

CHAPTER 2016-241

Committee Substitute for Senate Bill No. 12

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; defining and revising 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; 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.; requiring the agency and the department to develop a plan

for revenue maximization; providing requirements for the plan; providing duties for the agency and department relating to the plan; requiring the plan to be submitted to the Legislature by a certain date; amending s. 394.879, F.S.; providing that certain facilities may be in a multi-story building and authorized on certain floors; requiring the department to develop a plan 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 for performance measurement and accountability and enhancements plans; providing a funding mechanism for managing entities; renaming the Crisis Stabilization Services Utilization Database as the Acute Care Services Utilization Database; requiring certain 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, F.S.; 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. 397.6772, F.S.; requiring law enforcement officers to use standard forms developed by the department to execute a certain written report; 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 who has 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; amending s. 397.695, F.S.; authorizing certain persons to file a petition for involuntary outpatient services of an individual; providing

procedures and requirements for such petitions; amending s. 397.6951, F.S.; requiring that certain additional information be included in a petition for involuntary outpatient services; amending s. 397.6955, F.S.; requiring a court to fulfill certain additional duties upon the filing of 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; extending the timeframe a respondent receives certain publicly funded licensed services; authorizing a court to order a respondent to undergo treatment through a publicly or privately funded licensed service provider under certain circumstances; requiring a copy of the court's order to be sent to the managing entity; 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; reenacting s. 409.975(6), F.S., relating to provider payment; providing legislative intent; 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 district-wide 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., 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, 39.524, 212.055, 394.4599, 394.495, 394.496, 394.9085, 397.321, 397.405, 397.407, 397.416, 397.4871, 409.1678, 409.966, 409.972, 440.102, 744.704, and 960.065, 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.; conforming provisions to changes made by the act; amending ss. 39.507 and 39.521, F.S.; providing for consideration of mental health issues and involvement in mental health programs in adjudicatory hearings and orders; providing requirements for certain court orders; revising the qualifications for administrators of mental health and substance abuse assessments or evaluations; amending s. 394.4655, F.S.; defining the terms "court" and "criminal county court"; providing for involuntary outpatient services; authorizing certain licensed physicians and psychiatric nurses to provide a second opinion regarding a recommendation for involuntary outpatient services under certain circumstances; requiring a service provider to document certain inquiries; requiring the managing entity to document certain efforts; making technical changes; amending s. 394.4599, F.S.; conforming provisions to changes made by the act; amending s. 394.455, F.S.; defining and redefining terms; amending s. 394.463, F.S.; authorizing circuit or county 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, 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; conforming cross-references; amending s. 394.4615, F.S.; conforming a cross-reference; providing an appropriation; providing an effective date.

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

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 treatment-based mental health court 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 ~~which~~ is clinically appropriate and most likely to facilitate the person's return to the community as soon as possible; and

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

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

disorders and co-occurring mental health and substance use disorders to live successfully in their communities.

(d) 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 Statutes, 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. 394.9082(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 the implementation of deliberate and planned organizational relationships and service procedures that improve the effectiveness and efficiency of the behavioral health system by engaging in purposeful interactions with individuals who are not yet effectively connected with services to ensure service linkage. Examples of care coordination activities include development of referral agreements, shared protocols, and information exchange procedures. The purpose of care coordination is to enhance the delivery of treatment services and recovery supports and to improve outcomes among priority populations.

(b)(a) “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 to ensure the client is receiving the appropriate services 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)(d) “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 complete the plan and implement the designated receiving system by July 1, 2017, and the county or counties and the managing entity shall review and update, as necessary, 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 or stabilization of persons with mental health or substance use disorders, or co-occurring disorders.

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, a licensed detoxification facility, 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, thereafter, within 6 months after hire.

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

(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 may include mental health residential treatment facilities, limited mental health assisted living facilities, adult family care homes, and supportive housing. Housing provided using state funds must provide a safe and decent environment free from abuse and neglect.

(m) Care plans 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) SYSTEM IMPROVEMENT GRANTS.—Subject to a specific appropriation by the Legislature, the department may award system improvement grants to managing entities based on a detailed plan to enhance services in accordance with the no-wrong-door model as defined in subsection (1) and to address specific needs identified in the assessment prepared by the department pursuant to 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, and 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 shall designate as a receiving system one or more facilities serving a defined geographic area developed pursuant to s. 394.4573 which is responsible for assessment and evaluation, both voluntary and involuntary, and treatment, stabilization, or triage for patients who have a mental illness, a 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)~~(5) RULES.—The department ~~may~~ shall 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 using available resources.

(d)(e) 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)(d) 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 the 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 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.
2. An adult child of the patient.
3. A parent of the patient.
4. The adult next of kin of the patient.
5. An adult friend of the patient.

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

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

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

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

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

Section 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)(3) 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 decision-making, and duties of guardian advocates. This training course shall take the place of the training required for guardians appointed pursuant to chapter 744.

(5)(4) The required training course and the information to be supplied to prospective guardian advocates before prior to their appointment and the training course for guardian advocates must be developed and completed through a course developed by the department, and approved by the chief judge of the circuit court, and taught by a court-approved organization, which. Court-approved organizations may include, but is are not limited to, a community college community or junior colleges, a guardianship organization guardianship organizations, a 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 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.

2.3. ~~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)(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 transport 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.

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

~~(f)(e)~~ When a member of a mental health overlay program or a mobile crisis response service is a professional authorized to initiate an involuntary examination pursuant to s. 394.463 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)(f)~~ 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. Persons who meet the statutory guidelines for involuntary admission pursuant to s. 397.675 may also be transported by law enforcement officers to the extent resources are available and as otherwise provided by law. Such persons shall be transported to an appropriate facility within the designated receiving system pursuant to a transportation plan or an exception under subsection (4), or to the nearest facility if neither apply.

~~(h)(g)~~ 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 shall first be processed in the same manner as any other criminal suspect. The law 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)(h) If the appropriate law enforcement officer believes that a person has an emergency medical condition as defined in s. 395.002, the person may be first transported to a hospital for emergency medical treatment, regardless of whether the hospital is a designated receiving facility.

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

(k)(j) 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, or an emergency medical transport service or a private transport company authorized by the county, for involuntary examination pursuant to s. 394.463.

(l) 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 provide persons brought by law enforcement officers, or an emergency medical transport service or a private transport company authorized by the county, pursuant to s. 397.675, a basic screening or triage sufficient to refer the person to the appropriate services.

(m)(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 for the safe and secure transportation of the person and transfer of custody of the person. Each law enforcement agency shall provide a copy of the protocols to the managing entity. These protocols must also address crisis intervention measures.

(n)(f) 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.

~~(o)(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 alternatives.

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

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

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

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

(b) The exception may be granted only for:

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

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

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

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

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 No fee may not ~~shall~~ 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 court shall immediately notify the public defender of such appointment. Any attorney representing the patient shall have access to the patient, witnesses, and records relevant to the presentation of the patient's case and shall represent the interests of the patient, regardless of the source of payment to the attorney.

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

(6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

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

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

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

(b) If the court concludes that the patient meets the criteria for involuntary inpatient placement, it may shall order that the patient be transferred to a treatment facility or, if the patient is at a treatment facility, that the patient be retained there or be treated at any other appropriate ~~receiving or treatment facility, or that the patient receive services from a receiving or treatment facility,~~ on an involuntary basis, for a ~~period of up to 90 days 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 prior to~~ the conclusion of the hearing on involuntary inpatient placement it appears to the court that the person does not meet the criteria for involuntary inpatient placement under this section, but instead meets the criteria for involuntary outpatient ~~services placement,~~ the court may order the person evaluated for involuntary outpatient services placement pursuant to s. 394.4655. The petition and hearing procedures set

forth in s. 394.4655 shall apply. If the person instead meets the criteria for involuntary assessment, protective custody, or involuntary admission pursuant to s. 397.675, then the court may order the person to be admitted for involuntary assessment for a period of 5 days pursuant to s. 397.6811. Thereafter, all proceedings are ~~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 ~~whenever~~ a patient is ordered for involuntary inpatient placement, whether by civil or criminal court. The documentation must ~~shall~~ 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 shall be~~ administrative hearings and must ~~shall~~ be conducted in accordance with ~~the provisions of~~ s. 120.57(1), except that any order entered by the administrative law judge is ~~shall be~~ final and subject to judicial review in accordance with s. 120.68. Orders concerning patients committed after successfully pleading not guilty by reason of insanity are ~~shall be~~ governed by ~~the provisions of~~ s. 916.15.

(b) If the patient continues to meet the criteria for involuntary inpatient placement and is being treated at a treatment facility, the administrator shall, before ~~prior to~~ the expiration of the period during which the treatment facility is authorized to retain the patient, file a petition requesting authorization for continued involuntary inpatient placement. The request 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 up to 90 days a period 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 this act.~~

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 ~~can~~ plan, implement, or expand initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders and who are in, or at risk of entering, the criminal or juvenile justice systems.

(2) The department shall establish a Criminal Justice, Mental Health, and Substance Abuse Statewide Grant 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.—

(1) 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.

(2) The agency and the department shall identify in the plan the amount of general revenue funding appropriated for mental health and substance abuse services eligible to be used as state Medicaid match. The agency and the department 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, targeted case management for individuals with substance use disorders 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 agency and the department shall identify in the plan the advantages and disadvantages of each alternative and assess each alternative's potential for achieving improved integration of services. The agency and the department shall identify in the plan the types of federal approvals necessary to implement each alternative and project a timeline for implementation.

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

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

(5) The agency and the department shall submit the written plan and report required in this section to the President of the Senate and the Speaker of the House of Representatives by December 31, 2016.

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, a short-term residential treatment facility, or an integrated adult mental health crisis stabilization and addictions receiving facility that 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 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. In the plan, the department and the agency shall identify the statutory revisions necessary to accomplish the consolidation. To the extent possible, the department and the agency shall accomplish such consolidation administratively and by rule. 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. It is the intent of the Legislature that managing entities work to create linkages among various services and systems, including juvenile justice and adult criminal justice, child welfare, housing services, homeless systems of care, and health care.

(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) Define the priority populations that will benefit from receiving care coordination. In defining such populations, the department shall take into account the availability of resources 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.

(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) Periodically 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 and managed behavioral health organizations shall 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 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, the managing entity work with the department to develop and implement a transition plan that 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 identifies 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) Promote the development and effective implementation of a coordinated system of care pursuant to s. 394.4573.

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

(f) 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.

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

(h) Work independently and collaboratively with stakeholders to improve access to and effectiveness, quality, and outcomes of behavioral health

services. This work may include, but is not limited to, facilitating the dissemination and use of evidence-informed practices.

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

(j) As appropriate, develop 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.

(k) 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.

(l) 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.

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

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

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

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

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

(r) Establish and maintain effective relationships with community stakeholders, including individuals served by the behavioral health system of care and their families, local governments, and other community

organizations that meet the needs of individuals with mental illness or substance use disorders.

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

(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 from 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;

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

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

(e) Consumer and family satisfaction.

(f) The level of engagement 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 September 1 of each year, beginning in 2017, each managing entity shall develop and submit to the department a description of strategies for enhancing services and addressing three to five priority needs in the service area. The planning process sponsored by the managing entity shall include consumers and their families, community-based care lead agencies, local governments, law enforcement agencies, service providers, community partners and other stakeholders. Each strategy must be described in detail and accompanied by an implementation plan that specifies action steps, identifies responsible parties, and delineates specific services that would be purchased, projected costs, the projected number of individuals that would be served, and the estimated benefits of the services. All or parts of these enhancement plans may be included in the department’s annual budget requests submitted to the Legislature.

(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 and utilized beds, the number of beds purchased by the department, the number of clients qualifying as indigent who occupy any of those beds, the total number of unoccupied licensed beds, regardless of funding, and the number in excess of licensed capacity. Crisis units licensed for both adult and child use will report as a single unit.

(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 use of publicly funded crisis stabilization services and detoxification and addictions receiving services provided on a statewide and an individual provider basis.

Section 20. Subsections (4) through (9) of section 397.305, Florida Statutes, are renumbered as subsections (6) through (11), respectively, and new subsections (4) and (5) 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 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 who have substance use disorders or co-occurring substance use and mental health disorders to live successfully in their communities.

Section 21. Present subsection (19) of section 391.311, Florida Statutes, is redesignated as subsection (20), present subsections (20) through (45) of that section are redesignated as subsections (23) 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.

~~(33)~~(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 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, herself, or another.

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

397.6772 Protective custody without consent.—

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

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

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

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

Section 25. 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~~ 397.675(1);

Section 26. 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 a the physician’s certificate by a physician, an advanced registered nurse practitioner, a psychiatric nurse, a clinical psychologist, a clinical social worker, a marriage and family therapist, a mental health counselor, a physician 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.

Section 27. Section 397.6791, Florida Statutes, is amended 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 28. Section 397.6793, Florida Statutes, is amended to read:

397.6793 ~~Professional’s Physician’s~~ 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 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)1. ~~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.

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 33. 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 34. 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 assessment of the individual must occur within 72 hours ~~be assessed without unnecessary delay~~ by a qualified professional. If an assessment is performed by a qualified professional who is not a physician, the assessment must be reviewed by a physician before the end of the assessment period.

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

397.695 Involuntary services treatment; persons who may petition.—

(1) If the respondent is an adult, a petition for involuntary services treatment may be filed by the respondent’s spouse or legal guardian, any relative, a service provider, or an adult ~~any three adults~~ who has direct 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 36. 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 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 37. 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 38. 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; and

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

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

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

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

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

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

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

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

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

(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 ~~treatment is ready~~ for early release under ~~for any of the reasons listed in~~ subsection (1), the service

provider shall immediately discharge the individual, and must notify all persons specified by the court in the original treatment order.

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

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

(1) Whenever a service provider believes that an individual who is nearing the scheduled date of 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 42. 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 43. 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 an 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 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 services, as described in 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 44. Paragraphs (d) through (m) of subsection (2) of section 409.967, Florida Statutes, are redesignated as paragraphs (e) through (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 45. 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 46. Notwithstanding the amendment made to s. 409.975(6), Florida Statutes, by HB 5101, 1st Eng., 2016 Regular Session, subsection (6) of section 409.975, Florida Statutes, is reenacted to read:

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

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

Section 47. It is the intent of the Legislature that the reenactment of s. 409.975(6), Florida Statutes, shall control over the amendment to that subsection made by HB 5101, 1st Eng., 2016 Regular Session, regardless of the order in which they are enacted.

Section 48. 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.~~

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

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

(6) A registration issued on or before March 31, 2017, expires March 31, 2022, and may not be renewed or reissued. 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 49. Section 394.4674, Florida Statutes, is repealed.

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

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

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

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

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

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

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

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

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

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

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

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

Section 62. 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) ~~s. 394.455(9)~~ 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 ascertained, 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 63. Subsection (1) of section 39.524, Florida Statutes, is amended to read:

39.524 Safe-harbor placement.—

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

Section 64. 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 ~~prior to~~ program implementation by an independent actuarial consultant. In no event shall such reimbursement rates exceed the Medicaid rate. The plan must also provide that any hospitals owned and operated by government entities on or after the effective date of this act must, as a condition of receiving funds under this subsection, afford public access equal to that provided under s. 286.011 as to any meeting of the governing board, agency, or authority the subject of which is budgeting resources for the retention of charity care, as that term is

defined in the rules of the Agency for Health Care Administration. The plan shall also include innovative health care programs that provide cost-effective alternatives to traditional methods of service and delivery funding.

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

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

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

Section 65. 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, unless the minor is released at the end of the 72-hour examination period, or until a petition for involuntary services 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 66. Subsection (3) and paragraph (p) of subsection (4) of section 394.495, Florida Statutes, are 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.

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

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

Section 67. 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 68. 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(39) ~~ss. 397.311(22)(a)4., 397.311(22)(a)1., and 394.455(26)~~, respectively.

Section 69. 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 70. 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)~~ s. 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 71. 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) ~~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) ~~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 72. 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) ~~s. 397.311(30)~~.

Section 73. 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) ~~s. 397.321(16)~~ 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 74. Paragraph (c) of subsection (1) and paragraphs (a) and (b) of subsection (6) of section 409.1678, Florida Statutes, are amended to read:

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

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

(c) “Sexually exploited child” means a child who has suffered sexual exploitation as defined in s. 39.01(70)(g) ~~s. 39.01(69)(g)~~ and is ineligible for relief and benefits under the federal Trafficking Victims Protection Act, 22 U.S.C. ss. 7101 et seq.

(6) LOCATION INFORMATION.—

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

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

Section 75. 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) ~~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 76. 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(47) ~~by s. 394.455(32)~~.

Section 77. 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) ~~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) ~~s. 397.311(39)~~.

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

744.704 Powers and duties.—

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

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

960.065 Eligibility for awards.—

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

Section 80. 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 81. 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 82. 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 illnesses and substance abuse disorders in families and that treatment is cost-effective.

(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 illnesses and substance abuse disorders on families involved in protective supervision or foster care and reduce the occurrences of mental illnesses and substance abuse disorders, including alcohol abuse or 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 disorders 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 problems.

(d) It is the intent of the Legislature to encourage the use of the mental health court program model 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 ~~problems~~ as the court deems appropriate at every stage of the dependency process. Participation in treatment, including a mental health court program or 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 a mental health court program or a ~~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 83. Subsection (10) of section 39.507, Florida Statutes, is amended to read:

39.507 Adjudicatory hearings; orders of adjudication.—

(10) After an adjudication of dependency, or a finding of dependency in which ~~where~~ adjudication is withheld, the court may order a person who has custody 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 a 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 court 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 mental health court program or 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 placement of a child with a person seeking custody, other than the parent or legal custodian, who requires mental health or substance abuse disorder treatment.

Section 84. 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 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 court 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 mental health court program or 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 disorder 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 shall set forth the powers of the custodian of the child and shall 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 not required ~~if, so long as~~ permanency has been established for the child.

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

394.4655 Involuntary outpatient services placement.—

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

(a) “Court” means a circuit court or a criminal county court.

(b) “Criminal county court” means a county court exercising its original jurisdiction in a misdemeanor case under s. 34.01.

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

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

(b) The person has a mental illness.;

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

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

(e) The person has:

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

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

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

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

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

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

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

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

3. The service provider shall prepare a written proposed treatment plan in consultation with the patient or the patient's guardian advocate, if appointed, for the court's consideration for inclusion in the involuntary outpatient services placement order that addresses the nature and extent of the mental illness and any co-occurring substance use 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, a physician assistant who has at least three years' experience and is supervised by such licensed physician or a psychiatrist, a clinical social worker, 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.

(4)(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 (3) ~~(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 requested services.

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

~~(5)~~(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.

~~(6)~~(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.

~~(7)~~(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 shall be held in the county where the petition is filed, must shall be as convenient to the patient as is consistent with orderly procedure, and must shall be conducted in physical settings not likely to be injurious to the patient's condition. If the court finds that the patient's attendance at the hearing is not consistent with the best interests of the patient and if the patient's counsel does not object, the court may waive the presence of the patient from all or any portion of the hearing. The state attorney for the circuit in which the patient is located shall represent the state, rather than the petitioner, as the real party in interest in the proceeding.

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

(b)1. If the court concludes that the patient meets the criteria for involuntary outpatient services placement pursuant to subsection (2) (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 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 (3) ~~(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 (3) ~~(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 ~~services 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.

~~(8)(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 that issued the order for involuntary outpatient services 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 ~~services treatment~~ to the department, the patient, the patient's guardian advocate, the state attorney, and the patient's private counsel or the public defender.

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

(c) Hearings on petitions for continued involuntary outpatient ~~services placement~~ shall be before the ~~circuit~~ court that issued the order for involuntary outpatient services. 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 (7) ~~(6)~~, except that the time period included in paragraph (2)(e)

(1)(e) is not applicable in determining the appropriateness of additional periods of involuntary outpatient 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 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 86. Paragraphs (c) and (d) of subsection (2) of section 394.4599, Florida Statutes, are 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, unless the minor is released at the end of the 72-hour examination period, or until a petition for involuntary services 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.

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

1. Notice that the petition for:

a. Involuntary inpatient treatment pursuant to s. 394.467 has been filed with the circuit court in the county in which the individual is hospitalized and the address of such court; or

b. Involuntary outpatient services pursuant to s. 394.4655 has been filed with the criminal county court, as defined in s. 394.4655(1), or the circuit court, as applicable, in the county in which the individual is hospitalized and the address of such court.

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

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

4. Notice that the individual, the individual's guardian, guardian advocate, health care surrogate or proxy, or representative, or the administrator may apply for a change of venue for the convenience of the parties or witnesses or because of the condition of the individual.

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

Section 87. 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)(1) “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)(2) “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)(3) “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)(4) “Clinical social worker” means a person licensed as a clinical social worker under s. 491.005 or s. 491.006 ~~chapter 491.~~

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

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

(10)(7) “Court,” unless otherwise specified, means the circuit court.

(11)(8) “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)(9) “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)~~(10) “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)~~(11) “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)~~(12) “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)~~(13) “Hospital” means a hospital facility as defined in s. 395.002 and licensed under chapter 395 and part II of chapter 408.

~~(20)~~(14) “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)~~(15) “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)~~(16) “Law enforcement officer” has the same meaning as provided means a law enforcement officer as defined 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)~~(17) “Mental health overlay program” means a mobile service that which provides an independent examination for voluntary admission admissions 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, or 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)~~(18) “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)~~(19) “Mobile crisis response service” means a nonresidential crisis service ~~attached to a public receiving facility and~~ available 24 hours per a day, 7 days per a 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)~~(20) “Patient” means any person, with or without a co-occurring substance abuse disorder, who is held or accepted for mental health treatment.

~~(32)~~(21) “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 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)~~(22) “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)~~(23) “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)~~(24) “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)~~(25) “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)~~ “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 psychiatric nurse as defined in s. 394.455.

~~(39)~~(26) “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.

~~(40)~~(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.

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

(a) A physical restraint, including is any manual method or physical or mechanical device, material, or equipment attached or adjacent to an the 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.

(b) A drug or ~~used as a restraint~~ is a medication used to control a the person's behavior or to restrict his or her freedom of movement which ~~and~~ 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.~~

~~(42)(29) "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.~~

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

(44) "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.

(45) "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.

(46)(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.

(47)(32) "Treatment facility" means a 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.

(48) “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 88. 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 No fee may not shall~~ be charged for the filing of an order under this subsection. ~~A 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 an 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 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, or 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~~ shall 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 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 services shall be filed in the circuit court if inpatient treatment is deemed necessary or with the criminal county court, as defined in s. 394.4655(1), as applicable. 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(4)(a). A petition for involuntary inpatient placement shall be filed by the facility administrator.

(h)(g) A person for whom an involuntary examination has been initiated who is being evaluated or treated at a hospital for an emergency medical condition specified in s. 395.002 must be examined by a ~~receiving~~ facility within 72 hours. The 72-hour period begins when the patient arrives at the hospital and ceases when the attending physician documents that the patient has an emergency medical condition. If the patient is examined at a hospital providing emergency medical services by a professional qualified to perform an involuntary examination and is found as a result of that examination not to meet the criteria for involuntary outpatient ~~services placement~~ pursuant to s. ~~394.4655(2)~~ 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 ~~services placement~~ or involuntary outpatient placement must be entered into the patient's clinical record. ~~Nothing in~~ This paragraph is not intended to prevent a hospital providing emergency medical services from appropriately transferring a patient to another hospital before ~~prior to~~ 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 89. Subsection (3) of section 394.4615, Florida Statutes, is amended to read:

394.4615 Clinical records; confidentiality.—

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

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

(b) When the administrator of the facility or secretary of the department deems release to a qualified researcher as defined in administrative rule, an aftercare treatment provider, or an employee or agent of the department is necessary for treatment of the patient, maintenance of adequate records,

compilation of treatment data, aftercare planning, or evaluation of programs.

For the purpose of determining whether a person meets the criteria for involuntary outpatient placement or for preparing the proposed treatment plan pursuant to s. 394.4655, the clinical record may be released to the state attorney, the public defender or the patient's private legal counsel, the court, and to the appropriate mental health professionals, including the service provider identified in s. ~~394.4655(6)(b)2.~~ 394.4655(7)(b)2., in accordance with state and federal law.

Section 90. For the 2016-2017 fiscal year, the sum of \$400,000 in nonrecurring funds is appropriated from the Operations and Maintenance Trust Fund to the Department of Children and Families for the purpose of modifying the existing crisis stabilization database to collect and analyze data and information pursuant to s. 397.321, Florida Statutes, as amended by this act.

Section 91. This act shall take effect July 1, 2016.

Approved by the Governor April 15, 2016.

Filed in Office Secretary of State April 15, 2016.