Representative Harrell offered the following:

Amendment (with title amendment)

Remove everything after the enacting clause and insert:

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

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

(10) Case management. Case management includes:

(e) Service referral, coordination, monitoring, and tracking for mental health programs under chapter 394.
Case management may not include costs associated with the application of therapeutic jurisprudence principles by the courts. Case management also may not include case intake and records management conducted by the clerk of court.

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

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

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

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

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

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

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

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

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

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

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

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

394.453 Legislative intent.—

(1) It is the intent of the Legislature:

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

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

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

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

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

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

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

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

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

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

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

Section 5. Section 394.4573, Florida Statues, is amended to read:

394.4573 Coordinated system of care; annual assessment; essential elements Continuity of care management system; measures of performance; system improvement grants; reports.—On or before December 1 of each year, the department shall submit to the Governor, the President of the Senate, and the Speaker of the House of Representatives an assessment of the behavioral health services in this state. The assessment shall consider, at a minimum, the extent to which designated receiving systems function as no-wrong-door models, the availability of treatment and recovery services that use recovery-oriented and peer-involved approaches, the availability of less-restrictive services, and the use of evidence-informed practices. The department's assessment shall consider, at a minimum, the needs assessments conducted by the managing entities pursuant to s. 393.9082(5). Beginning in 2017, the department shall compile and include in the report all plans submitted by managing entities pursuant to s. 394.9082(8) and the department's evaluation of each plan.

(1) As used in For the purposes of this section:
(a) "Care coordination" means intensive activities

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undertaken across systems and providers to facilitate the
delivery of treatment services and recovery supports to
individuals with complex needs who are not yet effectively
connected with such services and supports.

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

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

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

(c) "Coordinated system Continuity of care management
system" means a system that assures, within available resources,
that clients have access to the full array of behavioral and
related services in a region or community offered by all service
providers, whether participating under contract with the
managing entity or by another method of community partnership or
mutual agreement within the mental health services delivery
system.
(d) "No-wrong-door model" means a model for the delivery of acute care services to persons who have mental health or substance use disorders, or both, which optimizes access to care, regardless of the entry point to the behavioral health care system.

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

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

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

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

2. To the extent permitted by available resources, the designated receiving system shall function as a no-wrong-door model. The designated receiving system may be organized in any manner which functions as a no-wrong-door model that responds to individual needs and integrates services among various providers. Such models include, but are not limited to:
   a. A central receiving system that consists of a designated central receiving facility that serves as a single entry point for persons with mental health or substance use disorders, or co-occurring disorders. The central receiving facility shall be capable of assessment, evaluation, and triage or treatment of various conditions and circumstances.
   b. A coordinated receiving system that consists of multiple entry points that are linked by shared data systems, formal referral agreements, and cooperative arrangements for care coordination and case management. Each entry point shall be a designated receiving facility and shall, within existing resources, provide or arrange for necessary services following an initial assessment and evaluation.
   c. A tiered receiving system that consists of multiple entry points, some of which offer only specialized or limited services. Each service provider shall be classified according to its capabilities as either a designated receiving facility, or
another type of service provider such as a triage center, or an access center. All participating service providers shall, within existing resources, be linked by methods to share data, formal referral agreements, and cooperative arrangements for care coordination and case management.

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

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

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

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

(f) Care coordination that involves coordination with other local systems and entities, public and private, which are
amendments involved with the individual, such as primary care, child welfare, behavioral health care, and criminal and juvenile justice organizations. The department shall define the priority populations for receiving care coordination. In defining the priority populations, the department shall take into account the availability of resources for that purpose and consider:

1. The number and duration of involuntary admissions within a specified time.
2. The degree of involvement with the criminal justice system and the risk to public safety posed by the individual.
3. Whether the individual has recently resided in or is currently awaiting admission to or discharge from a treatment facility as defined in s. 394.455.
4. The degree of utilization of behavioral health services.
5. Whether the individual is a parent or caregiver who is involved with the child welfare system.

(g) Outpatient services.
(h) Residential services.
(i) Hospital inpatient care.
(j) Aftercare and other post-discharge services.
(k) Medication-assisted treatment and medication management.

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

(3) Subject to a specific appropriation by the
Legislature, the department may award system improvement grants
to managing entities based on the submission of a detailed plan
to enhance services, coordination, or performance measurement to
address the needs identified in the department's assessment
under this section. Such a grant must be awarded through a
performance-based contract that links payments to the documented
and measurable achievement of system improvements. The
department is directed to implement a continuity of care
management system for the provision of mental health care,
through the provision of client and case management, including
clients referred from state treatment facilities to community
mental health facilities. Such system shall include a network of
client managers and case managers throughout the state designed to:

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

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

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

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

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

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

394.461 Designation of receiving and treatment facilities and receiving systems.—The department is authorized to designate and monitor receiving facilities, treatment facilities, and receiving systems and may suspend or withdraw such designation for failure to comply with this part and rules adopted under this part. Unless designated by the department, facilities are not permitted to hold or treat involuntary patients under this part.

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

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

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

(4) REPORTING REQUIREMENTS.—

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

1. Number of licensed beds.
2. Number of contract days.
3. Number of admissions by payor class and diagnoses.
4. Number of bed days by payor class.
5. Average length of stay by payor class.
6. Total revenues by payor class.
(b) For the purposes of this subsection, "payor class" means Medicare, Medicare HMO, Medicaid, Medicaid HMO, private-pay health insurance, private-pay health maintenance organization, private preferred provider organization, the Department of Children and Families, other government programs, self-pay patients, and charity care.

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

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

(5) RECEIVING SYSTEM.—The department may designate as a receiving system one or more facilities serving a defined geographic area developed pursuant to s. 394.4573 that is responsible for assessment and evaluation, both voluntary and involuntary, and treatment or triage for patients who present with mental illness, substance use disorder, or co-occurring disorders. Any transportation plans developed pursuant to s. 394.462 must support the operation of the receiving system.
(6) RULES.—The department may adopt rules relating to:

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

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

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

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

(e) Procedures and criteria for the suspension or withdrawal of designation as a receiving facility or receiving system.

Section 7. Section 394.675, Florida Statutes, is repealed.
Section 8. Subsection (3) and paragraph (b) of subsection (4) of section 394.75, Florida Statutes, are amended to read:

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

(3) The district health and human services board shall prepare an integrated district substance abuse and mental health plan. The plan shall be prepared and updated on a schedule established by the Alcohol, Drug Abuse, and Mental Health Program Office. The plan shall reflect the needs and program priorities established by the department and the needs of the district established under ss. 394.4573 and 394.674 and 394.675. The plan must list in order of priority the mental health and substance abuse treatment needs of the district and must rank each program separately. The plan shall include:

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

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

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

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

(e) A record of the total funds allocated to each provider by type of service to be purchased with state funds.
(f) Input from community-based persons, organizations, and agencies interested in substance abuse and mental health treatment services; local government entities that contribute funds to the public substance abuse and mental health treatment systems; and consumers of publicly funded substance abuse and mental health services, and their family members. The plan must describe the means by which this local input occurred.

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

(4) The district plan shall:

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

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

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

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

(a) The state share of approved program costs shall be a
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percentage of the net balance determined by deducting from the
total operating cost of services and programs, as specified in
s. 394.4573 394.675(1), those expenditures which are ineligible
for state participation as provided in subsection (7) and those
ineligible expenditures established by rule of the department
pursuant to s. 394.78.

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

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

(2) INVOLUNTARY PATIENTS.—

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

1. The patient's spouse.
3. A parent of the patient.
4. The adult next of kin of the patient.
5. An adult friend of the patient.
6. The appropriate Florida local advocacy council as
provided in s. 402.166.

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

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

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

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

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

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

6. A creditor of the patient.

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

8. A person subject to an injunction for protection against repeat violence, stalking, sexual violence, or dating violence under s. 784.046, whether the order of injunction is temporary or final, and for which the patient was the petitioner.
shall not be appointed as the patient's representative.

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

394.4598 Guardian advocate.—

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

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

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

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

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

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

(f) A creditor of the patient.

(g) A person subject to an injunction for protection against domestic violence under s. 741.30, whether the order of injunction is temporary or final, and for which the patient was the petitioner.
(h) A person subject to an injunction for protection against repeat violence, stalking, sexual violence, or dating violence under s. 784.046, whether the order of injunction is temporary or final, and for which the patient was the petitioner.

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

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

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

394.462 Transportation.—A transportation plan shall be developed and implemented by each county by July 1, 2017, in collaboration with the managing entity in accordance with this section. A county may enter into a memorandum of understanding with the governing boards of nearby counties to establish a shared transportation plan. When multiple counties enter into a memorandum of understanding for this purpose, the counties shall notify the managing entity and provide it with a copy of the agreement. The transportation plan shall describe methods of transport to a facility within the designated receiving system for individuals subject to involuntary examination under s. 394.463 or involuntary admission under s. 397.6772, s. 397.679, s. 397.6798, or s. 397.6811, and may identify responsibility for other transportation to a participating facility when necessary.
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and agreed to by the facility. The plan may rely on emergency medical transport services or private transport companies, as appropriate. The plan shall comply with the transportation provisions of this section and ss. 397.6772, 397.6795, 397.6822, and 397.697.

(1) TRANSPORTATION TO A RECEIVING FACILITY.—

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

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

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

   b.2. The law enforcement agency and the emergency medical transport service or private transport company agree that the continued presence of law enforcement personnel is not necessary for the safety of the person or others.
2. The entity providing transportation jurisdiction designated by the county may seek reimbursement for transportation expenses. The party responsible for payment for such transportation is the person receiving the transportation. The county shall seek reimbursement from the following sources in the following order:

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

   b. From the person receiving the transportation.

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

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

   (d) Any company that contracts with a governing board of a county to transport patients shall comply with the applicable rules of the department to ensure the safety and dignity of the patients.
(e) When a law enforcement officer takes custody of a person pursuant to this part, the officer may request assistance from emergency medical personnel if such assistance is needed for the safety of the officer or the person in custody.

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

(g) When any law enforcement officer has custody of a person based on either noncriminal or minor criminal behavior that meets the statutory guidelines for involuntary examination pursuant to s. 394.463 under this part, the law enforcement officer shall transport the person to the appropriate facility within the designated receiving system pursuant to a transportation plan or an exception under subsection (4), or to the nearest receiving facility if neither apply for examination.

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

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

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

(k) The appropriate facility within the designated receiving system pursuant to a transportation plan or an exception under subsection (4), or the nearest receiving facility if neither apply, must accept persons brought by law enforcement officers, an emergency medical transport service, or
a private transport company authorized by the county for
involuntary examination pursuant to s. 394.463.

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

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

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

(2) TRANSPORTATION TO A TREATMENT FACILITY.—

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

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

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

(d) County or municipal law enforcement and correctional personnel and equipment may shall not be used to transport patients adjudicated incapacitated or found by the court to meet the criteria for involuntary placement pursuant to s. 394.467, except in small rural counties where there are no cost-efficient
(3) TRANSFER OF CUSTODY.—Custody of a person who is transported pursuant to this part, along with related documentation, shall be relinquished to a responsible individual at the appropriate receiving or treatment facility.

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

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

(b) The exception may be granted only for:

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

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

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

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

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

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

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

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

1.a. He or she has refused voluntary inpatient placement
for treatment after sufficient and conscientious explanation and
disclosure of the purpose of inpatient placement for treatment;
or
b. He or she is unable to determine for himself or herself whether inpatient placement is necessary; and

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

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

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

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

(3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT.—The administrator of the facility shall file a petition for involuntary inpatient placement in the court in the county where the patient is located. Upon filing, the clerk of the court shall provide copies to the department, the patient, the patient's guardian or representative, and the state attorney and public defender of the judicial circuit in which the patient is located. A fee may not be charged for the filing of a petition under this subsection.

(4) APPOINTMENT OF COUNSEL.—Within 1 court working day after the filing of a petition for involuntary inpatient placement, the court shall appoint the public defender to represent the person who is the subject of the petition, unless the person is otherwise represented by counsel. The clerk of the
868 court shall immediately notify the public defender of such
869 appointment. Any attorney representing the patient shall have
870 access to the patient, witnesses, and records relevant to the
871 presentation of the patient's case and shall represent the
872 interests of the patient, regardless of the source of payment to
873 the attorney.
874
875 (5) CONTINUANCE OF HEARING.—The patient is entitled, with
876 the concurrence of the patient's counsel, to at least one
877 continuance of the hearing. The continuance shall be for a
878 period of up to 4 weeks.
879
880 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—
881 (a) 1. The court shall hold the hearing on involuntary
882 inpatient placement within 5 court working days, unless a
883 continuance is granted.
884
885 2. Except for good cause documented in the court file, the
886 hearing must be held in the county or the facility, as
887 appropriate, where the patient is located, must be as
888 convenient to the patient as may be consistent with orderly
889 procedure, and shall be conducted in physical settings not
890 likely to be injurious to the patient's condition. If the court
891 finds that the patient's attendance at the hearing is not
892 consistent with the best interests of the patient, and the
893 patient's counsel does not object, the court may waive the
894 presence of the patient from all or any portion of the hearing.
895 The state attorney for the circuit in which the patient is
896 located shall represent the state, rather than the petitioning
facility administrator, as the real party in interest in the proceeding.

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

(b) If the court concludes that the patient meets the criteria for involuntary inpatient placement, it may order that the patient be transferred to a treatment facility or, if the patient is at a treatment facility, that the patient be retained there or be treated at any other appropriate facility, or that the patient receive services from a facility, on an involuntary basis, for a period of up to 6 months. However, any order for involuntary mental health services in a treatment facility may be for up to 6 months. The order shall specify the nature and extent of the patient's mental illness. The court may not order
an individual with traumatic brain injury or dementia who lacks a co-occurring mental illness to be involuntarily placed in a state treatment facility. The facility shall discharge a patient any time the patient no longer meets the criteria for involuntary inpatient placement, unless the patient has transferred to voluntary status.

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

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

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

(7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT
PLACEMENT.—

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

(b) If the patient continues to meet the criteria for
involuntary inpatient placement and is being treated at a
treatment facility, the administrator shall, before prior to the
expiration of the period during which the treatment facility is
authorized to retain the patient, file a petition requesting
authorization for continued involuntary inpatient placement. The
request must shall be accompanied by a statement from the
patient's physician, psychiatrist, psychiatric nurse, or
clinical psychologist justifying the request, a brief
description of the patient's treatment during the time he or she
was involuntarily placed, and an individualized plan of
continued treatment. Notice of the hearing must shall be
provided as provided set forth in s. 394.4599. If a patient's
attendance at the hearing is voluntarily waived, the
administrative law judge must determine that the waiver is
knowing and voluntary before waiving the presence of the patient
from all or a portion of the hearing. Alternatively, if at the
hearing the administrative law judge finds that attendance at
the hearing is not consistent with the best interests of the
patient, the administrative law judge may waive the presence of
the patient from all or any portion of the hearing, unless the
patient, through counsel, objects to the waiver of presence. The
testimony in the hearing must be under oath, and the proceedings
must be recorded.

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

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

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

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

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

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

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

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

394.46715 Rulemaking authority.—The department may adopt
rules to administer this part Department of Children and
Families shall have rulemaking authority to implement the
provisions of ss. 394.455, 394.4598, 394.4615, 394.463,
394.4655, and 394.467 as amended or created by this act. These
rules shall be for the purpose of protecting the health, safety,
and well-being of persons examined, treated, or placed under
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Section 15. Subsection (2) of section 394.4685, Florida Statutes, is amended to read:

394.4685 Transfer of patients among facilities.—
(2) TRANSFER FROM PUBLIC TO PRIVATE FACILITIES.—
(a) A patient who has been admitted to a public receiving or public treatment facility and has requested, either personally or through his or her guardian or guardian advocate, and is able to pay for treatment in a private facility shall be transferred at the patient's expense to a private facility upon acceptance of the patient by the private facility.
(b) A public receiving facility initiating a patient transfer to a licensed hospital for acute care mental health services not accessible through the public receiving facility shall notify the hospital of such transfer and send the hospital all records relating to the emergency psychiatric or medical condition.

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

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

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

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

(b) One representative of the Department of Corrections;

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

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

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

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

(g) One representative of the Florida Sheriffs Association;

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

(i) One representative of the Florida Association of Counties;
(j) One representative of the Florida Alcohol and Drug Abuse Association;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

394.761 Revenue maximization.—The agency and the department shall develop a plan to obtain federal approval for increasing the availability of federal Medicaid funding for behavioral health care. Increased funding shall be used to advance the goal of improved integration of behavioral health services and primary care services for individuals eligible for Medicaid through the development and effective implementation of the behavioral health system of care as described in s. 394.4573. The agency and the department shall submit the written
plan to the President of the Senate and the Speaker of the House of Representatives by November 1, 2016. The plan shall identify the amount of general revenue funding appropriated for mental health and substance abuse services which is eligible to be used as state Medicaid match. The plan shall evaluate alternative uses of increased Medicaid funding, including seeking Medicaid eligibility for the severely and persistently mentally ill or persons with substance use disorders, increased reimbursement rates for behavioral health services, adjustments to the capitation rate for Medicaid enrollees with chronic mental illness and substance use disorders, including targeted case management for individuals with substance use disorder as a Medicaid-funded service, supplemental payments to mental health and substance abuse service providers through a designated state health program or other mechanisms, and innovative programs to provide incentives for improved outcomes for behavioral health conditions. The plan shall identify the advantages and disadvantages of each alternative and assess each alternative's potential for achieving improved integration of services. The plan shall identify the types of federal approvals necessary to implement each alternative and project a timeline for implementation.

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

394.879 Rules; enforcement. –
(5) The agency or the department may not adopt any rule governing the design, construction, erection, alteration, modification, repair, or demolition of crisis stabilization units. It is the intent of the Legislature to preempt that function to the Florida Building Commission and the State Fire Marshal through adoption and maintenance of the Florida Building Code and the Florida Fire Prevention Code. However, a crisis stabilization unit, short-term residential treatment facility, or integrated adult mental health crisis stabilization and addictions receiving facility which is collocated with a centralized receiving facility may be in a multi-story building and may be authorized on floors other than the ground floor. The agency shall provide technical assistance to the commission and the State Fire Marshal in updating the construction standards of the Florida Building Code and the Florida Fire Prevention Code which govern crisis stabilization units. In addition, the agency may enforce the special-occupancy provisions of the Florida Building Code and the Florida Fire Prevention Code which apply to crisis stabilization units in conducting any inspection authorized under this part or part II of chapter 408.

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

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

(Substantial rewording of section. See
s. 394.9082, F.S., for present text.)
394.9082 Behavioral health managing entities.—
(1) INTENT AND PURPOSE.—
(a) The Legislature finds that untreated behavioral health
disorders constitute major health problems for residents of this
state, are a major economic burden to the citizens of this
state, and substantially increase demands on the state's
juvenile and adult criminal justice systems, the child welfare
system, and health care systems. The Legislature finds that
behavioral health disorders respond to appropriate treatment,
rehabilitation, and supportive intervention. The Legislature
finds that local communities have also made substantial
investments in behavioral health services, contracting with
safety net providers who by mandate and mission provide
specialized services to vulnerable and hard-to-serve populations
and have strong ties to local public health and public safety
agencies. The Legislature finds that a regional management
structure that facilitates a comprehensive and cohesive system
of coordinated care for behavioral health treatment and
prevention services will improve access to care, promote service
continuity, and provide for more efficient and effective
delivery of substance abuse and mental health services. The
Legislature finds that discharge of a mental health consumer
from a public receiving facility into homelessness is
inappropriate and detrimental to recovery. It is the intent of
the Legislature that such consumers not be discharged from a
public receiving facility into homelessness. Managing entities,
public receiving facilities, homeless services providers, and
licensed housing providers shall work to create cooperative
agreements and networks that facilitate recovery.

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

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

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

(b) "Coordinated system of care" means the array of mental
health services and substance abuse services described in s.
394.4573.
(c) "Geographic area" means one or more contiguous counties, circuits, or regions as described in s. 409.966.

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

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

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

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

(3) DEPARTMENT DUTIES.—The department shall:

(a) Contract with organizations to serve as managing entities in accordance with the requirements of this section and conduct a readiness review of any new managing entities before such entities assume their responsibilities.
(b) Specify data reporting requirements and use of shared data systems.

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

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

(e) Provide technical assistance to the managing entities.

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

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

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

(i) Coordinate procedures for the referral and admission of patients to, and the discharge of patients from, treatment facilities as defined in s. 394.455 and their return to the community.
(j) Ensure that managing entities comply with state and federal laws, rules, regulations, and grant requirements.

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

(l) Annually review contract and reporting requirements and reduce costly, duplicative, and unnecessary administrative requirements.

(4) CONTRACT WITH MANAGING ENTITIES.—

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

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

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

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

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

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

2. Established community partnerships with behavioral
health care providers.

3. Demonstrated organizational capabilities for network
management functions.

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

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

(f) The department's contracts with managing entities must
support efficient and effective administration of the behavioral
health system and ensure accountability for performance.
(g) A contractor serving as a managing entity shall operate under the same data reporting, administrative, and administrative rate requirements, regardless of whether it is a for-profit or not-for-profit entity.

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

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

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

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

(a) Maintain a governing board or, if a managed behavioral health organization, an advisory board as provided in paragraph (4)(c) or paragraph (4)(d), respectively.
(b) Conduct a community behavioral health care needs assessment every 3 years in the geographic area served by the managing entity which specifies needs by subregion. The process for conducting the needs assessment shall include an opportunity for public participation. The assessment shall include, at a minimum, the information the department needs for its annual report to the Governor and Legislature pursuant to s. 394.4573. The managing entity shall provide the needs assessment to the department.

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

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

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

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

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

(h) As appropriate, develop local resources by pursuing third-party payments for services, applying for grants, assisting providers in securing local matching funds and in-kind services, and employing any other method needed to ensure that services are available and accessible.

(i) Provide assistance to counties to develop a designated receiving system pursuant to s. 394.4573 and a transportation plan pursuant to s. 394.462.

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

(k) Work collaboratively with public receiving facilities and licensed housing providers to establish a network of licensed housing resources for mental health consumers that will prevent and reduce readmissions to public receiving facilities.
(l) Monitor network providers' performance and their compliance with contract requirements and federal and state laws, rules, regulations, and grant requirements.

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

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

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

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

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

(r) Collaborate with and encourage increased coordination between the provider network and other systems, programs, and entities, such as the child welfare system, law enforcement agencies, the criminal and juvenile justice systems, the

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Medicaid program, offices of the public defender, and offices of criminal conflict and civil regional counsel.

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

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

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

(6) NETWORK ACCREDITATION AND SYSTEMS COORDINATION AGREEMENTS.—

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

2. All managing entities under contract with the state by July 1, 2016, shall earn accreditation deemed acceptable by the department pursuant to subparagraph 1. by June 30, 2019. Managing entities whose initial contract with the state is executed after July 1, 2016, shall earn network accreditation within 3 years after the contract execution date. Pursuant to paragraph (4)(j), the department may continue the contract of a managing entity under contract as of July 1, 2016, that earns the network accreditation within the required timeframe and maintains it throughout the contract term.

(b) If no accreditations are available or deemed acceptable pursuant to paragraph (a) which address coordination between the provider network and major systems and programs with which the provider network interacts, each managing entity shall enter into memoranda of understanding which details mechanisms for communication and coordination. The managing entity shall enter into such memoranda with any community-based care lead agencies, circuit courts, county courts, sheriffs' offices, offices of the public defender, offices of criminal conflict and civil regional counsel, Medicaid managed medical assistance plans, and homeless coalitions in its service area. Each managing entity under contract on July 1, 2016, shall enter into such memoranda by June 30, 2017, and each managing entity under
contract after July 1, 2016, shall enter into such memoranda within 1 year after its contract execution date.

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

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

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

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

(d) The success of strategies to:
1. Divert admissions to acute levels of care, jails, prisons, and forensic facilities as measured by, at a minimum, the total number and percentage of clients who, during a specified period, experience multiple admissions to acute levels of care, jails, prisons, or forensic facilities; and

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

(e) Consumer and family satisfaction.

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

(8) ENHANCEMENT PLANS.—By November 1 of each year, beginning in 2017, each managing entity shall develop and submit to the department a prioritized plan for phased enhancement of the behavioral health system of care by subregion of the managing entity's service area, if appropriate, based on the assessed behavioral health care needs of the subregion and service gaps. If the plan recommends additional funding, for each recommended use of funds the enhancement plan shall describe, at a minimum, the specific needs that would be met, the specific services that would be purchased, the estimated benefits of the services, the projected costs, the projected number of individuals that would be served, and any other
information indicating the estimated benefit to the community. 

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

(a) The designated receiving systems developed pursuant to 

s. 394.4573, and shall give consideration to implementation of 

no-wrong-door models; evidence-based, evidence-informed, and 

innovative practices for diverting individuals from the acute 

behavioral health care system; and the most efficient and cost-

effective manner to address the needs of individuals once they 

are in the system.

(b) Treatment and recovery services, and shall emphasize 

the provision of care coordination to priority populations and 

the use of recovery-oriented, peer-involved approaches.

(c) Coordination between the behavioral health system of 

care and other systems, such as the child welfare system, and 

shall give consideration to approaches for enhancing such 

coordination.

(9) FUNDING FOR MANAGING ENTITIES.—

(a) A contract established between the department and a 

managing entity under this section shall be funded by general 

revenue, other applicable state funds, or applicable federal 

funding sources. A managing entity may carry forward documented 

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

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

(10) ACUTE CARE SERVICES UTILIZATION DATABASE.—The
department shall develop, implement, and maintain standards
under which a managing entity shall collect utilization data
from all public receiving facilities situated within its
geographical service area and all detoxification and addictions
receiving facilities under contract with the managing entity. As
used in this subsection, the term "public receiving facility"
means an entity that meets the licensure requirements of, and is
designated by, the department to operate as a public receiving
facility under s. 394.875 and that is operating as a licensed

crisis stabilization unit.

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

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

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

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

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

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

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

(e) After ensuring the accuracy of data pursuant to paragraphs (c) and (d), the managing entity shall submit the data to the department on a monthly and an annual basis. The department shall create a statewide database for the data described under paragraph (b) and submitted under this paragraph for the purpose of analyzing the payments for and the use of crisis stabilization services funded by the Baker Act and
Section 20. Subsections (4) through (9) of section 397.305, Florida Statutes, are renumbered as subsections (7) through (12), respectively, and new subsections (4), (5), and (6) are added to that section to read:

397.305 Legislative findings, intent, and purpose.—

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

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

(6) It is the intent of the Legislature to establish expectations that services provided to persons in this state use the coordination-of-care principles characteristic of recovery-oriented services and include social support services, such as housing support, life skills and vocational training, and employment assistance, necessary for persons with substance use disorders or co-occurring substance use and mental health disorders to live successfully in their communities.
Section 21. Subsections (19) through (45) of section 397.311, Florida Statutes, are renumbered as subsections (20) through (48), respectively, new subsections (19), (21), and (22) are added to that section, and present subsections (30) and (38) of that section are amended, to read:

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

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

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

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

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

(41) (38) "Service component" or "component" means a
discrete operational entity within a service provider which is
subject to licensing as defined by rule. Service components
include prevention, intervention, and clinical treatment
described in subsection (25) (22).

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

397.321 Duties of the department.—The department shall:

(15) Appoint a substance abuse impairment coordinator to
represent the department in efforts initiated by the statewide
substance abuse impairment prevention and treatment coordinator
established in s. 397.801 and to assist the statewide
coordinator in fulfilling the responsibilities of that position.
(20) Develop and prominently display on its website all forms necessary for the implementation and administration of parts IV and V of this chapter. These forms shall include, but are not limited to, a petition for involuntary admission form and all related pleading forms, and a form to be used by law enforcement agencies pursuant to s. 397.6772. The department shall notify law enforcement agencies, the courts, and other state agencies of the existence and availability of such forms.

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

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

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

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

(b) Is in need of substance abuse services and, by reason of substance abuse impairment, his or her judgment has been so...
impaired that he or she the person is incapable of appreciating
his or her need for such services and of making a rational
decision in that regard, although thereto; however, mere refusal
to receive such services does not constitute evidence of lack of
judgment with respect to his or her need for such services; or
(b) Without care or treatment, is likely to suffer from
neglect or refuse to care for himself or herself; that such
neglect or refusal poses a real and present threat of
substantial harm to his or her well-being; and that it is not
apparent that such harm may be avoided through the help of
willing family members or friends or the provision of other
services, or there is substantial likelihood that the person has
inflicted, or threatened to or attempted to inflict, or, unless
admitted, is likely to inflict, physical harm on himself,

Section 24. Paragraph (g) is added to subsection (1) of
section 397.6751, Florida Statutes, to read:

397.6751 Service provider responsibilities regarding
involuntary admissions.—

(1) It is the responsibility of the service provider to:

(g) Submit to the department a copy of any court order,

law enforcement report, or professional certificate requiring an
individual to undergo involuntary services within 1 working day
after it is received.

Section 25. Subsection (1) of section 397.6772, Florida
Statutes, is amended to read:
397.6772 Protective custody without consent.—

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

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

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

Such detention is not to be considered an arrest for any purpose, and no entry or other record may be made to indicate that the person has been detained or charged with any crime. The officer in charge of the detention facility must notify the nearest appropriate licensed service provider within the first 8 hours after detention that the person has been detained. It is

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the duty of the detention facility to arrange, as necessary, for transportation of the person to an appropriate licensed service provider with an available bed. Persons taken into protective custody must be assessed by the attending physician within the 72-hour period and without unnecessary delay, to determine the need for further services.

Section 26. Paragraph (a) of subsection (1) of section 397.6773, Florida Statutes, is amended to read:

397.6773 Dispositional alternatives after protective custody.—

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

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

Section 27. Section 397.679, Florida Statutes, is amended to read:

397.679 Emergency admission; circumstances justifying.—A person who meets the criteria for involuntary admission in s. 397.675 may be admitted to a hospital or to a licensed detoxification facility or addictions receiving facility for emergency assessment and stabilization, or to a less intensive component of a licensed service provider for assessment only, upon receipt by the facility of the physician's certificate by a physician, an advanced registered nurse practitioner, a clinical psychologist, a clinical social worker, a marriage and family therapist, a mental health counselor, a physician

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amendment to read:

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

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

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

Section 29. Section 397.6793, Florida Statutes, is amended to read:

397.6793 Professional's certificate for emergency admission.—(1) A physician, a clinical psychologist, a physician assistant working under the scope of practice of the supervising physician, a psychiatric nurse, an advanced registered nurse practitioner, a mental health counselor, a marriage and family therapist, a master's-level-certified addictions professional assistant working under the scope of practice of the supervising physician, or a master's-level-certified addictions professional for substance abuse services, if the certificate is specific to substance abuse impairment, and the completion of an application for emergency admission.
for substance abuse services, or a clinical social worker may execute a professional's certificate for emergency admission. The professional's physician's certificate must include the name of the person to be admitted, the relationship between the person and the professional executing the certificate physician, the relationship between the applicant and the professional physician, any relationship between the professional physician and the licensed service provider, and a statement that the person has been examined and assessed within the preceding 5 days after of the application date, and must include factual allegations with respect to the need for emergency admission, including:

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

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

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

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

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

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

(4) The professional's certificate is valid for 7 days after issuance.
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(5) The professional's physician's certificate must indicate whether the person requires transportation assistance for delivery for emergency admission and specify, pursuant to s. 397.6795, the type of transportation assistance necessary.

Section 30. Section 397.6795, Florida Statutes, is amended to read:

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

Section 31. Subsection (1) of section 397.681, Florida Statutes, is amended to read:

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

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

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

Section 32. Subsection (1) of section 397.6811, Florida Statutes, is amended to read:

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

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

Section 33. Section 397.6814, Florida Statutes, is amended to read:

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

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

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

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

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

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

Section 34. Subsection (4) is added to section 397.6818, Florida Statutes, to read:

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

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

Section 35. Section 397.6819, Florida Statutes, is amended to read:

397.6819 Involuntary assessment and stabilization; responsibility of licensed service provider.—A licensed service provider may admit an individual for involuntary assessment and stabilization for a period not to exceed 5 days unless a petition for involuntary services has been initiated and the individual is being retained pursuant to s. 397.6822(3) or a request for an extension of time has been filed with the court pursuant to s. 397.6821. The individual must be assessed within 72 hours without unnecessary delay by a qualified professional. If an assessment is performed by a qualified professional who is not a physician, the assessment must be reviewed by a physician.
Section 36. Section 397.695, Florida Statutes, is amended to read:

397.695 Involuntary services treatment; persons who may petition.—

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

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

Section 37. Section 397.6951, Florida Statutes, is amended to read:

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

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

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

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

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

Section 38. Section 397.6955, Florida Statutes, is amended to read:

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

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

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

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

Section 39. Section 397.6957, Florida Statutes, is amended to read:

397.6957 Hearing on petition for involuntary services
treatment.—

(1) At a hearing on a petition for involuntary services treatment, the court shall hear and review all relevant evidence, including the review of results of the assessment completed by the qualified professional in connection with the respondent's protective custody, emergency admission, involuntary assessment, or alternative involuntary admission. The respondent must be present unless the court finds that his or her presence is likely to be injurious to himself or herself or others, in which event the court must appoint a guardian advocate to act in behalf of the respondent throughout the proceedings.

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

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

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

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

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

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

4. At the conclusion of the hearing the court shall either dismiss the petition or order the respondent to receive involuntary services from his or her substance abuse treatment, with the respondent's chosen licensed service provider if possible and appropriate.

Section 40. Section 397.697, Florida Statutes, is amended to read:

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

(1) When the court finds that the conditions for involuntary services substance abuse treatment have been proved by clear and convincing evidence, it may order the respondent to receive undergo involuntary services from treatment by a publicly funded licensed service provider for a period not to exceed 90 days. The court may also order a respondent to undergo treatment through a privately funded licensed service provider if the respondent has the ability to pay for the treatment, or if any person on the respondent's behalf voluntarily demonstrates a willingness and an ability to pay for the treatment. If the court finds it necessary, it may direct the sheriff to take the respondent into custody and deliver him or her to the licensed service provider specified in the court order, or to the nearest appropriate licensed service provider, for involuntary services treatment. When the conditions justifying involuntary services treatment no longer exist, the individual must be released as provided in s. 397.6971. When the conditions justifying involuntary services treatment are expected to exist after 90 days of services treatment, a renewal of the involuntary services treatment order may be requested pursuant to s. 397.6975 before prior to the end of the 90-day 60-day period.

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

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

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

Section 41. Section 397.6971, Florida Statutes, is amended to read:

397.6971 Early release from involuntary services substance abuse treatment.—

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

(a) The individual no longer meets the criteria for

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involuntary admission and has given his or her informed consent
to be transferred to voluntary treatment status.

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

(c) If the individual was admitted on the grounds of need
for assessment and stabilization or treatment, accompanied by
inability to make a determination respecting such need, either:
1. Such inability no longer exists; or
2. It is evident that further treatment will not bring
about further significant improvements in the individual's
condition.

(d) The individual is no longer in need of services.
(e) The director of the service provider determines that
the individual is beyond the safe management capabilities of the
provider.

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

Section 42. Section 397.6975, Florida Statutes, is amended
to read:

397.6975 Extension of involuntary substance abuse
treatment period.
(1) Whenever a service provider believes that an individual who is nearing the scheduled date of his or her release from involuntary services treatment continues to meet the criteria for involuntary services treatment in s. 397.693, a petition for renewal of the involuntary services treatment order may be filed with the court at least 10 days before the expiration of the court-ordered services treatment period. The court shall immediately schedule a hearing to be held not more than 15 days after filing of the petition. The court shall provide the copy of the petition for renewal and the notice of the hearing to all parties to the proceeding. The hearing is conducted pursuant to s. 397.6957.

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

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

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

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

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

(7) If the respondent has previously been found incompetent to consent to treatment, the court shall consider testimony and evidence regarding the respondent's competence.
Section 43. Section 397.6977, Florida Statutes, is amended to read:

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

Section 44. Section 397.6978, Florida Statutes, is created to read:

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

(1) The administrator of a receiving facility or addictions receiving facility may petition the court for the appointment of a guardian advocate based upon the opinion of a qualified professional that the patient is incompetent to consent to treatment. If the court finds that a patient is incompetent to consent to treatment and has not been adjudicated incapacitated and that a guardian with the authority to consent to substance abuse treatment has not been appointed, it may appoint a guardian advocate. The patient has the right to have an attorney represent him or her at the hearing. If the person is indigent, the court shall appoint the office of criminal conflict and civil regional counsel to represent him or her at the hearing. The patient has the right to testify, cross-examine
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witnesses, and present witnesses. The proceeding shall be
recorded electronically or stenographically, and testimony must
be provided under oath. One of the qualified professionals
authorized to give an opinion in support of a petition for
involuntary placement, as described in s. 397.675 or s. 397.693,
must testify. A guardian advocate must meet the qualifications
of a guardian contained in part IV of chapter 744. The person
who is appointed as a guardian advocate must agree to the
appointment.

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

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

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

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

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

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

(f) A creditor of the individual.

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

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

(3) A facility requesting appointment of a guardian
advocate must, before the appointment, provide the prospective
guardian advocate with information about the duties and
responsibilities of guardian advocates, including information
about the ethics of medical decisionmaking. Before asking a
guardian advocate to give consent to treatment for a patient,
the facility must provide to the guardian advocate sufficient
information so that the guardian advocate can decide whether to
give express and informed consent to the treatment. Such
information must include information that demonstrates that the
treatment is essential to the care of the patient and does not
present an unreasonable risk of serious, hazardous, or
irreversible side effects. If possible, before giving consent to
treatment, the guardian advocate must personally meet and talk
with the patient and the patient's physician. If that is not
possible, the discussion may be conducted by telephone. The
decision of the guardian advocate may be reviewed by the court,
upon petition of the patient's attorney, the patient's family,
or the facility administrator.
(4) In lieu of the training required for guardians appointed pursuant to chapter 744, a guardian advocate shall attend at least a 4-hour training course approved by the court before exercising his or her authority. At a minimum, the training course must include information about patient rights, the diagnosis of substance abuse disorders, the ethics of medical decisionmaking, and the duties of guardian advocates.

(5) The required training course and the information to be supplied to prospective guardian advocates before their appointment must be developed by the department, approved by the chief judge of the circuit court, and taught by a court-approved organization, which may include, but need not be limited to, a community college, a guardianship organization, a local bar association, or The Florida Bar. The training course may be web-based, provided in video format, or provided in other electronic means but must be capable of ensuring the identity and participation of the prospective guardian advocate. The court may waive some or all of the training requirements for guardian advocates or impose additional requirements. The court shall make its decision on a case-by-case basis and, in making its decision, shall consider the experience and education of the guardian advocate, the duties assigned to the guardian advocate, and the needs of the patient.

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

(a) The spouse of the patient.
(b) An adult child of the patient.
(c) A parent of the patient.
(d) The adult next of kin of the patient.
(e) An adult friend of the patient.
(f) An adult trained and willing to serve as the guardian
advocate for the patient.

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

(a) Abortion.
(b) Sterilization.
(c) Electroshock therapy.

(d) Psychosurgery.

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

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

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

Section 45. Paragraphs (d) through (m) of subsection (2) of section 409.967, are redesignated as paragraphs (e) through...
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(n), respectively, and a new paragraph (d) is added to that subsection to read:

409.967 Managed care plan accountability.—

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

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

Section 46. Subsection (5) is added to section 409.973, Florida Statutes, to read:

409.973 Benefits.—

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

Section 47. Section 491.0045, Florida Statutes, is amended to read:

491.0045 Intern registration; requirements.—

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

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

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

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

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

(c) Identified a qualified supervisor.

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

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

(5) An individual who fails to comply with this section shall not be granted a license under this chapter, and any time spent by the individual completing the experience requirement as specified in s. 491.005(1)(c), (3)(c), or (4)(c) before prior to registering as an intern does shall not count toward completion of the such requirement.
(5) An intern registration is valid for 5 years.

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

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

Section 48. Section 394.4674, Florida Statutes, is repealed.

Section 49. Section 394.4985, Florida Statutes, is repealed.

Section 50. Section 394.745, Florida Statutes, is repealed.

Section 51. Section 397.331, Florida Statutes, is repealed.

Section 52. Section 397.801, Florida Statutes, is repealed.

Section 53. Section 397.811, Florida Statutes, is repealed.

Section 54. Section 397.821, Florida Statutes, is repealed.

Section 55. Section 397.901, Florida Statutes, is
repealed.

Section 56. Section 397.93, Florida Statutes, is repealed.

Section 57. Section 397.94, Florida Statutes, is repealed.

Section 58. Section 397.951, Florida Statutes, is repealed.

Section 59. Section 397.97, Florida Statutes, is repealed.

Section 60. Section 397.98, Florida Statutes, is repealed.

Section 61. Paragraph (a) of subsection (3) of section 39.407, Florida Statutes, is amended to read:

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

(3)(a)1. Except as otherwise provided in subparagraph (b)1. or paragraph (e), before the department provides psychotropic medications to a child in its custody, the prescribing physician shall attempt to obtain express and informed consent, as defined in s. 394.455(15) and as described in s. 394.459(3)(a), from the child's parent or legal guardian. The department must take steps necessary to facilitate the inclusion of the parent in the child's consultation with the physician. However, if the parental rights of the parent have been terminated, the parent's location or identity is unknown or cannot reasonably be ascertainable, or the parent declines to give express and informed consent, the department may, after consultation with the prescribing physician, seek court authorization to provide the psychotropic
medications to the child. Unless parental rights have been
terminated and if it is possible to do so, the department shall
continue to involve the parent in the decisionmaking process
regarding the provision of psychotropic medications. If, at any
time, a parent whose parental rights have not been terminated
provides express and informed consent to the provision of a
psychotropic medication, the requirements of this section that
the department seek court authorization do not apply to that
medication until such time as the parent no longer consents.

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

Section 62. Paragraph (e) of subsection (5) of section
212.055, Florida Statutes, is amended to read:

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

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

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

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

2. The plan and subsequent amendments to it shall fund a defined range of health care services for both indigent persons and the medically poor, including primary care, preventive care, hospital emergency room care, and hospital care necessary to stabilize the patient. For the purposes of this section, "stabilization" means stabilization as defined in s. 397.311(44) s. 397.311(41). Where consistent with these objectives, the plan
may include services rendered by physicians, clinics, community hospitals, and alternative delivery sites, as well as at least one regional referral hospital per service area. The plan shall provide that agreements negotiated between the governing board, agency, or authority and providers shall recognize hospitals that render a disproportionate share of indigent care, provide other incentives to promote the delivery of charity care to draw down federal funds where appropriate, and require cost containment, including, but not limited to, case management. From the funds specified in subparagraphs (d)1. and 2. for indigent health care services, service providers shall receive reimbursement at a Medicaid rate to be determined by the governing board, agency, or authority created pursuant to this paragraph for the initial emergency room visit, and a per-member per-month fee or capitation for those members enrolled in their service area, as compensation for the services rendered following the initial emergency visit. Except for provisions of emergency services, upon determination of eligibility, enrollment shall be deemed to have occurred at the time services were rendered. The provisions for specific reimbursement of emergency services shall be repealed on July 1, 2001, unless otherwise reenacted by the Legislature. The capitation amount or rate shall be determined before program implementation by an independent actuarial consultant. In no event shall such reimbursement rates exceed the Medicaid rate. The plan must also provide that any hospitals owned and operated by government
entities on or after the effective date of this act must, as a condition of receiving funds under this subsection, afford public access equal to that provided under s. 286.011 as to any meeting of the governing board, agency, or authority the subject of which is budgeting resources for the retention of charity care, as that term is defined in the rules of the Agency for Health Care Administration. The plan shall also include innovative health care programs that provide cost-effective alternatives to traditional methods of service and delivery funding.

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

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

5. At the end of each fiscal year, the governing board, agency, or authority shall prepare an audit that reviews the budget of the plan, delivery of services, and quality of services, and makes recommendations to increase the plan's efficiency. The audit shall take into account participant hospital satisfaction with the plan and assess the amount of poststabilization patient transfers requested, and accepted or denied, by the county public general hospital.
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Section 63. Paragraph (c) of subsection (2) of section 394.4599, Florida Statutes, is amended to read:

394.4599 Notice.—

(2) INVOLUNTARY ADMISSION.—

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

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

Section 64. Subsection (3) of section 394.495, Florida Statutes, is amended to read:

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

(3) Assessments must be performed by:

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

(b) A professional licensed under chapter 491; or

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

Section 65. Subsection (5) of section 394.496, Florida Statutes, is amended to read:

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

Section 66. Subsection (6) of section 394.9085, Florida
Statutes, is amended to read:

394.9085 Behavioral provider liability.—
(6) For purposes of this section, the terms
"detoxification services," "addictions receiving facility," and
"receiving facility" have the same meanings as those provided in
ss. 397.311(25)(a)4., 397.311(25)(a)1., and 394.455(38) ss.
397.311(22)(a)4., 397.311(22)(a)1., and 394.455(26),
respectively.

Section 67. Subsections (16) through (20) of section
397.321, Florida Statutes, are renumbered as subsections (15)
through (19), respectively, and present subsection (15) of that
section is amended to read:

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

Section 68. Subsection (8) of section 397.405, Florida
Statutes, is amended to read:

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

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

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

Section 69. Subsections (1) and (5) of section 397.407, Florida Statutes, are amended to read:

397.407 Licensure process; fees.—
(1) The department shall establish the licensure process to include fees and categories of licenses and must prescribe a fee range that is based, at least in part, on the number and complexity of programs listed in s. 397.311(25) or s. 397.311(22) which are operated by a licensee. The fees from the licensure of service components are sufficient to cover at least 50 percent of the costs of regulating the service components. The department shall specify a fee range for public and privately funded licensed service providers. Fees for privately funded licensed service providers must exceed the fees for publicly funded licensed service providers.

(5) The department may issue probationary, regular, and interim licenses. The department shall issue one license for each service component that is operated by a service provider and defined pursuant to s. 397.311(25) or s. 397.311(22). The license is valid only for the specific service components listed for each specific location identified on the license. The licensed service provider shall apply for a new license at least 60 days before the addition of any service components or 30 days before the relocation of any of its service sites. Provision of
service components or delivery of services at a location not identified on the license may be considered an unlicensed operation that authorizes the department to seek an injunction against operation as provided in s. 397.401, in addition to other sanctions authorized by s. 397.415. Probationary and regular licenses may be issued only after all required information has been submitted. A license may not be transferred. As used in this subsection, the term "transfer" includes, but is not limited to, the transfer of a majority of the ownership interest in the licensed entity or transfer of responsibilities under the license to another entity by contractual arrangement.

Section 70. Section 397.416, Florida Statutes, is amended to read:

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

Section 71. Subsection (2) of section 397.4871, Florida Statutes, is amended to read:

397.4871 Recovery residence administrator certification.—
(2) The department shall approve at least one credentialing entity by December 1, 2015, for the purpose of developing and administering a voluntary credentialing program for administrators. The department shall approve any credentialing entity that the department endorses pursuant to s. 397.321(15) if the credentialing entity also meets the requirements of this section. The approved credentialing entity shall:

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

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

(c) Develop and administer:

1. A code of ethics and disciplinary process.

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

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

Section 72. Paragraph (e) of subsection (3) of section 409.966, Florida Statutes, is amended to read:

409.966 Eligible plans; selection.—

(3) QUALITY SELECTION CRITERIA.—

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

Section 73. Paragraph (b) of subsection (1) of section 409.972, Florida Statutes, is amended to read:

409.972 Mandatory and voluntary enrollment.—
(1) The following Medicaid-eligible persons are exempt from mandatory managed care enrollment required by s. 409.965, and may voluntarily choose to participate in the managed medical assistance program:
   (b) Medicaid recipients residing in residential commitment facilities operated through the Department of Juvenile Justice or a mental health treatment facility facilities as defined in s. 394.455(46) by s. 394.455(32).

Section 74. Paragraphs (d) and (g) of subsection (1) of section 440.102, Florida Statutes, are amended to read:

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

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

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

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

Section 75. Subsection (7) of section 744.704, Florida Statutes, is amended to read:

744.704 Powers and duties.—

(7) A public guardian may not commit a ward to a mental health treatment facility, as defined in s. 394.455(46) or s. 394.455(32), without an involuntary placement proceeding as provided by law.
Section 76. The Secretary of Children and Families shall appoint a workgroup to consider the feasibility of individuals using advance directives to express the treatment wishes for substance use disorders. The workgroup shall be composed of individuals with expertise in the treatment of substance use disorders. The workgroup must review the use of advance directives in mental health, the use of advance directives for substance use disorders in other states, and the use of similar legal instruments to express the treatment wishes of individuals suffering from substance use disorders. The workgroup shall provide a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2017. The report must include recommendations on the feasibility of using advance directives for individuals with substance use disorders and recommendations for any revisions to state laws or agency rules. The members of the workgroup are not entitled to reimbursement from the Department of Children and Families for travel for workgroup meetings unless they are employees of the department. This section expires on May 6, 2017.

Section 77. Paragraph (b) of subsection (2) of section 61.13, Florida Statutes, is amended to read:

61.13 Support of children; parenting and time-sharing;

powers of court.—

(2)

(b) A parenting plan approved by the court must, at a
minimum:
1. Describe in adequate detail how the parents will share and be responsible for the daily tasks associated with the upbringing of the child;

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

3. Designate a designation of who will be responsible for:
   a. Any and all forms of health care. If the court orders shared parental responsibility over health care decisions, the parenting plan must provide that either parent may consent to mental health treatment for the child.
   b. School-related matters, including the address to be used for school-boundary determination and registration, and
   c. Other activities; and

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

Section 78. Subsection (6) of section 39.001, Florida Statutes, is amended to read:

39.001 Purposes and intent; personnel standards and screening.—

(6) MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES.—

(a) The Legislature recognizes that early referral and comprehensive treatment can help combat mental illness and substance abuse disorders in families and that treatment is cost-effective.
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(b) The Legislature establishes the following goals for the state related to mental illness and substance abuse treatment services in the dependency process:
1. To ensure the safety of children.
2. To prevent and remediate the consequences of mental illness and substance abuse disorders on families involved in protective supervision or foster care and reduce the occurrences of mental illness and substance abuse disorders, including alcohol abuse or other related disorders, for families who are at risk of being involved in protective supervision or foster care.
3. To expedite permanency for children and reunify healthy, intact families, when appropriate.
4. To support families in recovery.

(c) The Legislature finds that children in the care of the state's dependency system need appropriate health care services, that the impact of mental illnesses and substance abuse on health indicates the need for health care services to include treatment for mental health and substance abuse disorders for services to children and parents where appropriate, and that it is in the state's best interest that such children be provided the services they need to enable them to become and remain independent of state care. In order to provide these services, the state's dependency system must have the ability to identify and provide appropriate intervention and treatment for children with personal or family-related mental illness and substance abuse disorders.
(d) It is the intent of the Legislature to encourage the use of the mental health programs established under chapter 394 and the drug court program model established under by s. 397.334 and authorize courts to assess children and persons who have custody or are requesting custody of children where good cause is shown to identify and address mental illnesses and substance abuse disorders as the court deems appropriate at every stage of the dependency process. Participation in treatment, including a treatment-based drug court program, may be required by the court following adjudication. Participation in assessment and treatment before prior to adjudication is shall be voluntary, except as provided in s. 39.407(16).

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

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

Section 79. Subsection (10) of section 39.507, Florida Statutes, is amended to read:

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39.507 Adjudicatory hearings; orders of adjudication.—

(10) After an adjudication of dependency, or a finding of dependency in which adjudication is withheld, the court may order a person who has, or is requesting, custody of the child to submit to a mental health or substance abuse disorder assessment or evaluation. The order may be made only upon good cause shown and pursuant to notice and procedural requirements provided under the Florida Rules of Juvenile Procedure. The assessment or evaluation must be administered by an appropriate qualified professional, as defined in s. 39.01 or s. 397.311. The court may also require such person to participate in and comply with treatment and services identified as necessary, including, when appropriate and available, participation in and compliance with a mental health program established under chapter 394 or a treatment-based drug court program established under s. 397.334. In addition to supervision by the department, the court, including the treatment-based drug court program, may oversee the progress and compliance with treatment by a person who has custody or is requesting custody of the child. The court may impose appropriate available sanctions for noncompliance upon a person who has custody or is requesting custody of the child or make a finding of noncompliance for consideration in determining whether an alternative placement of the child is in the child's best interests. Any order entered under this subsection may be made only upon good cause shown. This subsection does not authorize
Section 80. Paragraph (b) of subsection (1) of section 39.521, Florida Statutes, is amended to read:

39.521 Disposition hearings; powers of disposition.—

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

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

1. Require the parent and, when appropriate, the legal custodian and the child to participate in treatment and services identified as necessary. The court may require the person who has custody or who is requesting custody of the child to submit to a mental health or substance abuse disorder assessment or evaluation. The order may be made only upon good cause shown and pursuant to notice and procedural requirements provided under the Florida Rules of Juvenile Procedure. The mental health assessment or evaluation must be administered by a qualified mental health professional.
professional, as defined in s. 39.01, and the substance abuse
assessment or evaluation must be administered by a qualified
professional as defined in s. 397.311. The court may also
require such person to participate in and comply with treatment
and services identified as necessary, including, when
appropriate and available, participation in and compliance with
a mental health program established under chapter 394 or a
treatment-based drug court program established under s. 397.334.
In addition to supervision by the department, the court,
including the treatment-based drug court program, may oversee
the progress and compliance with treatment by a person who has
custody or is requesting custody of the child. The court may
impose appropriate available sanctions for noncompliance upon a
person who has custody or is requesting custody of the child or
make a finding of noncompliance for consideration in determining
whether an alternative placement of the child is in the child's
best interests. Any order entered under this subparagraph may be
made only upon good cause shown. This subparagraph does not
authorize placement of a child with a person seeking custody of
the child, other than the child's parent or legal custodian, who
requires mental health or substance abuse treatment.

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

3. Require placement of the child either under the
protective supervision of an authorized agent of the department
in the home of one or both of the child's parents or in the home
of a relative of the child or another adult approved by the court, or in the custody of the department. Protective supervision continues until the court terminates it or until the child reaches the age of 18, whichever date is first. Protective supervision shall be terminated by the court whenever the court determines that permanency has been achieved for the child, whether with a parent, another relative, or a legal custodian, and that protective supervision is no longer needed. The termination of supervision may be with or without retaining jurisdiction, at the court's discretion, and shall in either case be considered a permanency option for the child. The order terminating supervision by the department must set forth the powers of the custodian of the child and include the powers ordinarily granted to a guardian of the person of a minor unless otherwise specified. Upon the court's termination of supervision by the department, no further judicial reviews are required if permanency has been established for the child.

Section 81. Section 394.4655, Florida Statutes, is amended to read:

394.4655 Involuntary outpatient services placement.—
(1) CRITERIA FOR IN VOLUNTARY OUTPATIENT SERVICES

PLACEMENT.—A person may be ordered to involuntary outpatient services placement upon a finding of the court, by clear and convincing evidence, that the person meets all of the following criteria by clear and convincing evidence:
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(a) The person is 18 years of age or older.

(b) The person has a mental illness.

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

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

(e) The person has:
   1. At least twice within the immediately preceding 36 months been involuntarily admitted to a receiving or treatment facility as defined in s. 394.455, or has received mental health services in a forensic or correctional facility. The 36-month period does not include any period during which the person was admitted or incarcerated; or
   2. Engaged in one or more acts of serious violent behavior toward self or others, or attempts at serious bodily harm to himself or herself or others, within the preceding 36 months.

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

(g) In view of the person's treatment history and current
behavior, the person is in need of involuntary outpatient services placement in order to prevent a relapse or deterioration that would be likely to result in serious bodily harm to himself or herself or others, or a substantial harm to his or her well-being as set forth in s. 394.463(1).\textsuperscript{77}

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

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

(2) INVOLUNTARY OUTPATIENT SERVICES PLACEMENT.—

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

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

3. The service provider shall prepare a written proposed treatment plan in consultation with the patient or the patient's guardian advocate, if appointed, for the court's consideration.
for inclusion in the involuntary outpatient services placement
order that addresses the nature and extent of the mental illness
and any co-occurring substance use disorder that necessitate
involuntary outpatient services. The treatment plan must specify
the likely level of care, including the use of medication, and
anticipated discharge criteria for terminating involuntary
outpatient services. The service provider shall also provide a
copy of the proposed treatment plan to the patient and the
administrator of the receiving facility. The treatment plan must
specify the nature and extent of the patient's mental illness,
address the reduction of symptoms that necessitate involuntary
outpatient placement, and include measurable goals and
objectives for the services and treatment that are provided to
treat the person's mental illness and assist the person in
living and functioning in the community or to prevent a relapse
or deterioration. Service providers may select and supervise
other individuals to implement specific aspects of the treatment
plan. The services in the treatment plan must be deemed
clinically appropriate by a physician, clinical psychologist,
psychiatric nurse, mental health counselor, marriage and family
therapist, or clinical social worker who consults with, or is
employed or contracted by, the service provider. The service
provider must certify to the court in the proposed treatment
plan whether sufficient services for improvement and
stabilization are currently available and whether the service
provider agrees to provide those services. If the service
provider certifies that the services in the proposed treatment plan are not available, the petitioner may not file the petition. The service provider must notify the managing entity if the requested services are not available. The managing entity must document such efforts to obtain the requested services.

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

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

2. The service provider that will have primary responsibility for service provision shall be identified by the designated department representative before prior to the order for involuntary outpatient services placement and must, before prior to filing a petition for involuntary outpatient services placement, certify to the court whether the services recommended in the patient's discharge plan are available in the local community and whether the service provider agrees to provide those services. The service provider must develop with the patient, or the patient's guardian advocate, if appointed, a treatment or service plan that addresses the needs identified in the discharge plan. The plan must be deemed to be clinically appropriate by a physician, clinical psychologist, psychiatric nurse, mental health counselor, marriage and family therapist, or clinical social worker, as defined in this chapter, who consults with, or is employed or contracted by, the service provider.
3. If the service provider certifies that the services in the proposed treatment or service plan are not available, the petitioner may not file the petition. The service provider must notify the managing entity if the requested services are not available. The managing entity must document such efforts to obtain the requested services.

(3) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES PLACEMENT.—

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

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

(b) Each required criterion for involuntary outpatient services placement must be alleged and substantiated in the petition for involuntary outpatient services placement. A copy of the certificate recommending involuntary outpatient services placement completed by a qualified professional specified in subsection (2) must be attached to the petition. A copy of the proposed treatment plan must be attached to the petition. Before the petition is filed, the service provider shall certify that the services in the proposed treatment plan are available. If the necessary services are not available in the patient's local community to respond to the person's individual needs, the petition may not be filed. The service provider must notify the managing entity if the requested services are not available. The managing entity must document such efforts to obtain the
(c) The petition for involuntary outpatient services placement must be filed in the county where the patient is located, unless the patient is being placed from a state treatment facility, in which case the petition must be filed in the county where the patient will reside. When the petition has been filed, the clerk of the court shall provide copies of the petition and the proposed treatment plan to the department, the managing entity, the patient, the patient's guardian or representative, the state attorney, and the public defender or the patient's private counsel. A fee may not be charged for filing a petition under this subsection.

(4) APPOINTMENT OF COUNSEL.—Within 1 court working day after the filing of a petition for involuntary outpatient services placement, the court shall appoint the public defender to represent the person who is the subject of the petition, unless the person is otherwise represented by counsel. The clerk of the court shall immediately notify the public defender of the appointment. The public defender shall represent the person until the petition is dismissed, the court order expires, or the patient is discharged from involuntary outpatient services placement. An attorney who represents the patient must be provided shall have access to the patient, witnesses, and records relevant to the presentation of the patient's case and shall represent the interests of the patient, regardless of the source of payment to the attorney.
(5) CONTINUANCE OF HEARING.—The patient is entitled, with
the concurrence of the patient's counsel, to at least one
continuance of the hearing. The continuance shall be for a
period of up to 4 weeks.

(6) HEARING ON INVOLUNTARY OUTPATIENT SERVICES PLACEMENT.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 82. Section 394.455, Florida Statutes, is amended to read:

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

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

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

3. "Administrator" means the chief administrative officer of a receiving or treatment facility or his or her designee.

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

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

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

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

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

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

(10) "Court," unless otherwise specified, means the
circuit court.

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

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

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

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

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

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

(18) "Guardian advocate" means a person appointed by a court to make decisions regarding mental health treatment on behalf of a patient who has been found incompetent to consent to treatment pursuant to this part. The guardian advocate may be granted specific additional powers by written order of the court, as provided in this part.

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

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

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

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

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

(24) "Law enforcement officer" has the same meaning as provided in s. 943.10.

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

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

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

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

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

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

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

(32) "Physician" means a medical practitioner licensed under chapter 458 or chapter 459 who has experience in the diagnosis and treatment of mental illness and nervous disorders or a physician employed by a facility operated by the United

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States Department of Veterans Affairs or the United States
Department of Defense which qualifies as a receiving or
treatment facility under this part.

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

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

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

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

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

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

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

(40)(28)(a) "Restraint" means: a physical device, method, or drug used to control behavior.

(a) A physical restraint, including any manual method or physical or mechanical device, material, or equipment attached or adjacent to an individual's body so that he or she cannot easily remove the restraint and which restricts freedom of movement or normal access to one's body. "Physical restraint" includes the physical holding of a person during a procedure to forcibly administer psychotropic medication. "Physical restraint" does not include physical devices such as orthopedically prescribed appliances, surgical dressings and bandages, supportive body bands, or other physical holding when necessary for routine physical examinations and tests or for purposes of orthopedic, surgical, or other similar medical treatment when used to provide support for the achievement of functional body position or proper balance or when used to protect a person from falling out of bed.
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(b) A drug or used as a restraint is a medication used to control a person's behavior or to restrict his or her freedom of movement which is not part of the standard treatment regimen of a person with a diagnosed mental illness who is a client of the department. Physically holding a person during a procedure to forcibly administer psychotropic medication is a physical restraint.

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

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

(42) "Secretary" means the Secretary of Children and Families.

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

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

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

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

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

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

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

(35) "Involuntary placement" means either involuntary
outpatient treatment pursuant to s. 394.4655 or involuntary
inpatient treatment pursuant to s. 394.467.
(36) "Marriage and family therapist" means a person licensed as a marriage and family therapist under chapter 491.

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

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

Section 83. Subsection (2) of section 394.463, Florida Statutes, is amended to read:

394.463 Involuntary examination.—
(2) INVOLUNTARY EXAMINATION.—
(a) An involuntary examination may be initiated by any one of the following means:
1. A circuit or county court may enter an ex parte order stating that a person appears to meet the criteria for involuntary examination and specifying, giving the findings on which that conclusion is based. The ex parte order for involuntary examination must be based on written or oral sworn testimony that includes specific facts that support the findings, written or oral. If other less restrictive means are not available, such as voluntary appearance for outpatient evaluation, a law enforcement officer, or other designated agent of the court, shall take the person into custody and deliver him or her to an appropriate, or the nearest, receiving facility within the designated receiving system pursuant to s. 394.462 for involuntary examination. The order of the court shall be
made a part of the patient's clinical record. A fee may not
shall be charged for the filing of an order under this
subsection. Any receiving facility accepting the patient based
on this order must send a copy of the order to the department
Agency for Health Care Administration on the next working day.
The order may be submitted electronically through existing data
systems, if available. The order shall be valid only until the
person is delivered to the facility or executed or, if not
executed, for the period specified in the order itself,
whichever comes first. If no time limit is specified in the
order, the order shall be valid for 7 days after the date that
the order was signed.

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

3. A physician, clinical psychologist, psychiatric nurse,
mental health counselor, marriage and family therapist, or
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clinical social worker may execute a certificate stating that he or she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary examination and stating the observations upon which that conclusion is based. If other less restrictive means, such as voluntary appearance for outpatient evaluation, are not available, such as voluntary appearance for outpatient evaluation, a law enforcement officer shall take into custody the person named in the certificate into custody and deliver him or her to the appropriate nearest receiving facility within the designated receiving system pursuant to s. 394.462 for involuntary examination. The law enforcement officer shall execute a written report detailing the circumstances under which the person was taken into custody. The report and certificate shall be made a part of the patient's clinical record. Any receiving facility accepting the patient based on this certificate must send a copy of the certificate to the department Agency for Health Care Administration on the next working day. The document may be submitted electronically through existing data systems, if applicable.

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

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

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

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

(f) A patient shall be examined by a physician or a clinical psychologist, or by a psychiatric nurse performing within the framework of an established protocol with a psychiatrist at a receiving facility without unnecessary delay to determine if the criteria for involuntary services are met. Emergency treatment may be provided and may, upon the order of a physician if the physician determines, be given emergency treatment if it is determined that such treatment is necessary for the safety of the patient or others. The patient may not be released by the receiving facility or its contractor without the documented approval of a psychiatrist or a clinical psychologist or, if the receiving facility is owned or operated by a hospital or health system, the release may also be approved by a psychiatric nurse performing within the framework of an established protocol with a psychiatrist, or an attending emergency department physician with experience in the diagnosis
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and treatment of mental illness and nervous disorders and after completion of an involuntary examination pursuant to this subsection. A psychiatric nurse may not approve the release of a patient if the involuntary examination was initiated by a psychiatrist unless the release is approved by the initiating psychiatrist. However, a patient may not be held in a receiving facility for involuntary examination longer than 72 hours.

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

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

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

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

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

(h) A person for whom an involuntary examination has been initiated who is being evaluated or treated at a hospital for an emergency medical condition specified in s. 395.002 must be examined by a receiving facility within 72 hours. The 72-hour period begins when the patient arrives at the hospital and ceases when the attending physician documents that the patient has an emergency medical condition. If the patient is examined at a hospital providing emergency medical services by a professional qualified to perform an involuntary examination and is found as a result of that examination not to meet the criteria for involuntary outpatient services placement pursuant to s. 394.4655(1) or involuntary inpatient placement pursuant to s. 394.467(1), the patient may be offered voluntary services or placement, if appropriate, or released directly from the hospital providing emergency medical services. The finding by the professional that the patient has been examined and does not meet the criteria for involuntary inpatient placement or involuntary outpatient services placement must be entered into the patient's clinical record. Nothing in this paragraph is intended to prevent a hospital providing emergency medical services from appropriately transferring a patient to another hospital before stabilization if provided the
requirements of s. 395.1041(3)(c) have been met.

   (i) (h) One of the following must occur within 12 hours after the patient's attending physician documents that the patient's medical condition has stabilized or that an emergency medical condition does not exist:

1. The patient must be examined by a designated receiving facility and released; or
2. The patient must be transferred to a designated receiving facility in which appropriate medical treatment is available. However, the receiving facility must be notified of the transfer within 2 hours after the patient's condition has been stabilized or after determination that an emergency medical condition does not exist.

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

1. The patient shall be released, unless he or she is charged with a crime, in which case the patient shall be returned to the custody of a law enforcement officer;
2. The patient shall be released, subject to the provisions of subparagraph 1., for voluntary outpatient treatment;
3. The patient, unless he or she is charged with a crime, shall be asked to give express and informed consent to placement as a voluntary patient, and, if such consent is given, the
patient shall be admitted as a voluntary patient; or

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

Section 84. Paragraph (a) of subsection (2) of section 790.065, Florida Statutes, is amended to read:

790.065  Sale and delivery of firearms.—
(2) Upon receipt of a request for a criminal history record check, the Department of Law Enforcement shall, during the licensee's call or by return call, forthwith:
   (a) Review any records available to determine if the potential buyer or transferee:
      1. Has been convicted of a felony and is prohibited from receipt or possession of a firearm pursuant to s. 790.23;
      2. Has been convicted of a misdemeanor crime of domestic violence, and therefore is prohibited from purchasing a firearm;
      3. Has had adjudication of guilt withheld or imposition of sentence suspended on any felony or misdemeanor crime of domestic violence unless 3 years have elapsed since probation or any other conditions set by the court have been fulfilled or
expunction has occurred; or

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

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

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

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

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

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

(B) The examining physician certified that if the person did not agree to voluntary treatment, a petition for involuntary outpatient or inpatient services treatment would have been filed under s. 394.463(2)(g) or the examining physician certified that a petition was filed and the person subsequently agreed to voluntary treatment before prior to a court hearing on the petition.

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

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

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

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

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

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

d. A person who has been adjudicated mentally defective or committed to a mental institution, as those terms are defined in this paragraph, may petition the circuit court that made the adjudication or commitment, or the court that ordered that the
record be submitted to the department pursuant to sub-sub-subparagraph c.(II), for relief from the firearm disabilities imposed by such adjudication or commitment. A copy of the petition shall be served on the state attorney for the county in which the person was adjudicated or committed. The state attorney may object to and present evidence relevant to the relief sought by the petition. The hearing on the petition may be open or closed as the petitioner may choose. The petitioner may present evidence and subpoena witnesses to appear at the hearing on the petition. The petitioner may confront and cross-examine witnesses called by the state attorney. A record of the hearing shall be made by a certified court reporter or by court-approved electronic means. The court shall make written findings of fact and conclusions of law on the issues before it and issue a final order. The court shall grant the relief requested in the petition if the court finds, based on the evidence presented with respect to the petitioner's reputation, the petitioner's mental health record and, if applicable, criminal history record, the circumstances surrounding the firearm disability, and any other evidence in the record, that the petitioner will not be likely to act in a manner that is dangerous to public safety and that granting the relief would not be contrary to the public interest. If the final order denies relief, the petitioner may not petition again for relief from firearm disabilities until 1 year after the date of the final order. The petitioner may seek judicial review of a final order denying
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relief in the district court of appeal having jurisdiction over
the court that issued the order. The review shall be conducted
de novo. Relief from a firearm disability granted under this
sub-subparagraph has no effect on the loss of civil rights,
including firearm rights, for any reason other than the
particular adjudication of mental defectiveness or commitment to
a mental institution from which relief is granted.

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

f. The department is authorized to disclose data collected
pursuant to this subparagraph to agencies of the Federal
Government and other states for use exclusively in determining
the lawfulness of a firearm sale or transfer. The department is
also authorized to disclose this data to the Department of
Agriculture and Consumer Services for purposes of determining
eligibility for issuance of a concealed weapons or concealed
firearms license and for determining whether a basis exists for
revoking or suspending a previously issued license pursuant to
s. 790.06(10). When a potential buyer or transferee appeals a
nonapproval based on these records, the clerks of court and
mental institutions shall, upon request by the department,
provide information to help determine whether the potential buyer or transferee is the same person as the subject of the record. Photographs and any other data that could confirm or negate identity must be made available to the department for such purposes, notwithstanding any other provision of state law to the contrary. Any such information that is made confidential or exempt from disclosure by law shall retain such confidential or exempt status when transferred to the department.

Section 85. This act shall take effect July 1, 2016.

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

Remove everything before the enacting clause and insert:

A bill to be entitled

An act relating to mental health and substance abuse; amending s. 29.004, F.S.; including services provided to treatment-based mental health programs within case management funded from state revenues as an element of the state courts system; amending s. 39.01, F.S.; defining a term; amending s. 39.407, F.S.; requiring assessment findings to be provided to the plan that is financially responsible for a child's care in residential treatment under certain circumstances; amending s. 394.453, F.S.; revising legislative intent; amending s. 394.4573, F.S.; requiring the Department of Children and Families to submit a
certain assessment to the Governor and Legislature by a specified date; redefining terms; providing essential elements of a coordinated system of care; providing requirements for the department's annual assessment; authorizing the department to award certain grants; deleting duties and measures of the department regarding continuity of care management systems; amending s. 394.461, F.S.; creating a designated receiving system that functions as a no-wrong-door model, based on certain receiving system models; authorizing, rather than requiring, the department to adopt rules to implement the designated receiving system; repealing s. 394.675, F.S., relating to the substance abuse and mental health service system; amending ss. 394.75 and 394.76, F.S.; conforming provisions and cross-references to changes made by the act; amending s. 394.4597, F.S.; revising the prioritization of health care surrogates to be selected for involuntary patients; specifying certain persons who are prohibited from being selected as an individual's representative; amending s. 394.4598, F.S.; specifying certain persons who are prohibited from being appointed as a person's guardian advocate; amending s. 394.462, F.S.; requiring that counties develop and implement transportation plans; providing requirements for the plans; revising requirements for
transportation to receiving facilities and treatment facilities; revising exceptions to such requirements; amending s. 394.467, F.S.; revising criteria for involuntary inpatient placement; requiring a facility filing a petition for involuntary inpatient placement to send a copy to the department and managing entity; revising criteria for a hearing on involuntary inpatient placement; revising criteria for a procedure for continued involuntary inpatient services; specifying requirements for a certain waiver of the patient's attendance at a hearing; requiring the court to consider certain testimony and evidence regarding a patient's incompetence; amending s. 394.46715, F.S.; revising rulemaking authority of the department; amending s. 394.4685, F.S.; requiring a public receiving facility initiating a patient transfer to a licensed hospital for certain mental health services to provide notice and transfer patient records to the hospital; amending s. 394.656, F.S.; revising the membership of the Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee; providing duties for the committee; authorizing a not-for-profit community provider or managing entity to apply for certain grants; revising eligibility for such grants; defining a term; creating s. 394.761, F.S.; authorizing the agency and the department to
develop a plan for revenue maximization; requiring the
plan to be submitted to the Legislature by a certain
date; amending s. 394.879, F.S.; providing an
exception for certain treatment and receiving
facilities from Florida Building Code and Florida Fire
Prevention Code standards; requiring the department to
modify licensure rules and procedures to create an
option for a single, consolidated license for certain
providers by a specified date; amending s. 394.9082,
F.S.; providing a purpose for behavioral health
managing entities; revising definitions; providing
duties of the department; requiring the department to
revise its contracts with managing entities; providing
duties for managing entities; providing requirements
for network accreditation and systems coordination
agreements; providing a funding mechanism for managing
entities; renaming the Crisis Stabilization Services
Utilization Database as the Acute Care Services
Utilization Database and requiring certain substance
abuse providers to provide utilization data; deleting
provisions relating to legislative findings and
intent, service delivery strategies, essential
elements, reporting requirements, and rulemaking
authority; amending s. 397.305; providing legislative
intent; amending s. 397.311, F.S.; defining and
redefining terms; conforming a cross-reference;
amending s. 397.321, F.S.; deleting a requirement for
the department to appoint a substance abuse impairment
coordinator; requiring the department to develop
certain forms, display such forms on its website, and
notify certain entities of the existence and
availability of such forms; amending s. 397.675, F.S.;
revising the criteria for involuntary admissions due
to substance abuse or co-occurring mental health
disorders; amending s. 397.6751, F.S.; requiring the
service provider to submit certain documents to the
department within a specified time when a person is
involuntarily admitted; amending s. 397.6772, F.S.;
requiring law enforcement officers to use standard
forms developed by the department to execute a written
report detailing the circumstances under which a
person was taken into custody under the Hal S.
Marchman Alcohol and Other Drug Services Act; amending
s. 397.6773, F.S.; revising a cross-reference;
amending s. 397.679, F.S.; authorizing specified
licensed professionals to complete a certificate for
the involuntary admission of an individual; amending
s. 397.6791, F.S.; providing a list of professionals
authorized to initiate a certificate for an emergency
assessment or admission of a person with a substance
abuse disorder; amending s. 397.6793, F.S.; revising
the criteria for initiation of a certificate for an
emergency admission for a person who is substance abuse impaired; amending s. 397.6795, F.S.; revising the list of persons authorized to deliver a person for an emergency assessment; amending s. 397.681, F.S.; prohibiting the court from charging a fee for involuntary petitions; amending s. 397.6811, F.S.; revising the list of persons authorized to file a petition for an involuntary assessment and stabilization; amending s. 397.6814, F.S.; prohibiting a fee from being charged for the filing of a petition for involuntary assessment and stabilization; amending s. 397.6818, F.S.; limiting the validity of an order for involuntary admission to 7 days after it is signed unless otherwise specified in the order; amending s. 397.6819, F.S.; revising the responsibilities of service providers who admit an individual for an involuntary assessment and stabilization; requiring a managing entity to be notified of certain recommendations; amending s. 397.695, F.S.; authorizing certain persons to file a petition for involuntary outpatient services of an individual; providing procedures and requirements for such petitions; amending s. 397.6951, F.S.; requiring that certain additional information be included in a petition for involuntary outpatient services; amending s. 397.6955, F.S.; requiring a court to fulfill
import certain additional duties upon the filing of a petition for involuntary outpatient services; amending s. 397.6957, F.S.; providing additional requirements for a hearing on a petition for involuntary outpatient services; amending s. 397.697, F.S.; authorizing a court to make a determination of involuntary outpatient services; authorizing a court to order a respondent to undergo treatment through a publicly or privately funded licensed service provider under certain circumstances; prohibiting a court from ordering involuntary outpatient services under certain circumstances; requiring the service provider to document certain inquiries; requiring the managing entity to document certain efforts; requiring a copy of the court's order to be sent to the department and managing entity; providing procedures for modifications to such orders; amending s. 397.6971, F.S.; establishing the requirements for an early release from involuntary outpatient services; amending s. 397.6975, F.S.; requiring the court to appoint certain counsel; providing requirements for hearings on petitions for continued involuntary outpatient services; requiring notice of such hearings; amending s. 397.6977, F.S.; conforming provisions to changes made by the act; creating s. 397.6978, F.S.; providing for the appointment of guardian advocates if an
individual is found incompetent to consent to treatment; prohibiting specified persons from being appointed as an individual's guardian advocate; providing requirements for a facility requesting the appointment of a guardian advocate; requiring a training course for guardian advocates; providing requirements for the training course; providing requirements for the prioritization of individuals to be selected as guardian advocates; authorizing certain guardian advocates to consent to medical treatment; providing exceptions; providing procedures for the discharge of a guardian advocate; amending s. 409.967, F.S.; requiring managed care plans to provide for quality care; amending s. 409.973, F.S.; providing an integrated behavioral health initiative; amending s. 491.0045, F.S.; revising registration requirements for interns; repealing s. 394.4674, F.S., relating to the comprehensive plan and report on the deinstitutionalization of patients in a treatment facility; repealing s. 394.4985, F.S., relating to the implementation of a districtwide information and referral network; repealing s. 394.745, F.S., relating to the annual report on the compliance of providers under contract with the department; repealing s. 397.331, F.S., relating to definitions and legislative intent; repealing part IX of chapter 397, F.S.,
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consisting of ss. 397.801, 397.811, and 397.821, F.S.,
relating to substance abuse impairment coordination,
juvenile substance abuse impairment coordination, and
juvenile substance abuse impairment prevention and
early intervention councils, respectively; repealing
s. 397.901, F.S., relating to prototype juvenile
addictions receiving facilities; repealing s. 397.93,
F.S., relating to target populations for children's
substance abuse services; repealing s. 397.94, F.S.,
relating to the information and referral network for
children's substance abuse services; repealing s.
397.951, F.S., relating to substance abuse treatment
and sanctions; repealing s. 397.97, F.S., relating to
demonstration models for children's substance abuse
services; repealing s. 397.98, F.S., relating to
utilization management for children's substance abuse
services; amending ss. 39.407, 212.055, 394.4599,
394.495, 394.496, 394.9085, 397.321, 397.405, 397.407,
397.416, 397.4871, 409.966, 409.972, 440.102, and
744.704, F.S.; conforming cross-references; requiring
the Secretary of Children and Families to appoint a
workgroup on the use of advance directives for
substance use disorders; requiring a report to the
Governor and Legislature by a specified date;
providing for expiration of the workgroup; amending s.
61.13, F.S.; providing that a parenting plan that
provides for shared parental responsibility over health care decisions must authorize either parent to consent to mental health treatment for the child; amending s. 39.001, F.S.; providing legislative intent regarding mental illness for purposes of the child welfare system; amending s. 39.507, F.S.; providing for consideration of mental health issues and involvement in treatment-based mental health programs in adjudicatory hearings and orders; providing requirements for certain court orders; amending s. 39.521, F.S.; providing for consideration of mental health issues and involvement in treatment-based mental health programs in disposition hearings; providing requirements for certain court orders; amending s. 394.4655, F.S.; providing for involuntary outpatient services; requiring a service provider to document certain inquiries; requiring the managing entity to document certain efforts; making technical changes; amending s. 394.455, F.S.; defining and redefining terms; amending s. 394.463, F.S.; authorizing county or circuit courts to enter ex parte orders for involuntary examinations; requiring a facility to provide copies of ex parte orders, reports, and certificates to the department, rather than the Agency for Health Care Administration; requiring the department to receive certain orders,
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certificates, and reports; requiring the department to receive and maintain copies of certain documents; prohibiting a person from being held for involuntary examination for more than a specified period of time; providing exceptions; requiring certain individuals to be released to law enforcement custody; providing exceptions; amending s. 790.065, F.S.; conforming references and cross-references; providing an effective date.