment of a guardian advocate based upon the opinion of a
 2873 qualified professional that the patient is incompetent to
 2874 consent to treatment. If the court finds that a patient is
 2875 incompetent to consent to treatment, has not been adjudicated
 2876 incapacitated, and that a guardian with the authority to consent
 2877 to mental health treatment has not been appointed, it may
 2878 appoint a guardian advocate. The patient has the right to have
 2879 an attorney represent him or her at the hearing. If the person
 2880 is indigent, the court shall appoint the office of the criminal
 2881 conflict and civil regional counsel to represent him or her at
 2882 the hearing. The patient has the right to testify, cross-examine
 2883 witnesses, and present witnesses. The proceeding shall be
 2884 recorded electronically or stenographically, and testimony shall
 2885 be provided under oath. One of the qualified professionals
 2886 authorized to give an opinion in support of a petition for

2887 involuntary placement, as described in s. 397.675 or s.
2888 397.6951, shall testify. A guardian advocate shall meet the
2889 qualifications of a guardian contained in part IV of chapter
2890 744. The person who is appointed as a guardian advocate shall
2891 agree to the appointment.

2892 (2) The following persons are prohibited from appointment
2893 as a patient's guardian advocate:

2894 (a) A professional providing clinical services to the
2895 individual under this part.

2896 (b) The qualified professional who initiated the
2897 involuntary examination of the individual, if the examination
2898 was initiated by a qualified professional's certificate.

2899 (c) An employee, an administrator, or a board member of
2900 the facility providing the examination of the individual.

2901 (d) An employee, an administrator, or a board member of
2902 the treatment facility providing treatment of the individual.

2903 (e) A person providing any substantial professional
2904 services to the individual, including clinical services.

2905 (f) A creditor of the individual.

2906 (g) A person subject to an injunction for protection
2907 against domestic violence under s. 741.30, whether the order of
2908 injunction is temporary or final, and for which the individual
2909 was the petitioner.

2910 (h) A person subject to an injunction for protection
2911 against repeat violence, sexual violence, or dating violence
2912 under s. 784.046, whether the order of injunction is temporary

2913 or final, and for which the individual was the petitioner.

2914 (3) A facility requesting appointment of a guardian
2915 advocate shall, before the appointment, provide the prospective
2916 guardian advocate with information about the duties and
2917 responsibilities of guardian advocates, including information
2918 about the ethics of medical decisionmaking. Before asking a
2919 guardian advocate to give consent to treatment for a patient,
2920 the facility shall provide to the guardian advocate sufficient
2921 information so that the guardian advocate can decide whether to
2922 give express and informed consent to the treatment. Such
2923 information shall include information demonstrating that the
2924 treatment is essential to the care of the patient and does not
2925 present an unreasonable risk of serious, hazardous, or
2926 irreversible side effects. If possible, before giving consent to
2927 treatment, the guardian advocate shall personally meet and talk
2928 with the patient and the patient's physician. If that is not
2929 possible, the discussion may be conducted by telephone. The
2930 decision of the guardian advocate may be reviewed by the court,
2931 upon petition of the patient's attorney, the patient's family,
2932 or the facility administrator.

2933 (4) In lieu of the training required for guardians
2934 appointed pursuant to chapter 744, a guardian advocate shall
2935 attend at least a 4-hour training course approved by the court
2936 before exercising his or her authority. At a minimum, the
2937 training course shall include information about patient rights,
2938 the diagnosis of substance use disorders, the ethics of medical

2939 decisionmaking, and the duties of guardian advocates.

2940 (5) (a) The required training course and the information to
2941 be supplied to prospective guardian advocates before their
2942 appointment shall be developed by the department, approved by
2943 the chief judge of the circuit court, and taught by a court-
2944 approved organization, which may include, but need not be
2945 limited to, a community college, a guardianship organization, a
2946 local bar association, or The Florida Bar.

2947 (b) The training course may be web-based or provided in
2948 video format or other electronic means but shall be capable of
2949 ensuring the identity and participation of the prospective
2950 guardian advocate.

2951 (c) The court may decide on a case-by-case basis to waive
2952 some or all of the training requirements for or impose
2953 additional requirements on the guardian advocate. In making its
2954 decision, the court shall consider the experience and education
2955 of the guardian advocate, the duties assigned to the guardian
2956 advocate, and the needs of the patient.

2957 (6) In selecting a guardian advocate, the court shall give
2958 preference to the patient's health care surrogate, if one has
2959 already been designated by the patient. If the patient has not
2960 previously designated a health care surrogate, the selection of
2961 a guardian advocate shall be made, except for good cause
2962 documented in the court record, from among the following
2963 persons, listed in order of priority:

2964 (a) The patient's spouse.

2965 (b) An adult child of the patient.
 2966 (c) A parent of the patient.
 2967 (d) The adult next of kin of the patient.
 2968 (e) An adult friend of the patient.
 2969 (f) An adult trained and willing to serve as the guardian
 2970 advocate for the patient.
 2971 (7) If a guardian advocate with the authority to consent
 2972 to medical treatment has not already been appointed, or if the
 2973 patient has not already designated a health care surrogate, the
 2974 court may authorize the guardian advocate to consent to medical
 2975 treatment as well as substance abuse disorder treatment. Unless
 2976 otherwise limited by the court, a guardian advocate with the
 2977 authority to consent to medical treatment has the same authority
 2978 to make health care decisions and is subject to the same
 2979 restrictions as a proxy appointed under part IV of chapter 765.
 2980 Unless the guardian advocate has sought and received express
 2981 court approval in a proceeding separate from the proceeding to
 2982 determine the competence of the patient to consent to medical
 2983 treatment, the guardian advocate may not consent to:
 2984 (a) Abortion.
 2985 (b) Sterilization.
 2986 (c) Electroshock therapy.
 2987 (d) Psychosurgery.
 2988 (e) Experimental treatments that have not been approved by
 2989 a federally approved institutional review board in accordance
 2990 with 45 C.F.R. part 46 or 21 C.F.R. part 56.

2991
 2992 The court shall base its authorization on evidence that the
 2993 treatment or procedure is essential to the care of the patient
 2994 and that the treatment does not present an unreasonable risk of
 2995 serious, hazardous, or irreversible side effects. In complying
 2996 with this subsection, the court shall follow the procedures set
 2997 forth in subsection (1).

2998 (8) The guardian advocate shall be discharged when the
 2999 patient is discharged from an order for involuntary outpatient
 3000 services or involuntary inpatient placement, or when the patient
 3001 is transferred from involuntary to voluntary status. The court
 3002 or a hearing officer shall consider the competence of the
 3003 patient as provided in subsection (1) and may consider an
 3004 involuntarily placed patient's competence to consent to
 3005 treatment at any hearing. Upon sufficient evidence, the court
 3006 may restore, or the hearing officer may recommend that the court
 3007 restore, the patient's competence. A copy of the order restoring
 3008 competence or the certificate of discharge containing the
 3009 restoration of competence shall be provided to the patient and
 3010 the guardian advocate.

3011 Section 43. Section 491.0045, Florida Statutes is amended
 3012 to read:

3013 491.0045 Intern registration; requirements.—

3014 (1) ~~Effective January 1, 1998,~~ An individual who has not
 3015 satisfied ~~intends to practice in Florida to satisfy~~ the
 3016 postgraduate or post-master's level experience requirements, as

3017 specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register
3018 as an intern in the profession for which he or she is seeking
3019 licensure prior to commencing the post-master's experience
3020 requirement or an individual who intends to satisfy part of the
3021 required graduate-level practicum, internship, or field
3022 experience, outside the academic arena for any profession, must
3023 register as an intern in the profession for which he or she is
3024 seeking licensure prior to commencing the practicum, internship,
3025 or field experience.

3026 (2) The department shall register as a clinical social
3027 worker intern, marriage and family therapist intern, or mental
3028 health counselor intern each applicant who the board certifies
3029 has:

3030 (a) Completed the application form and remitted a
3031 nonrefundable application fee not to exceed \$200, as set by
3032 board rule;

3033 (b)1. Completed the education requirements as specified in
3034 s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for which
3035 he or she is applying for licensure, if needed; and

3036 2. Submitted an acceptable supervision plan, as determined
3037 by the board, for meeting the practicum, internship, or field
3038 work required for licensure that was not satisfied in his or her
3039 graduate program.

3040 (c) Identified a qualified supervisor.

3041 (3) An individual registered under this section must
3042 remain under supervision while practicing under registered

3043 ~~intern status until he or she is in receipt of a license or a~~
3044 ~~letter from the department stating that he or she is licensed to~~
3045 ~~practice the profession for which he or she applied.~~

3046 ~~(4) An individual who has applied for intern registration~~
3047 ~~on or before December 31, 2001, and has satisfied the education~~
3048 ~~requirements of s. 491.005 that are in effect through December~~
3049 ~~31, 2000, will have met the educational requirements for~~
3050 ~~licensure for the profession for which he or she has applied.~~

3051 ~~(4)(5) An individual who fails~~ Individuals who have
3052 ~~commenced the experience requirement as specified in s.~~
3053 ~~491.005(1)(c), (3)(c), or (4)(c) but failed to register as~~
3054 ~~required by subsection (1) shall register with the department~~
3055 ~~before January 1, 2000. Individuals who fail to comply with this~~
3056 ~~section may~~ subsection shall not be granted a license under this
3057 chapter, and any time spent by the individual completing the
3058 experience requirement as specified in s. 491.005(1)(c), (3)(c),
3059 or (4)(c) before ~~prior to~~ registering as an intern does shall
3060 not count toward completion of the ~~such~~ requirement.

3061 (5) An intern registration is valid for 5 years.

3062 (6) A registration issued on or before March 31, 2017,
3063 expires March 31, 2022, and may not be renewed or reissued. A
3064 registration issued after March 31, 2017, expires 60 months
3065 after the date it is issued. A subsequent intern registration
3066 may not be issued unless the candidate has passed the theory and
3067 practice examination described in s. 491.005(1)(d), (3)(d), and
3068 (4)(d).

3069 (7) An individual who has held a provisional license
 3070 issued by the board may not apply for an intern registration in
 3071 the same profession.

3072 Section 44. Section 394.4674, Florida Statutes, is
 3073 repealed.

3074 Section 45. Section 394.4985, Florida Statutes, is
 3075 repealed.

3076 Section 46. Section 394.745, Florida Statutes, is
 3077 repealed.

3078 Section 47. Section 397.331, Florida Statutes, is
 3079 repealed.

3080 Section 48. Section 397.801, Florida Statutes, is
 3081 repealed.

3082 Section 49. Section 397.811, Florida Statutes, is
 3083 repealed.

3084 Section 50. Section 397.821, Florida Statutes, is
 3085 repealed.397

3086 Section 51. Section 397.901, Florida Statutes, is
 3087 repealed.

3088 Section 52. Section 397.93, Florida Statutes, is repealed.

3089 Section 53. Section 397.94, Florida Statutes, is repealed.

3090 Section 54. Section 397.951, Florida Statutes, is
 3091 repealed.

3092 Section 55. Section 397.97, Florida Statutes, is repealed.

3093 Section 56. Section 397.98, Florida Statutes, is repealed.

3094 Section 57. Paragraph (e) of subsection (5) of section

3095 212.055, Florida Statutes, is amended to read:

3096 212.055 Discretionary sales surtaxes; legislative intent;
3097 authorization and use of proceeds.—It is the legislative intent
3098 that any authorization for imposition of a discretionary sales
3099 surtax shall be published in the Florida Statutes as a
3100 subsection of this section, irrespective of the duration of the
3101 levy. Each enactment shall specify the types of counties
3102 authorized to levy; the rate or rates which may be imposed; the
3103 maximum length of time the surtax may be imposed, if any; the
3104 procedure which must be followed to secure voter approval, if
3105 required; the purpose for which the proceeds may be expended;
3106 and such other requirements as the Legislature may provide.
3107 Taxable transactions and administrative procedures shall be as
3108 provided in s. 212.054.

3109 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined
3110 in s. 125.011(1) may levy the surtax authorized in this
3111 subsection pursuant to an ordinance either approved by
3112 extraordinary vote of the county commission or conditioned to
3113 take effect only upon approval by a majority vote of the
3114 electors of the county voting in a referendum. In a county as
3115 defined in s. 125.011(1), for the purposes of this subsection,
3116 "county public general hospital" means a general hospital as
3117 defined in s. 395.002 which is owned, operated, maintained, or
3118 governed by the county or its agency, authority, or public
3119 health trust.

3120 (e) A governing board, agency, or authority shall be

3121 chartered by the county commission upon this act becoming law.
3122 The governing board, agency, or authority shall adopt and
3123 implement a health care plan for indigent health care services.
3124 The governing board, agency, or authority shall consist of no
3125 more than seven and no fewer than five members appointed by the
3126 county commission. The members of the governing board, agency,
3127 or authority shall be at least 18 years of age and residents of
3128 the county. No member may be employed by or affiliated with a
3129 health care provider or the public health trust, agency, or
3130 authority responsible for the county public general hospital.
3131 The following community organizations shall each appoint a
3132 representative to a nominating committee: the South Florida
3133 Hospital and Healthcare Association, the Miami-Dade County
3134 Public Health Trust, the Dade County Medical Association, the
3135 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
3136 County. This committee shall nominate between 10 and 14 county
3137 citizens for the governing board, agency, or authority. The
3138 slate shall be presented to the county commission and the county
3139 commission shall confirm the top five to seven nominees,
3140 depending on the size of the governing board. Until such time as
3141 the governing board, agency, or authority is created, the funds
3142 provided for in subparagraph (d)2. shall be placed in a
3143 restricted account set aside from other county funds and not
3144 disbursed by the county for any other purpose.

3145 1. The plan shall divide the county into a minimum of four
3146 and maximum of six service areas, with no more than one

3147 participant hospital per service area. The county public general
3148 hospital shall be designated as the provider for one of the
3149 service areas. Services shall be provided through participants'
3150 primary acute care facilities.

3151 2. The plan and subsequent amendments to it shall fund a
3152 defined range of health care services for both indigent persons
3153 and the medically poor, including primary care, preventive care,
3154 hospital emergency room care, and hospital care necessary to
3155 stabilize the patient. For the purposes of this section,
3156 "stabilization" means stabilization as defined in s. 397.311(42)
3157 ~~397.311(41)~~. Where consistent with these objectives, the plan
3158 may include services rendered by physicians, clinics, community
3159 hospitals, and alternative delivery sites, as well as at least
3160 one regional referral hospital per service area. The plan shall
3161 provide that agreements negotiated between the governing board,
3162 agency, or authority and providers shall recognize hospitals
3163 that render a disproportionate share of indigent care, provide
3164 other incentives to promote the delivery of charity care to draw
3165 down federal funds where appropriate, and require cost
3166 containment, including, but not limited to, case management.
3167 From the funds specified in subparagraphs (d)1. and 2. for
3168 indigent health care services, service providers shall receive
3169 reimbursement at a Medicaid rate to be determined by the
3170 governing board, agency, or authority created pursuant to this
3171 paragraph for the initial emergency room visit, and a per-member
3172 per-month fee or capitation for those members enrolled in their

3173 service area, as compensation for the services rendered
3174 following the initial emergency visit. Except for provisions of
3175 emergency services, upon determination of eligibility,
3176 enrollment shall be deemed to have occurred at the time services
3177 were rendered. The provisions for specific reimbursement of
3178 emergency services shall be repealed on July 1, 2001, unless
3179 otherwise reenacted by the Legislature. The capitation amount or
3180 rate shall be determined prior to program implementation by an
3181 independent actuarial consultant. In no event shall such
3182 reimbursement rates exceed the Medicaid rate. The plan must also
3183 provide that any hospitals owned and operated by government
3184 entities on or after the effective date of this act must, as a
3185 condition of receiving funds under this subsection, afford
3186 public access equal to that provided under s. 286.011 as to any
3187 meeting of the governing board, agency, or authority the subject
3188 of which is budgeting resources for the retention of charity
3189 care, as that term is defined in the rules of the Agency for
3190 Health Care Administration. The plan shall also include
3191 innovative health care programs that provide cost-effective
3192 alternatives to traditional methods of service and delivery
3193 funding.

3194 3. The plan's benefits shall be made available to all
3195 county residents currently eligible to receive health care
3196 services as indigents or medically poor as defined in paragraph
3197 (4) (d).

3198 4. Eligible residents who participate in the health care

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3199 | plan shall receive coverage for a period of 12 months or the
3200 | period extending from the time of enrollment to the end of the
3201 | current fiscal year, per enrollment period, whichever is less.

3202 | 5. At the end of each fiscal year, the governing board,
3203 | agency, or authority shall prepare an audit that reviews the
3204 | budget of the plan, delivery of services, and quality of
3205 | services, and makes recommendations to increase the plan's
3206 | efficiency. The audit shall take into account participant
3207 | hospital satisfaction with the plan and assess the amount of
3208 | poststabilization patient transfers requested, and accepted or
3209 | denied, by the county public general hospital.

3210 | Section 58. Subsection (7) of section 394.4598, Florida
3211 | Statutes, is amended to read:

3212 | 394.4598 Guardian advocate.—

3213 | (7) The guardian advocate shall be discharged when the
3214 | patient is discharged from an order for involuntary outpatient
3215 | services ~~placement~~ or involuntary inpatient placement or when
3216 | the patient is transferred from involuntary to voluntary status.
3217 | The court or a hearing officer shall consider the competence of
3218 | the patient pursuant to subsection (1) and may consider an
3219 | involuntarily placed patient's competence to consent to
3220 | treatment at any hearing. Upon sufficient evidence, the court
3221 | may restore, or the hearing officer may recommend that the court
3222 | restore, the patient's competence. A copy of the order restoring
3223 | competence or the certificate of discharge containing the
3224 | restoration of competence shall be provided to the patient and

3225 the guardian advocate.

3226 Section 59. Subsection (3) of section 394.4615, Florida
 3227 Statutes, is amended to read:

3228 394.4615 Clinical records; confidentiality.—

3229 (3) Information from the clinical record may be released
 3230 in the following circumstances:

3231 (a) When a patient has declared an intention to harm other
 3232 persons. When such declaration has been made, the administrator
 3233 may authorize the release of sufficient information to provide
 3234 adequate warning to the person threatened with harm by the
 3235 patient.

3236 (b) When the administrator of the facility or secretary of
 3237 the department deems release to a qualified researcher as
 3238 defined in administrative rule, an aftercare treatment provider,
 3239 or an employee or agent of the department is necessary for
 3240 treatment of the patient, maintenance of adequate records,
 3241 compilation of treatment data, aftercare planning, or evaluation
 3242 of programs.

3243
 3244 For the purpose of determining whether a person meets the
 3245 criteria for involuntary outpatient services ~~placement~~ or for
 3246 preparing the proposed treatment plan pursuant to s. 394.4655,
 3247 the clinical record may be released to the state attorney, the
 3248 public defender or the patient's private legal counsel, the
 3249 court, and to the appropriate mental health professionals,
 3250 including the service provider identified in s.

3251 394.4655(6)(b)2., in accordance with state and federal law.
 3252 Section 60. Subsection (1) of section 394.657, Florida
 3253 Statutes, is amended to read:
 3254 394.657 County planning councils or committees.—
 3255 (1) Each board of county commissioners shall designate the
 3256 county public safety coordinating council established under s.
 3257 951.26, or designate another criminal or juvenile justice mental
 3258 health and substance abuse council or committee, as the planning
 3259 council or committee. The public safety coordinating council or
 3260 other designated criminal or juvenile justice mental health and
 3261 substance abuse council or committee, in coordination with the
 3262 county offices of planning and budget, shall make a formal
 3263 recommendation to the board of county commissioners regarding
 3264 how the Criminal Justice, Mental Health, and Substance Abuse
 3265 Reinvestment Grant Program may best be implemented within a
 3266 community. The board of county commissioners may assign any
 3267 entity to prepare the application on behalf of the county
 3268 administration for submission to the Criminal Justice, Mental
 3269 Health, and Substance Abuse Statewide Grant Policy Review
 3270 Committee for review. A county may join with one or more
 3271 counties to form a consortium and use a regional public safety
 3272 coordinating council or another county-designated regional
 3273 criminal or juvenile justice mental health and substance abuse
 3274 planning council or committee for the geographic area
 3275 represented by the member counties.
 3276 Section 61. Subsection (1) of section 394.658, Florida

3277 Statutes, is amended to read:

3278 394.658 Criminal Justice, Mental Health, and Substance
3279 Abuse Reinvestment Grant Program requirements.—

3280 (1) The Criminal Justice, Mental Health, and Substance
3281 Abuse Statewide Grant Policy Review ~~Review~~ Committee, in collaboration
3282 with the Department of Children and Families, the Department of
3283 Corrections, the Department of Juvenile Justice, the Department
3284 of Elderly Affairs, and the Office of the State Courts
3285 Administrator, shall establish criteria to be used to review
3286 submitted applications and to select the county that will be
3287 awarded a 1-year planning grant or a 3-year implementation or
3288 expansion grant. A planning, implementation, or expansion grant
3289 may not be awarded unless the application of the county meets
3290 the established criteria.

3291 (a) The application criteria for a 1-year planning grant
3292 must include a requirement that the applicant county or counties
3293 have a strategic plan to initiate systemic change to identify
3294 and treat individuals who have a mental illness, substance abuse
3295 disorder, or co-occurring mental health and substance abuse
3296 disorders who are in, or at risk of entering, the criminal or
3297 juvenile justice systems. The 1-year planning grant must be used
3298 to develop effective collaboration efforts among participants in
3299 affected governmental agencies, including the criminal,
3300 juvenile, and civil justice systems, mental health and substance
3301 abuse treatment service providers, transportation programs, and
3302 housing assistance programs. The collaboration efforts shall be

3303 the basis for developing a problem-solving model and strategic
3304 plan for treating adults and juveniles who are in, or at risk of
3305 entering, the criminal or juvenile justice system and doing so
3306 at the earliest point of contact, taking into consideration
3307 public safety. The planning grant shall include strategies to
3308 divert individuals from judicial commitment to community-based
3309 service programs offered by the Department of Children and
3310 Families in accordance with ss. 916.13 and 916.17.

3311 (b) The application criteria for a 3-year implementation
3312 or expansion grant shall require information from a county that
3313 demonstrates its completion of a well-established collaboration
3314 plan that includes public-private partnership models and the
3315 application of evidence-based practices. The implementation or
3316 expansion grants may support programs and diversion initiatives
3317 that include, but need not be limited to:

- 3318 1. Mental health courts;
- 3319 2. Diversion programs;
- 3320 3. Alternative prosecution and sentencing programs;
- 3321 4. Crisis intervention teams;
- 3322 5. Treatment accountability services;
- 3323 6. Specialized training for criminal justice, juvenile
3324 justice, and treatment services professionals;
- 3325 7. Service delivery of collateral services such as
3326 housing, transitional housing, and supported employment; and
- 3327 8. Reentry services to create or expand mental health and
3328 substance abuse services and supports for affected persons.

3329 (c) Each county application must include the following
 3330 information:

3331 1. An analysis of the current population of the jail and
 3332 juvenile detention center in the county, which includes:

3333 a. The screening and assessment process that the county
 3334 uses to identify an adult or juvenile who has a mental illness,
 3335 substance abuse disorder, or co-occurring mental health and
 3336 substance abuse disorders;

3337 b. The percentage of each category of persons admitted to
 3338 the jail and juvenile detention center that represents people
 3339 who have a mental illness, substance abuse disorder, or co-
 3340 occurring mental health and substance abuse disorders; and

3341 c. An analysis of observed contributing factors that
 3342 affect population trends in the county jail and juvenile
 3343 detention center.

3344 2. A description of the strategies the county intends to
 3345 use to serve one or more clearly defined subsets of the
 3346 population of the jail and juvenile detention center who have a
 3347 mental illness or to serve those at risk of arrest and
 3348 incarceration. The proposed strategies may include identifying
 3349 the population designated to receive the new interventions, a
 3350 description of the services and supervision methods to be
 3351 applied to that population, and the goals and measurable
 3352 objectives of the new interventions. The interventions a county
 3353 may use with the target population may include, but are not
 3354 limited to:

- 3355 a. Specialized responses by law enforcement agencies;
 3356 b. Centralized receiving facilities for individuals
 3357 evidencing behavioral difficulties;
 3358 c. Postbooking alternatives to incarceration;
 3359 d. New court programs, including pretrial services and
 3360 specialized dockets;
 3361 e. Specialized diversion programs;
 3362 f. Intensified transition services that are directed to
 3363 the designated populations while they are in jail or juvenile
 3364 detention to facilitate their transition to the community;
 3365 g. Specialized probation processes;
 3366 h. Day-reporting centers;
 3367 i. Linkages to community-based, evidence-based treatment
 3368 programs for adults and juveniles who have mental illness or
 3369 substance abuse disorders; and
 3370 j. Community services and programs designed to prevent
 3371 high-risk populations from becoming involved in the criminal or
 3372 juvenile justice system.
- 3373 3. The projected effect the proposed initiatives will have
 3374 on the population and the budget of the jail and juvenile
 3375 detention center. The information must include:
- 3376 a. The county's estimate of how the initiative will reduce
 3377 the expenditures associated with the incarceration of adults and
 3378 the detention of juveniles who have a mental illness;
 3379 b. The methodology that the county intends to use to
 3380 measure the defined outcomes and the corresponding savings or

3381 averted costs;

3382 c. The county's estimate of how the cost savings or
 3383 averted costs will sustain or expand the mental health and
 3384 substance abuse treatment services and supports needed in the
 3385 community; and

3386 d. How the county's proposed initiative will reduce the
 3387 number of individuals judicially committed to a state mental
 3388 health treatment facility.

3389 4. The proposed strategies that the county intends to use
 3390 to preserve and enhance its community mental health and
 3391 substance abuse system, which serves as the local behavioral
 3392 health safety net for low-income and uninsured individuals.

3393 5. The proposed strategies that the county intends to use
 3394 to continue the implemented or expanded programs and initiatives
 3395 that have resulted from the grant funding.

3396 Section 62. Subsection (6) of section 394.9085, Florida
 3397 Statutes, is amended to read:

3398 394.9085 Behavioral provider liability.—

3399 (6) For purposes of this section, the terms
 3400 "detoxification services," "addictions receiving facility," and
 3401 "receiving facility" have the same meanings as those provided in
 3402 ss. 397.311(23)(a)4., 397.311(23)(a)1., and 394.455(27)
 3403 ~~397.311(22)(a)4., 397.311(22)(a)1., and 394.455(26),~~
 3404 respectively.

3405 Section 63. Subsection (8) of section 397.405, Florida
 3406 Statutes, is amended to read:

3407 397.405 Exemptions from licensure.—The following are
 3408 exempt from the licensing provisions of this chapter:

3409 (8) A legally cognizable church or nonprofit religious
 3410 organization or denomination providing substance abuse services,
 3411 including prevention services, which are solely religious,
 3412 spiritual, or ecclesiastical in nature. A church or nonprofit
 3413 religious organization or denomination providing any of the
 3414 licensed service components itemized under s. 397.311(23)
 3415 ~~397.311(22)~~ is not exempt from substance abuse licensure but
 3416 retains its exemption with respect to all services which are
 3417 solely religious, spiritual, or ecclesiastical in nature.

3418
 3419 The exemptions from licensure in this section do not apply to
 3420 any service provider that receives an appropriation, grant, or
 3421 contract from the state to operate as a service provider as
 3422 defined in this chapter or to any substance abuse program
 3423 regulated pursuant to s. 397.406. Furthermore, this chapter may
 3424 not be construed to limit the practice of a physician or
 3425 physician assistant licensed under chapter 458 or chapter 459, a
 3426 psychologist licensed under chapter 490, a psychotherapist
 3427 licensed under chapter 491, or an advanced registered nurse
 3428 practitioner licensed under part I of chapter 464, who provides
 3429 substance abuse treatment, so long as the physician, physician
 3430 assistant, psychologist, psychotherapist, or advanced registered
 3431 nurse practitioner does not represent to the public that he or
 3432 she is a licensed service provider and does not provide services

3433 to individuals pursuant to part V of this chapter. Failure to
3434 comply with any requirement necessary to maintain an exempt
3435 status under this section is a misdemeanor of the first degree,
3436 punishable as provided in s. 775.082 or s. 775.083.

3437 Section 64. Subsections (1) and (5) of section 397.407,
3438 Florida Statutes, are amended to read:

3439 397.407 Licensure process; fees.—

3440 (1) The department shall establish the licensure process
3441 to include fees and categories of licenses and must prescribe a
3442 fee range that is based, at least in part, on the number and
3443 complexity of programs listed in s. 397.311(23) ~~397.311(22)~~
3444 which are operated by a licensee. The fees from the licensure of
3445 service components are sufficient to cover at least 50 percent
3446 of the costs of regulating the service components. The
3447 department shall specify a fee range for public and privately
3448 funded licensed service providers. Fees for privately funded
3449 licensed service providers must exceed the fees for publicly
3450 funded licensed service providers.

3451 (5) The department may issue probationary, regular, and
3452 interim licenses. The department shall issue one license for
3453 each service component that is operated by a service provider
3454 and defined pursuant to s. 397.311(23) ~~397.311(22)~~. The license
3455 is valid only for the specific service components listed for
3456 each specific location identified on the license. The licensed
3457 service provider shall apply for a new license at least 60 days
3458 before the addition of any service components or 30 days before

3459 the relocation of any of its service sites. Provision of service
3460 components or delivery of services at a location not identified
3461 on the license may be considered an unlicensed operation that
3462 authorizes the department to seek an injunction against
3463 operation as provided in s. 397.401, in addition to other
3464 sanctions authorized by s. 397.415. Probationary and regular
3465 licenses may be issued only after all required information has
3466 been submitted. A license may not be transferred. As used in
3467 this subsection, the term "transfer" includes, but is not
3468 limited to, the transfer of a majority of the ownership interest
3469 in the licensed entity or transfer of responsibilities under the
3470 license to another entity by contractual arrangement.

3471 Section 65. Section 397.416, Florida Statutes, is amended
3472 to read:

3473 397.416 Substance abuse treatment services; qualified
3474 professional.—Notwithstanding any other provision of law, a
3475 person who was certified through a certification process
3476 recognized by the former Department of Health and Rehabilitative
3477 Services before January 1, 1995, may perform the duties of a
3478 qualified professional with respect to substance abuse treatment
3479 services as defined in this chapter, and need not meet the
3480 certification requirements contained in s. 397.311(31)
3481 ~~397.311(30)~~.

3482 Section 66. Paragraph (b) of subsection (1) of section
3483 409.972, Florida Statutes, is amended to read:

3484 409.972 Mandatory and voluntary enrollment.—

3485 (1) The following Medicaid-eligible persons are exempt
 3486 from mandatory managed care enrollment required by s. 409.965,
 3487 and may voluntarily choose to participate in the managed medical
 3488 assistance program:

3489 (b) Medicaid recipients residing in residential commitment
 3490 facilities operated through the Department of Juvenile Justice
 3491 or mental health treatment facilities as defined by s.
 3492 394.455(33) ~~394.455(32)~~.

3493 Section 67. Paragraphs (d) and (g) of subsection (1) of
 3494 section 440.102, Florida Statutes, are amended to read:

3495 440.102 Drug-free workplace program requirements.—The
 3496 following provisions apply to a drug-free workplace program
 3497 implemented pursuant to law or to rules adopted by the Agency
 3498 for Health Care Administration:

3499 (1) DEFINITIONS.—Except where the context otherwise
 3500 requires, as used in this act:

3501 (d) "Drug rehabilitation program" means a service
 3502 provider, established pursuant to s. 397.311(40) ~~397.311(39)~~,
 3503 that provides confidential, timely, and expert identification,
 3504 assessment, and resolution of employee drug abuse.

3505 (g) "Employee assistance program" means an established
 3506 program capable of providing expert assessment of employee
 3507 personal concerns; confidential and timely identification
 3508 services with regard to employee drug abuse; referrals of
 3509 employees for appropriate diagnosis, treatment, and assistance;
 3510 and followup services for employees who participate in the

3511 program or require monitoring after returning to work. If, in
 3512 addition to the above activities, an employee assistance program
 3513 provides diagnostic and treatment services, these services shall
 3514 in all cases be provided by service providers pursuant to s.
 3515 397.311(40) ~~397.311(39)~~.

3516 Section 68. Subsection (7) of section 744.704, Florida
 3517 Statutes, is amended to read:

3518 744.704 Powers and duties.—

3519 (7) A public guardian shall not commit a ward to a mental
 3520 health treatment facility, as defined in s. 394.455(33)
 3521 ~~394.455(32)~~, without an involuntary placement proceeding as
 3522 provided by law.

3523 Section 69. Paragraph (a) of subsection (2) of section
 3524 790.065, Florida Statutes, is amended to read:

3525 790.065 Sale and delivery of firearms.—

3526 (2) Upon receipt of a request for a criminal history
 3527 record check, the Department of Law Enforcement shall, during
 3528 the licensee's call or by return call, forthwith:

3529 (a) Review any records available to determine if the
 3530 potential buyer or transferee:

3531 1. Has been convicted of a felony and is prohibited from
 3532 receipt or possession of a firearm pursuant to s. 790.23;

3533 2. Has been convicted of a misdemeanor crime of domestic
 3534 violence, and therefore is prohibited from purchasing a firearm;

3535 3. Has had adjudication of guilt withheld or imposition of
 3536 sentence suspended on any felony or misdemeanor crime of

3537 domestic violence unless 3 years have elapsed since probation or
 3538 any other conditions set by the court have been fulfilled or
 3539 expunction has occurred; or

3540 4. Has been adjudicated mentally defective or has been
 3541 committed to a mental institution by a court or as provided in
 3542 sub-sub-subparagraph b.(II), and as a result is prohibited by
 3543 state or federal law from purchasing a firearm.

3544 a. As used in this subparagraph, "adjudicated mentally
 3545 defective" means a determination by a court that a person, as a
 3546 result of marked subnormal intelligence, or mental illness,
 3547 incompetency, condition, or disease, is a danger to himself or
 3548 herself or to others or lacks the mental capacity to contract or
 3549 manage his or her own affairs. The phrase includes a judicial
 3550 finding of incapacity under s. 744.331(6)(a), an acquittal by
 3551 reason of insanity of a person charged with a criminal offense,
 3552 and a judicial finding that a criminal defendant is not
 3553 competent to stand trial.

3554 b. As used in this subparagraph, "committed to a mental
 3555 institution" means:

3556 (I) Involuntary commitment, commitment for mental
 3557 defectiveness or mental illness, and commitment for substance
 3558 abuse. The phrase includes involuntary inpatient placement as
 3559 defined in s. 394.467, involuntary outpatient services ~~placement~~
 3560 as defined in s. 394.4655, involuntary assessment and
 3561 stabilization under s. 397.6818, and involuntary substance abuse
 3562 treatment under s. 397.6957, but does not include a person in a

3563 mental institution for observation or discharged from a mental
3564 institution based upon the initial review by the physician or a
3565 voluntary admission to a mental institution; or

3566 (II) Notwithstanding sub-sub-subparagraph (I), voluntary
3567 admission to a mental institution for outpatient or inpatient
3568 treatment of a person who had an involuntary examination under
3569 s. 394.463, where each of the following conditions have been
3570 met:

3571 (A) An examining physician found that the person is an
3572 imminent danger to himself or herself or others.

3573 (B) The examining physician certified that if the person
3574 did not agree to voluntary treatment, a petition for involuntary
3575 outpatient or inpatient treatment would have been filed under s.
3576 394.463(2)(i)4., or the examining physician certified that a
3577 petition was filed and the person subsequently agreed to
3578 voluntary treatment prior to a court hearing on the petition.

3579 (C) Before agreeing to voluntary treatment, the person
3580 received written notice of that finding and certification, and
3581 written notice that as a result of such finding, he or she may
3582 be prohibited from purchasing a firearm, and may not be eligible
3583 to apply for or retain a concealed weapon or firearms license
3584 under s. 790.06 and the person acknowledged such notice in
3585 writing, in substantially the following form:

3586 "I understand that the doctor who examined me believes I am a
3587 danger to myself or to others. I understand that if I do not
3588 agree to voluntary treatment, a petition will be filed in court

3589 to require me to receive involuntary treatment. I understand
3590 that if that petition is filed, I have the right to contest it.
3591 In the event a petition has been filed, I understand that I can
3592 subsequently agree to voluntary treatment prior to a court
3593 hearing. I understand that by agreeing to voluntary treatment in
3594 either of these situations, I may be prohibited from buying
3595 firearms and from applying for or retaining a concealed weapons
3596 or firearms license until I apply for and receive relief from
3597 that restriction under Florida law."

3598 (D) A judge or a magistrate has, pursuant to sub-sub-
3599 subparagraph c.(II), reviewed the record of the finding,
3600 certification, notice, and written acknowledgment classifying
3601 the person as an imminent danger to himself or herself or
3602 others, and ordered that such record be submitted to the
3603 department.

3604 c. In order to check for these conditions, the department
3605 shall compile and maintain an automated database of persons who
3606 are prohibited from purchasing a firearm based on court records
3607 of adjudications of mental defectiveness or commitments to
3608 mental institutions.

3609 (I) Except as provided in sub-sub-subparagraph (II),
3610 clerks of court shall submit these records to the department
3611 within 1 month after the rendition of the adjudication or
3612 commitment. Reports shall be submitted in an automated format.
3613 The reports must, at a minimum, include the name, along with any
3614 known alias or former name, the sex, and the date of birth of

3615 the subject.

3616 (II) For persons committed to a mental institution
3617 pursuant to sub-sub-subparagraph b.(II), within 24 hours after
3618 the person's agreement to voluntary admission, a record of the
3619 finding, certification, notice, and written acknowledgment must
3620 be filed by the administrator of the receiving or treatment
3621 facility, as defined in s. 394.455, with the clerk of the court
3622 for the county in which the involuntary examination under s.
3623 394.463 occurred. No fee shall be charged for the filing under
3624 this sub-sub-subparagraph. The clerk must present the records to
3625 a judge or magistrate within 24 hours after receipt of the
3626 records. A judge or magistrate is required and has the lawful
3627 authority to review the records ex parte and, if the judge or
3628 magistrate determines that the record supports the classifying
3629 of the person as an imminent danger to himself or herself or
3630 others, to order that the record be submitted to the department.
3631 If a judge or magistrate orders the submittal of the record to
3632 the department, the record must be submitted to the department
3633 within 24 hours.

3634 d. A person who has been adjudicated mentally defective or
3635 committed to a mental institution, as those terms are defined in
3636 this paragraph, may petition the circuit court that made the
3637 adjudication or commitment, or the court that ordered that the
3638 record be submitted to the department pursuant to sub-sub-
3639 subparagraph c.(II), for relief from the firearm disabilities
3640 imposed by such adjudication or commitment. A copy of the

3641 petition shall be served on the state attorney for the county in
3642 which the person was adjudicated or committed. The state
3643 attorney may object to and present evidence relevant to the
3644 relief sought by the petition. The hearing on the petition may
3645 be open or closed as the petitioner may choose. The petitioner
3646 may present evidence and subpoena witnesses to appear at the
3647 hearing on the petition. The petitioner may confront and cross-
3648 examine witnesses called by the state attorney. A record of the
3649 hearing shall be made by a certified court reporter or by court-
3650 approved electronic means. The court shall make written findings
3651 of fact and conclusions of law on the issues before it and issue
3652 a final order. The court shall grant the relief requested in the
3653 petition if the court finds, based on the evidence presented
3654 with respect to the petitioner's reputation, the petitioner's
3655 mental health record and, if applicable, criminal history
3656 record, the circumstances surrounding the firearm disability,
3657 and any other evidence in the record, that the petitioner will
3658 not be likely to act in a manner that is dangerous to public
3659 safety and that granting the relief would not be contrary to the
3660 public interest. If the final order denies relief, the
3661 petitioner may not petition again for relief from firearm
3662 disabilities until 1 year after the date of the final order. The
3663 petitioner may seek judicial review of a final order denying
3664 relief in the district court of appeal having jurisdiction over
3665 the court that issued the order. The review shall be conducted
3666 de novo. Relief from a firearm disability granted under this

3667 sub-subparagraph has no effect on the loss of civil rights,
3668 including firearm rights, for any reason other than the
3669 particular adjudication of mental defectiveness or commitment to
3670 a mental institution from which relief is granted.

3671 e. Upon receipt of proper notice of relief from firearm
3672 disabilities granted under sub-subparagraph d., the department
3673 shall delete any mental health record of the person granted
3674 relief from the automated database of persons who are prohibited
3675 from purchasing a firearm based on court records of
3676 adjudications of mental defectiveness or commitments to mental
3677 institutions.

3678 f. The department is authorized to disclose data collected
3679 pursuant to this subparagraph to agencies of the Federal
3680 Government and other states for use exclusively in determining
3681 the lawfulness of a firearm sale or transfer. The department is
3682 also authorized to disclose this data to the Department of
3683 Agriculture and Consumer Services for purposes of determining
3684 eligibility for issuance of a concealed weapons or concealed
3685 firearms license and for determining whether a basis exists for
3686 revoking or suspending a previously issued license pursuant to
3687 s. 790.06(10). When a potential buyer or transferee appeals a
3688 nonapproval based on these records, the clerks of court and
3689 mental institutions shall, upon request by the department,
3690 provide information to help determine whether the potential
3691 buyer or transferee is the same person as the subject of the
3692 record. Photographs and any other data that could confirm or

3693 negate identity must be made available to the department for
3694 such purposes, notwithstanding any other provision of state law
3695 to the contrary. Any such information that is made confidential
3696 or exempt from disclosure by law shall retain such confidential
3697 or exempt status when transferred to the department.

3698 Section 70. For fiscal year 2016-2017, the sum of \$400,000
3699 in nonrecurring funds is appropriated from the Operations and
3700 Maintenance Trust Fund to the Department of Children and
3701 Families for the purpose of modifying the existing crisis
3702 stabilization services utilization database to collect and
3703 analyze data and information pursuant to s. 397.321, Florida
3704 Statutes, as amended by this act.

3705 Section 71. Except as otherwise expressly provided in this
3706 act and except for this section, which shall take effect upon
3707 this act becoming a law, this act shall take effect July 1,
3708 2016.