

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

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WITHDRAWN _____ (Y/N)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

1 Committee/Subcommittee hearing bill: Health & Human Services
2 Committee

3 Representative Harrell offered the following:
4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Paragraph (c) of subsection (6) of section
8 39.407, Florida Statutes, is amended to read:

9 39.407 Medical, psychiatric, and psychological examination
10 and treatment of child; physical, mental, or substance abuse
11 examination of person with or requesting child custody.—

12 (6) Children who are in the legal custody of the
13 department may be placed by the department, without prior
14 approval of the court, in a residential treatment center
15 licensed under s. 394.875 or a hospital licensed under chapter
16 395 for residential mental health treatment only pursuant to
17 this section or may be placed by the court in accordance with an

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

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

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

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

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

37
38 A copy of the written findings of the evaluation and suitability
39 assessment must be provided to the department, ~~and~~ to the
40 guardian ad litem, and to the child's Medicaid managed care
41 plan, if applicable, which entities ~~who~~ shall have the
42 opportunity to discuss the findings with the evaluator.

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

45 394.453 Legislative intent.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

97 Section 3. Subsections (26) through (38) of section
98 394.455, Florida Statutes, are renumbered as subsections (27)
99 through (39), respectively, and subsection (26) is added to that
100 section, to read:

101 394.455 Definitions.—As used in this part, unless the
102 context clearly requires otherwise, the term:

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

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

110 394.4597 Persons to be notified; designation of a
111 patient's representative.—

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

118 (2) INVOLUNTARY PATIENTS.—

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

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

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

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

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

- 141 1. The patient's spouse.
- 142 2. An adult child of the patient.
- 143 3. A parent of the patient.
- 144 4. The adult next of kin of the patient.
- 145 5. An adult friend of the patient.

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

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

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

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

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

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

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

162 6. A creditor of the patient;

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

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

171 (f) The representative selected by the patient or

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- 172 designated by the facility has the right to:
- 173 1. Receive notice of the patient's admission;
- 174 2. Receive notice of proceedings affecting the patient;
- 175 3. Have access to the patient within reasonable timelines
176 in accordance with the provider's publicized visitation policy,
177 unless such access is documented to be detrimental to the
178 patient;
- 179 4. Receive notice of any restriction of the patient's
180 right to communicate or receive visitors;
- 181 5. Receive a copy of the inventory of personal effects
182 upon the patient's admission and request an amendment to the
183 inventory at any time;
- 184 6. Receive disposition of the patient's clothing and
185 personal effects, if not returned to the patient, or approve an
186 alternate plan for disposition of such clothing and personal
187 effects;
- 188 7. Petition on behalf of the patient for a writ of habeas
189 corpus to question the cause and legality of the patient's
190 detention or to allege that the patient is being unjustly denied
191 a right or privilege granted under this part, or that a
192 procedure authorized under this part is being abused;
- 193 8. Apply for a change of venue for the patient's
194 involuntary placement hearing for the convenience of the parties
195 or witnesses or because of the patient's condition;
- 196 9. Receive written notice of any restriction of the
197 patient's right to inspect his or her clinical record;

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

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

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

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

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

215 394.4603 Designated receiving system; transportation
216 plans.

217 (1) Definitions—As used in this section:

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

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

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

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

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

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

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

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

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

259 (2) Designated receiving system.-

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

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

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

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

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

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

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

306
307 An accurate inventory of the participating service providers
308 which specifies the capabilities and limitations of each
309 provider and their ability to accept patients under the
310 designated receiving system agreements and the transportation
311 plan developed pursuant to this section shall be maintained and
312 made available at all times to all first responders in the
313 service area.

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

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328 facility. The plan may rely on emergency medical transport
329 services or private transport companies as appropriate. The
330 plan shall comply with the transportation provisions of ss.
331 394.462, 397.6771, 397.6772, 397.697, 397.6795, and 397.6822.

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

334 394.462 Transportation.—

335 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

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

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

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

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

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

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

365 b. From the person receiving the transportation.

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

369 (b) A ~~Any~~ company that transports a patient pursuant to
370 this subsection is considered an independent contractor and is
371 solely liable for the safe and dignified transportation of the
372 patient. Such company must be insured and provide no less than
373 \$100,000 in liability insurance with respect to the
374 transportation of patients.

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

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

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

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

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

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

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

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

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

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

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

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

441 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

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

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

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456 \$100,000 in liability insurance with respect to the
457 transportation of patients.

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

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

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

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

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

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

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

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

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

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

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

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

503 394.463 Involuntary examination.—

504 (2) INVOLUNTARY EXAMINATION.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

623 394.4655 Involuntary outpatient services ~~placement~~.—

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

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

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

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

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

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- 636 (e) The person has:
- 637 1. At least twice within the immediately preceding 36
- 638 months been involuntarily admitted to a receiving or treatment
- 639 facility as defined in s. 394.455, or has received mental health
- 640 services in a forensic or correctional facility. The 36-month
- 641 period does not include any period during which the person was
- 642 admitted or incarcerated; or
- 643 2. Engaged in one or more acts of serious violent behavior
- 644 toward self or others, or attempts at serious bodily harm to
- 645 himself or herself or others, within the preceding 36 months.†
- 646 (f) The person is, as a result of his or her mental
- 647 illness, unlikely to voluntarily participate in the recommended
- 648 treatment plan and ~~either he or she~~ has refused voluntary
- 649 services placement for treatment after sufficient and
- 650 conscientious explanation and disclosure of why the services are
- 651 necessary ~~purpose of placement for treatment~~ or ~~he or she~~ is
- 652 unable to determine for himself or herself whether services are
- 653 ~~placement is~~ necessary.†
- 654 (g) In view of the person's treatment history and current
- 655 behavior, the person is in need of involuntary outpatient
- 656 services placement in order to prevent a relapse or
- 657 deterioration that would be likely to result in serious bodily
- 658 harm to himself or herself or others, or a substantial harm to
- 659 his or her well-being as set forth in s. 394.463(1).†
- 660 (h) It is likely that the person will benefit from
- 661 involuntary outpatient services. ~~placement; and~~

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

665 (2) INVOLUNTARY OUTPATIENT SERVICES PLACEMENT.—

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

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688 clinical record.

689 2. If the patient has been stabilized and no longer meets
690 the criteria for involuntary examination pursuant to s.
691 394.463(1), the patient must be released from the ~~receiving~~
692 facility while awaiting the hearing for involuntary outpatient
693 services placement. Before filing a petition for involuntary
694 outpatient services treatment, the administrator of the a
695 ~~receiving~~ facility or a designated department representative
696 must identify the service provider that will have primary
697 responsibility for service provision under an order for
698 involuntary outpatient services placement, unless the person is
699 otherwise participating in outpatient psychiatric treatment and
700 is not in need of public financing for that treatment, in which
701 case the individual, if eligible, may be ordered to involuntary
702 treatment pursuant to the existing psychiatric treatment
703 relationship.

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

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

739 (b) If a patient in involuntary inpatient placement meets

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

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

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

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

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

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792 (3) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES
793 ~~PLACEMENT~~.—
794 (a) A petition for involuntary outpatient services
795 ~~placement~~ may be filed by:
796 1. The administrator of a receiving facility; or
797 2. The administrator of a treatment facility.
798 (b) Each required criterion for involuntary outpatient
799 services ~~placement~~ must be alleged and substantiated in the
800 petition for involuntary outpatient services ~~placement~~. A copy
801 of the certificate recommending involuntary outpatient services
802 ~~placement~~ completed by two ~~a~~ qualified professionals
803 ~~professional specified in subsection (2)~~ must be attached to the
804 petition. A copy of the proposed treatment plan must be attached
805 to the petition. Before the petition is filed, the service
806 provider shall certify that the services in the proposed
807 treatment plan are available. If the necessary services are not
808 available ~~in the patient's local community to respond to the~~
809 ~~person's individual needs~~, the petition may not be filed. The
810 service provider shall notify the managing entity as to the
811 availability of the requested services. The managing entity
812 shall document such efforts to obtain the requested services.
813 (c) The petition for involuntary outpatient services
814 ~~placement~~ must be filed in the county where the patient is
815 located, unless the patient is being placed from a state
816 treatment facility, in which case the petition must be filed in
817 the county where the patient will reside. When the petition has

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

824 (4) APPOINTMENT OF COUNSEL.—

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

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

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

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

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

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

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

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

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

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

915 3. If, in the clinical judgment of a physician, the
916 patient has failed or ~~has~~ refused to comply with the treatment
917 ordered by the court, and, in the clinical judgment of the
918 physician, efforts were made to solicit compliance and the
919 patient may meet the criteria for involuntary examination, a
920 person may be brought to a receiving facility pursuant to s.
921 394.463. If, after examination, the patient does not meet the

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922 criteria for involuntary inpatient placement pursuant to s.
923 394.467, the patient must be discharged from the ~~receiving~~
924 facility. The involuntary outpatient services ~~placement~~ order
925 shall remain in effect unless the service provider determines
926 that the patient no longer meets the criteria for involuntary
927 outpatient services ~~placement~~ or until the order expires. The
928 service provider must determine whether modifications should be
929 made to the existing treatment plan and must attempt to continue
930 to engage the patient in treatment. For any material
931 modification of the treatment plan to which the patient or the
932 patient's guardian advocate, if applicable ~~appointed~~, agrees
933 ~~does agree~~, the service provider shall send notice of the
934 modification to the court. Any material modifications of the
935 treatment plan which are contested by the patient or the
936 patient's guardian advocate, if applicable ~~appointed~~, must be
937 approved or disapproved by the court consistent with subsection
938 (2).

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

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948 397.675, the court may order the person to be admitted for
949 involuntary assessment for a period of 5 days pursuant to s.
950 397.6811. Thereafter, all proceedings are ~~shall be~~ governed by
951 chapter 397.

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

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

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

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

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

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

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

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

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

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1000 appointment. The public defender shall represent the person
1001 until the petition is dismissed or the court order expires or
1002 the patient is discharged from involuntary outpatient services
1003 ~~placement~~. Any attorney representing the patient shall have
1004 access to the patient, witnesses, and records relevant to the
1005 presentation of the patient's case and shall represent the
1006 interests of the patient, regardless of the source of payment to
1007 the attorney.

1008 (c) Hearings on petitions for continued involuntary
1009 outpatient services ~~placement~~ shall be before the circuit court.
1010 The court may appoint a magistrate ~~master~~ to preside at the
1011 hearing. The procedures for obtaining an order pursuant to this
1012 paragraph must meet the requirements of ~~shall be in accordance~~
1013 ~~with~~ subsection (6), except that the time period included in
1014 paragraph (1)(e) does not apply when ~~is not applicable in~~
1015 determining the appropriateness of additional periods of
1016 involuntary outpatient services ~~placement~~.

1017 (d) Notice of the hearing shall be provided as set forth
1018 in s. 394.4599. The patient and the patient's attorney may agree
1019 to a period of continued outpatient services ~~placement~~ without a
1020 court hearing.

1021 (e) The same procedure shall be repeated before the
1022 expiration of each additional period the patient is placed in
1023 treatment.

1024 (f) If the patient has previously been found incompetent
1025 to consent to treatment, the court shall consider testimony and

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1026 evidence regarding the patient's competence. Section 394.4598
1027 governs the discharge of the guardian advocate if the patient's
1028 competency to consent to treatment has been restored.

1029 Section 9. Section 394.467, Florida Statutes, is amended
1030 to read:

1031 394.467 Involuntary inpatient placement.—

1032 (1) CRITERIA.—A person may be ordered for ~~placed in~~
1033 involuntary inpatient placement for treatment upon a finding of
1034 the court by clear and convincing evidence that:

1035 (a) He or she has a mental illness ~~is mentally ill~~ and
1036 because of his or her mental illness:

1037 1.a. He or she has refused voluntary inpatient placement
1038 for treatment after sufficient and conscientious explanation and
1039 disclosure of the purpose of inpatient placement for treatment;
1040 or

1041 b. He or she is unable to determine for himself or herself
1042 whether inpatient placement is necessary; and

1043 2.a. He or she is manifestly incapable of surviving alone
1044 or with the help of willing and responsible family or friends,
1045 including available alternative services, and, without
1046 treatment, is likely to suffer from neglect or refuse to care
1047 for himself or herself, and such neglect or refusal poses a real
1048 and present threat of substantial harm to his or her well-being;
1049 or

1050 b. There is substantial likelihood that in the near future
1051 he or she will inflict serious bodily harm on self or others

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1052 ~~himself or herself or another person~~, as evidenced by recent
1053 behavior causing, attempting, or threatening such harm; and

1054 (b) All available less restrictive treatment alternatives
1055 that ~~which~~ would offer an opportunity for improvement of his or
1056 her condition have been judged to be inappropriate.

1057 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
1058 retained by a receiving facility or involuntarily placed in a
1059 treatment facility upon the recommendation of the administrator
1060 of the receiving facility where the patient has been examined
1061 and after adherence to the notice and hearing procedures
1062 provided in s. 394.4599. The recommendation must be supported by
1063 the opinion of a psychiatrist and the second opinion of a
1064 clinical psychologist, psychiatric nurse, or another
1065 psychiatrist, both of whom have personally examined the patient
1066 within the preceding 72 hours, that the criteria for involuntary
1067 inpatient placement are met. However, in a county that has a
1068 population of fewer than 50,000, if the administrator certifies
1069 that a psychiatrist, psychiatric nurse, or clinical psychologist
1070 is not available to provide the second opinion, the second
1071 opinion may be provided by a ~~licensed~~ physician who has
1072 postgraduate training and experience in diagnosis and treatment
1073 of mental illness ~~and nervous disorders~~ ~~or by a psychiatric~~
1074 ~~nurse~~. Any second opinion authorized in this subsection may be
1075 conducted through a face-to-face examination, in person or by
1076 electronic means. Such recommendation shall be entered on a
1077 petition for ~~an~~ involuntary inpatient placement certificate that

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1078 authorizes the receiving facility to retain the patient pending
1079 transfer to a treatment facility or completion of a hearing.

1080 (3) PETITION FOR INVOLUNTARY INPATIENT PLACEMENT.—The
1081 administrator of the facility shall file a petition for
1082 involuntary inpatient placement in the court in the county where
1083 the patient is located. Upon filing, the clerk of the court
1084 shall provide copies to the department, the patient, the
1085 patient's guardian or representative, and the state attorney and
1086 public defender of the judicial circuit in which the patient is
1087 located. A No fee may not shall be charged for the filing of a
1088 petition under this subsection.

1089 (b) A facility filing a petition under this subsection for
1090 involuntary inpatient placement shall send a copy of the
1091 petition to the managing entity in its area.

1092 (4) APPOINTMENT OF COUNSEL.—

1093 (a) Within 1 court working day after the filing of a
1094 petition for involuntary inpatient placement, the court shall
1095 appoint the public defender to represent the person who is the
1096 subject of the petition, unless the person is otherwise
1097 represented by counsel. The clerk of the court shall immediately
1098 notify the public defender of such appointment. Any attorney
1099 representing the patient shall have access to the patient,
1100 witnesses, and records relevant to the presentation of the
1101 patient's case and shall represent the interests of the patient,
1102 regardless of the source of payment to the attorney.

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1103 (b) The state attorney for the circuit in which the patient
1104 is located shall represent the state as the real party in
1105 interest in the proceeding. The state attorney shall have
1106 access to the patient's clinical records and witnesses and shall
1107 have the authority to independently evaluate the sufficiency and
1108 appropriateness of the petition for involuntary services.

1109 (5) CONTINUANCE OF HEARING.—The patient is entitled, with
1110 the concurrence of the patient's counsel, to at least one
1111 continuance of the hearing. ~~The continuance shall be for a~~
1112 ~~period~~ of up to 4 weeks.

1113 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

1114 (a)1. The court shall hold the hearing on involuntary
1115 inpatient placement within 5 court working days, unless a
1116 continuance is granted.

1117 2. The hearing shall be held in the county where the
1118 patient is located and shall be as convenient to the patient as
1119 may be consistent with orderly procedure and shall be conducted
1120 in physical settings not likely to be injurious to the patient's
1121 condition. If the court finds that the patient's attendance at
1122 the hearing is not consistent with the best interests of the
1123 patient, and the patient's counsel does not object, the court
1124 may waive the presence of the patient from all or any portion of
1125 the hearing. The state attorney for the circuit in which the
1126 patient is located shall represent the state, rather than the
1127 petitioning facility administrator, as the real party in
1128 interest in the proceeding.

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1129 ~~3.2.~~ The court may appoint a ~~general or special~~ magistrate
1130 to preside at the hearing. One of the two professionals who
1131 executed the petition for involuntary inpatient placement
1132 certificate shall be a witness. The patient and the patient's
1133 guardian or representative shall be informed by the court of the
1134 right to an independent expert examination. If the patient
1135 cannot afford such an examination, the court shall ensure that
1136 one is provided, as otherwise provided for by law ~~provide for~~
1137 ~~one~~. The independent expert's report is ~~shall be~~ confidential
1138 and not discoverable, unless the expert is to be called as a
1139 witness for the patient at the hearing. The testimony in the
1140 hearing must be given under oath, and the proceedings must be
1141 recorded. The patient may refuse to testify at the hearing.

1142 (b) If the court concludes that the patient meets the
1143 criteria for involuntary inpatient placement, it shall order
1144 that the patient be transferred to a treatment facility or, if
1145 the patient is at a treatment facility, that the patient be
1146 retained there or be treated at any other appropriate receiving
1147 or treatment facility, or that the patient receive services from
1148 a receiving or treatment facility, on an involuntary basis~~7~~. If
1149 the order is for treatment at a crisis stabilization unit or
1150 short-term residential treatment facility, it shall be for up to
1151 90 days; if the order is for treatment at a treatment facility,
1152 it shall be for a ~~period of~~ up to 6 months. The order shall
1153 specify the nature and extent of the patient's mental illness.
1154 The court may not order an individual with traumatic brain

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1155 injury or dementia who lacks a co-occurring mental illness to be
1156 involuntarily placed in a state treatment facility. The facility
1157 shall discharge a patient any time the patient no longer meets
1158 the criteria for involuntary inpatient placement, unless the
1159 patient has transferred to voluntary status.

1160 (c) If at any time prior to the conclusion of the hearing
1161 on involuntary inpatient placement it appears to the court that
1162 the person does not meet the criteria for involuntary inpatient
1163 placement under this section, but instead meets the criteria for
1164 involuntary outpatient placement, the court may order the person
1165 evaluated for involuntary outpatient placement pursuant to s.
1166 394.4655. The petition and hearing procedures set forth in s.
1167 394.4655 shall apply. If the person instead meets the criteria
1168 for involuntary assessment, protective custody, or involuntary
1169 admission pursuant to s. 397.675, then the court may order the
1170 person to be admitted for involuntary assessment for a period of
1171 5 days pursuant to s. 397.6811. Thereafter, all proceedings
1172 shall be governed by chapter 397.

1173 (d) At the hearing on involuntary inpatient placement, the
1174 court shall consider testimony and evidence regarding the
1175 patient's competence to consent to treatment. If the court finds
1176 that the patient is incompetent to consent to treatment, it
1177 shall appoint a guardian advocate as provided in s. 394.4598.

1178 (e) The administrator of the receiving facility shall
1179 provide a copy of the court order and adequate documentation of
1180 a patient's mental illness to the administrator of a treatment

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1181 facility if the ~~whenever~~ a patient is ordered for involuntary
1182 inpatient placement, whether by civil or criminal court. The
1183 documentation shall include any advance directives made by the
1184 patient, a psychiatric evaluation of the patient, and any
1185 evaluations of the patient performed by a clinical psychologist,
1186 psychiatric nurse, a marriage and family therapist, a mental
1187 health counselor, or a clinical social worker. The administrator
1188 of a treatment facility may refuse admission to any patient
1189 directed to its facilities on an involuntary basis, whether by
1190 civil or criminal court order, who is not accompanied at the
1191 same time by adequate orders and documentation.

1192 (7) PROCEDURE FOR CONTINUED INVOLUNTARY INPATIENT
1193 PLACEMENT.—

1194 (a) Hearings on petitions for continued involuntary
1195 inpatient placement of an individual placed at any treatment
1196 facility shall be administrative hearings and shall be conducted
1197 in accordance with ~~the provisions of~~ s. 120.57(1), except that
1198 any order entered by the administrative law judge shall be final
1199 and subject to judicial review in accordance with s. 120.68.
1200 Orders concerning patients committed after successfully pleading
1201 not guilty by reason of insanity shall be governed by the
1202 provisions of s. 916.15.

1203 (b) If the patient continues to meet the criteria for
1204 involuntary inpatient placement and is being treated at a
1205 treatment facility, the administrator shall, before ~~prior to~~ the
1206 expiration of the period ~~during which~~ the treatment facility is

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1207 authorized to retain the patient, file a petition requesting
1208 authorization for continued involuntary inpatient placement. The
1209 request shall be accompanied by a statement from the patient's
1210 physician, psychiatrist, psychiatric nurse, or clinical
1211 psychologist justifying the request, a brief description of the
1212 patient's treatment during the time he or she was involuntarily
1213 placed, and an individualized plan of continued treatment.
1214 Notice of the hearing shall be provided as set forth in s.
1215 394.4599. If at the hearing the administrative law judge finds
1216 that attendance at the hearing is not consistent with the best
1217 interests of the patient, the administrative law judge may waive
1218 the presence of the patient from all or any portion of the
1219 hearing, unless the patient, through counsel, objects to the
1220 waiver of presence. The testimony in the hearing must be under
1221 oath, and the proceedings must be recorded.

1222 (c) Unless the patient is otherwise represented or is
1223 ineligible, he or she shall be represented at the hearing on the
1224 petition for continued involuntary inpatient placement by the
1225 public defender of the circuit in which the facility is located.

1226 (d) If at a hearing it is shown that the patient continues
1227 to meet the criteria for involuntary inpatient placement, the
1228 administrative law judge shall sign the order for continued
1229 involuntary inpatient placement for a period not to exceed 6
1230 months. The same procedure shall be repeated prior to the
1231 expiration of each additional period the patient is retained.

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 7097 (2016)

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1232 (e) If continued involuntary inpatient placement is
1233 necessary for a patient admitted while serving a criminal
1234 sentence, but whose sentence is about to expire, or for a
1235 patient involuntarily placed while a minor but who is about to
1236 reach the age of 18, the administrator shall petition the
1237 administrative law judge for an order authorizing continued
1238 involuntary inpatient placement.

1239 (f) If the patient has been previously found incompetent
1240 to consent to treatment, the administrative law judge shall
1241 consider testimony and evidence regarding the patient's
1242 competence. If the administrative law judge finds evidence that
1243 the patient is now competent to consent to treatment, the
1244 administrative law judge may issue a recommended order to the
1245 court that found the patient incompetent to consent to treatment
1246 that the patient's competence be restored and that any guardian
1247 advocate previously appointed be discharged.

1248 (8) RETURN TO FACILITY OF PATIENTS. ~~If~~ When a patient
1249 involuntarily held at a treatment facility under this part
1250 leaves the facility without the administrator's authorization,
1251 the administrator may authorize a search for the patient and his
1252 or her ~~the return of the patient~~ to the facility. The
1253 administrator may request the assistance of a law enforcement
1254 agency in this regard ~~the search for and return of the patient.~~

1255 Section 10. Section 394.46715, Florida Statutes, is amended
1256 to read:

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1257 394.46715 Rulemaking authority.—The department may adopt
1258 rules to administer this part ~~Department of Children and~~
1259 ~~Families shall have rulemaking authority to implement the~~
1260 ~~provisions of ss. 394.455, 394.4598, 394.4615, 394.463,~~
1261 ~~394.4655, and 394.467 as amended or created by this act. These~~
1262 ~~rules shall be for the purpose of protecting the health, safety,~~
1263 ~~and well-being of persons examined, treated, or placed under~~
1264 ~~this act.~~

1265 Section 11. Section 394.656, Florida Statutes, is amended
1266 to read:

1267 394.656 Criminal Justice, Mental Health, and Substance
1268 Abuse Reinvestment Grant Program.—

1269 (1) There is created within the Department of Children and
1270 Families the Criminal Justice, Mental Health, and Substance
1271 Abuse Reinvestment Grant Program. The purpose of the program is
1272 to provide funding to counties with which they can plan,
1273 implement, or expand initiatives that increase public safety,
1274 avert increased spending on criminal justice, and improve the
1275 accessibility and effectiveness of treatment services for adults
1276 and juveniles who have a mental illness, substance abuse
1277 disorder, or co-occurring mental health and substance abuse
1278 disorders and who are in, or at risk of entering, the criminal
1279 or juvenile justice systems.

1280 (2) The department shall establish a Criminal Justice,
1281 Mental Health, and Substance Abuse Statewide Grant Policy Review
1282 Committee. The committee shall include:

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1283 (a) One representative of the Department of Children and
1284 Families;

1285 (b) One representative of the Department of Corrections;

1286 (c) One representative of the Department of Juvenile
1287 Justice;

1288 (d) One representative of the Department of Elderly
1289 Affairs; ~~and~~

1290 (e) One representative of the Office of the State Courts
1291 Administrator;

1292 (f) One representative of the Department of Veterans'
1293 Affairs;

1294 (g) One representative of the National Alliance on Mental
1295 Illness;

1296 (h) One representative of the Florida Sheriffs
1297 Association;

1298 (i) One representative of the Florida Police Chiefs
1299 Association;

1300 (j) One representative of the Florida Association of
1301 Counties;

1302 (k) One representative of the Florida Alcohol and Drug
1303 Abuse Association;

1304 (l) One representative of the Florida Association of
1305 Managing Entities;

1306 (m) One representative of the Florida Council for
1307 Community Mental Health;

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1308 (n) One representative of the Florida Prosecuting
1309 Attorneys Association;

1310 (o) One representative of the Florida Public Defender
1311 Association; and

1312 (p) One administrator of a state-licensed limited mental
1313 health assisted living facility.

1314 (3) The committee shall serve as the advisory body to
1315 review policy and funding issues that help reduce the impact of
1316 persons with mental illnesses and substance use disorders on
1317 communities, criminal justice agencies, and the court system.
1318 The committee shall advise the department in selecting
1319 priorities for grants and investing awarded grant moneys.

1320 (4) The department shall create a grant review and
1321 selection committee that has experience in substance use and
1322 mental health disorders, community corrections, and law
1323 enforcement. To the extent possible, the ~~members of the~~
1324 committee shall have expertise in ~~grant writing,~~ grant
1325 reviewing~~,~~ and grant application scoring.

1326 (5)~~(3)~~(a) A county, or not-for-profit community provider
1327 or managing entity designated by the county planning council or
1328 committee, as described in s. 394.657, may apply for a 1-year
1329 planning grant or a 3-year implementation or expansion grant.
1330 The purpose of the grants is to demonstrate that investment in
1331 treatment efforts related to mental illness, substance abuse
1332 disorders, or co-occurring mental health and substance abuse
1333 disorders results in a reduced demand on the resources of the

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1334 judicial, corrections, juvenile detention, and health and social
1335 services systems.

1336 (b) To be eligible to receive a 1-year planning grant or a
1337 3-year implementation or expansion grant:⁷

1338 1. A county applicant must have a ~~county~~ planning council
1339 or committee that is in compliance with the membership
1340 requirements set forth in this section.

1341 2. A not-for-profit community provider or managing entity
1342 shall be designated by the county planning council or committee
1343 and have written authorization to submit an application. A not-
1344 for-profit community provider or managing entity shall have
1345 written authorization for each application it submits.

1346 (c) The department may award a 3-year implementation or
1347 expansion grant to an applicant who has not received a 1-year
1348 planning grant.

1349 (d) The department may require an applicant to conduct
1350 sequential intercept mapping for a project. For purposes of this
1351 paragraph, the term "sequential intercept mapping" means a
1352 process for reviewing a local community's mental health,
1353 substance abuse, criminal justice, and related systems and
1354 identifying points of interceptions where interventions may be
1355 made to prevent an individual with a substance use disorder or
1356 mental illness from deeper involvement in the criminal justice
1357 system.

1358 (6)-(4) The grant review and selection committee shall
1359 select the grant recipients and notify the department of

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1360 ~~Children and Families~~ in writing of the recipients' names ~~of the~~
1361 ~~applicants who have been selected by the committee to receive a~~
1362 ~~grant~~. Contingent upon the availability of funds and upon
1363 notification by the grant review and selection committee of
1364 those applicants approved to receive planning, implementation,
1365 or expansion grants, the department ~~of Children and Families~~ may
1366 transfer funds appropriated for the grant program to a selected
1367 ~~any county awarded a grant~~ recipient.

1368 Section 12. Subsections (15) and (24) of section 394.67,
1369 Florida Statutes, are amended and renumbered as (16) and (25),
1370 present subsections (17) through (23) are renumbered as (18)
1371 through (24), and a new subsection (15) is created to read:

1372 394.67 Definitions.—As used in this part, the term:

1373 (15) "Managing entity" means a corporation that is selected
1374 by the department to execute the administrative duties specified
1375 in this section to facilitate the delivery of behavioral health
1376 services through a coordinated behavioral health system of care.

1377 ~~(16)(15)~~ "Mental health services" means those therapeutic
1378 interventions and activities that help to eliminate, reduce, or
1379 manage symptoms or distress for persons who have severe
1380 emotional distress or a mental illness and to effectively manage
1381 the disability that often accompanies a mental illness so that
1382 the person can recover from the mental illness, become
1383 appropriately self-sufficient for his or her age, and live in a
1384 stable family or in the community. ~~The term also includes those~~
1385 ~~preventive interventions and activities that reduce the risk for~~

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1386 ~~or delay the onset of mental disorders. The term includes the~~
1387 ~~following types of services:~~

1388 ~~(a) Treatment services, such as psychiatric medications~~
1389 ~~and supportive psychotherapies, which are intended to reduce or~~
1390 ~~ameliorate the symptoms of severe distress or mental illness.~~

1391 ~~(b) Rehabilitative services, which are intended to reduce~~
1392 ~~or eliminate the disability that is associated with mental~~
1393 ~~illness. Rehabilitative services may include assessment of~~
1394 ~~personal goals and strengths, readiness preparation, specific~~
1395 ~~skill training, and assistance in designing environments that~~
1396 ~~enable individuals to maximize their functioning and community~~
1397 ~~participation.~~

1398 ~~(c) Support services, which include services that assist~~
1399 ~~individuals in living successfully in environments of their~~
1400 ~~choice. Such services may include income supports, social~~
1401 ~~supports, housing supports, vocational supports, or~~
1402 ~~accommodations related to the symptoms or disabilities~~
1403 ~~associated with mental illness.~~

1404 ~~(d) Case management services, which are intended to assist~~
1405 ~~individuals in obtaining the formal and informal resources that~~
1406 ~~they need to successfully cope with the consequences of their~~
1407 ~~illness. Resources may include treatment or rehabilitative or~~
1408 ~~supportive interventions by both formal and informal providers.~~
1409 ~~Case management may include an assessment of client needs;~~
1410 ~~intervention planning with the client, his or her family, and~~
1411 ~~service providers; linking the client to needed services;~~

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1412 ~~monitoring service delivery; evaluating the effect of services~~
1413 ~~and supports; and advocating on behalf of the client.~~

1414
1415 ~~Mental health services may be delivered in a variety of~~
1416 ~~settings, such as inpatient, residential, partial hospital, day~~
1417 ~~treatment, outpatient, club house, or a drop-in or self-help~~
1418 ~~center, as well as in other community settings, such as the~~
1419 ~~client's residence or workplace. The types and intensity of~~
1420 ~~services provided shall be based on the client's clinical status~~
1421 ~~and goals, community resources, and preferences. Services such~~
1422 ~~as assertive community treatment involve all four types of~~
1423 ~~services which are delivered by a multidisciplinary treatment~~
1424 ~~team that is responsible for identified individuals who have a~~
1425 ~~serious mental illness.~~

1426 ~~(25)(24)~~ "Substance abuse services" means services
1427 designed to prevent or remediate the consequences of substance
1428 abuse, improve an individual's quality of life and self-
1429 sufficiency, and support long-term recovery. ~~The term includes~~
1430 ~~the following service categories:~~

1431 ~~(a) Prevention services, which include information~~
1432 ~~dissemination; education regarding the consequences of substance~~
1433 ~~abuse; alternative drug-free activities; problem identification;~~
1434 ~~referral of persons to appropriate prevention programs;~~
1435 ~~community-based programs that involve members of local~~
1436 ~~communities in prevention activities; and environmental~~

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1437 ~~strategies to review, change, and enforce laws that control the~~
1438 ~~availability of controlled and illegal substances.~~

1439 ~~(b) Assessment services, which include the evaluation of~~
1440 ~~individuals and families in order to identify their strengths~~
1441 ~~and determine their required level of care, motivation, and need~~
1442 ~~for treatment and ancillary services.~~

1443 ~~(c) Intervention services, which include early~~
1444 ~~identification, short-term counseling and referral, and~~
1445 ~~outreach.~~

1446 ~~(d) Rehabilitation services, which include residential,~~
1447 ~~outpatient, day or night, case management, in-home, psychiatric,~~
1448 ~~and medical treatment, and methadone or medication management.~~

1449 ~~(e) Ancillary services, which include self-help and other~~
1450 ~~support groups and activities; aftercare provided in a~~
1451 ~~structured, therapeutic environment; supported housing;~~
1452 ~~supported employment; vocational services; and educational~~
1453 ~~services.~~

1454 Section 13. Section 394.675, Florida Statutes, is amended
1455 to read:

1456 394.675 Behavioral health ~~Substance abuse and mental~~
1457 ~~health service system of care.~~—

1458 (1) A behavioral health system of care ~~community-based~~
1459 ~~system of comprehensive substance abuse and mental health~~
1460 ~~services~~ shall be established as resources permit and shall
1461 include mental health services, substance abuse services, and

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1462 services for co-occurring disorders for prevention, assessment,
1463 intervention, treatment, rehabilitation, and support, such as:

1464 (a) Crisis services provided through a designated
1465 receiving system as provided in section 394.4602.

1466 (b) Case management, which includes direct services
1467 intended to assist individuals in obtaining the formal and
1468 informal resources that they need to successfully cope with the
1469 consequences of their illness. Resources may include treatment
1470 or rehabilitative or supportive interventions by both formal and
1471 informal providers. Case management may include an assessment of
1472 individual needs; intervention planning with the individual, his
1473 or her family, and service providers; linking the individual to
1474 needed services; monitoring service delivery; evaluating the
1475 effect of services and supports; and advocating on behalf of the
1476 individual. As of July 1, 2017, case managers or persons
1477 directly supervising case managers shall hold a valid
1478 certification issued from a department-approved credentialing
1479 entity as defined in s. 397.311(9), F.S.

1480 (c) Care coordination. To the extent allowed by available
1481 resources, the managing entity shall provide for care
1482 coordination to facilitate the appropriate delivery of
1483 behavioral health care services in the least restrictive setting
1484 based on standardized level of care determinations,
1485 recommendations by a treating practitioner, and the needs of the
1486 individual and his or her family, as appropriate. In addition to
1487 treatment services, care coordination shall address the recovery

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1488 support needs of the individual and shall involve coordination
1489 with other local systems and entities, public and private, which
1490 are involved with the individual, such as primary health care,
1491 child welfare, behavioral health care, and criminal and juvenile
1492 justice organizations. The following individuals shall be
1493 prioritized for receipt of care coordination services:

1494 1. Individuals with serious mental illness or substance
1495 use disorders who have experienced multiple arrests, involuntary
1496 commitments, admittances to a state mental health treatment
1497 facility, or episodes of incarceration or have been placed on
1498 conditional release for a felony or violated a condition of
1499 probation multiple times as a result of their behavioral health
1500 condition.

1501 2. Individuals in state treatment facilities who are on the
1502 wait list for community-based care.

1503 3. Individuals in receiving facilities or crisis
1504 stabilization units who are on the wait list for a state
1505 treatment facility.

1506 (d) Transportation in accordance with a plan developed
1507 under s. 394.4602.

1508 (e) Outpatient services.

1509 (f) Residential services.

1510 (g) Hospital inpatient care.

1511 (h) Aftercare and other post-discharge services.

1512 (i) Medication Assisted Treatment and medication
1513 management.

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1514 (j) Recovery support, including, but not limited to,
1515 support for competitive employment, educational attainment,
1516 independent living skills development, family support and
1517 education, wellness management and self-care, and assistance in
1518 obtaining housing that meets the individual's needs. Such
1519 housing shall include mental health residential treatment
1520 facilities, limited mental health assisted living facilities,
1521 adult family care homes, and supportive housing. Housing
1522 provided using state funds shall provide a safe and decent
1523 environment free from abuse and neglect. The care plan shall
1524 assign specific responsibility for initial and ongoing
1525 evaluation of the supervision and support needs of the
1526 individual and the identification of housing that meets such
1527 needs. For purposes of this paragraph, the term "supervision"
1528 means oversight of and assistance with compliance with the
1529 clinical aspects of an individual's care plan.

1530 (k) Medical services which promote improved access to
1531 primary care by individuals with behavioral health conditions.

1532 (l) Behavioral health services provided in a primary
1533 health care setting.

1534 (m) Prevention and outreach services.

1535 ~~(a) Crisis services.~~

1536 ~~(b) Substance abuse services.~~

1537 ~~(c) Mental health services.~~

1538 (2) Notwithstanding the provisions of this part, funds
1539 that are provided through state and federal sources for specific

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1540 services or for specific populations shall be used for those
1541 purposes.

1542 Section 14. Section 394.761, Florida Statutes, is created
1543 to read:

1544 394.761 Revenue maximization.—The agency and the
1545 department shall develop a plan to obtain federal approval for
1546 increasing the availability of federal Medicaid funding for
1547 behavioral health care. Increased funding shall be used to
1548 advance the goal of improved integration of behavioral health
1549 and primary care services for individuals eligible for Medicaid
1550 through the development and effective implementation of
1551 behavioral health systems of care as described in s. 394.675.
1552 The agency and the department shall submit the written plan to
1553 the President of the Senate and the Speaker of the House of
1554 Representatives by November 1, 2016. The plan shall identify the
1555 amount of general revenue funding appropriated for mental health
1556 and substance abuse services which is eligible to be used as
1557 state Medicaid match. The plan shall evaluate alternative uses
1558 of increased Medicaid funding, including seeking Medicaid
1559 eligibility for the severely and persistently mentally ill or
1560 persons with substance use disorders, increased reimbursement
1561 rates for behavioral health services, adjustments to the
1562 capitation rate for Medicaid enrollees with chronic mental
1563 illness and substance use disorders, supplemental payments to
1564 mental health and substance abuse providers through a designated
1565 state health program or other mechanisms, and innovative

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1566 programs to provide incentives for improved outcomes for
1567 behavioral health conditions. The plan shall identify the
1568 advantages and disadvantages of each alternative and assess each
1569 alternative's potential for achieving improved integration of
1570 services. The plan shall identify the types of federal approvals
1571 necessary to implement each alternative and project a timeline
1572 for implementation.

1573 Section 15. Subsections (7) through (10) of section
1574 394.875, Florida Statutes, are renumbered as subsections (8)
1575 through (11), respectively, and subsection (7) is added to that
1576 section, to read:

1577 394.875 Crisis stabilization units, residential treatment
1578 facilities, and residential treatment centers for children and
1579 adolescents; authorized services; license required.—

1580 (7) Notwithstanding any other provision of law to the
1581 contrary, a crisis stabilization unit, short-term residential
1582 treatment facility, or integrated adult mental health crisis
1583 stabilization and addictions receiving facility collocated with
1584 a centralized receiving facility may be allowed in multi-story
1585 building and may be located on floors other than the ground
1586 floor.

1587 Section 16. Section 394.9082, Florida Statutes, is amended
1588 to read:

1589 (Substantial rewording of section. See
1590 s. 394.9082, F.S., for present text.)

1591 394.9082 Behavioral health managing entities.—

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1592 (1) INTENT.—The Legislature finds that untreated
1593 behavioral health disorders constitute major health problems for
1594 residents of this state, are a major economic burden to the
1595 citizens of this state, and substantially increase demands on
1596 the state's juvenile and adult criminal justice systems, the
1597 child welfare system, and health care systems. The Legislature
1598 finds that behavioral health disorders respond to appropriate
1599 treatment, rehabilitation, and supportive intervention. The
1600 Legislature finds that the state's return on its investment in
1601 the funding of the community-based behavioral health prevention
1602 and treatment service systems and facilities can be enhanced for
1603 individuals also served by Medicaid through integration, and for
1604 individuals not served by Medicaid through coordination, of
1605 these services with primary care. The Legislature finds that
1606 local communities have also made substantial investments in
1607 behavioral health services, contracting with safety net
1608 providers who by mandate and mission provide specialized
1609 services to vulnerable and hard-to-serve populations and have
1610 strong ties to local public health and public safety agencies.
1611 The Legislature finds that a regional management structure that
1612 facilitates a comprehensive and cohesive system of coordinated
1613 care for behavioral health treatment and prevention services
1614 will improve access to care, promote service continuity, and
1615 provide for more efficient and effective delivery of substance
1616 abuse and mental health services. The Legislature finds that
1617 streamlining administrative processes will create cost

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1618 efficiencies and provide flexibility to better match available
1619 services to consumers' identified needs. The Legislature finds
1620 that discharge of consumers from public receiving facilities
1621 into homelessness is inappropriate and detrimental to their
1622 recovery, and managing entities, public receiving facilities,
1623 homeless services providers, and housing providers shall work
1624 together cooperatively to identify placements that meet
1625 consumers' needs and facilitate their recovery.

1626 (2) DEFINITIONS.—As used in this section, the term:

1627 (a) "Behavioral health services" means mental health
1628 services and substance abuse services as defined in this chapter
1629 and chapter 397 which are provided using local match and state
1630 and federal funds.

1631 (b) "Behavioral health system of care" means the array of
1632 mental health services and substance abuse services described in
1633 s. 394.675, F.S.

1634 (c) "Geographic area" means one or more contiguous
1635 counties, circuits, or regions as described in s. 409.966.

1636 (d) "Managed behavioral health organization" means a
1637 Medicaid managed care organization currently under contract with
1638 the Medicaid managed medical assistance program in this state
1639 pursuant to part IV of chapter 409, including a managed care
1640 organization operating as a behavioral health specialty plan.

1641 (e) "Provider network" means the direct service agencies
1642 under contract with a managing entity to provide behavioral
1643 health services.

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1644 (f) "Subregion" means a distinct portion of a managing
1645 entity's geographic region defined by unifying service and
1646 provider utilization patterns.

1647 (3) DEPARTMENT DUTIES.—The department shall:

1648 (a) Designate, based on a plan by a county or county in
1649 collaboration with the managing entity, the receiving system
1650 developed pursuant to s. 394.4602(2).

1651 (b) Contract with organizations to serve as managing
1652 entities in accordance with the requirements of this section and
1653 conduct a readiness review of any new managing entities prior to
1654 their taking over responsibilities.

1655 (c) Specify the geographic area served by each managing
1656 entity which shall be of sufficient size in population, funding,
1657 and services for flexibility and efficiency.

1658 (d) Specify data reporting requirements and use of shared
1659 data systems.

1660 (e) Develop strategies to divert persons with mental
1661 illness or substance abuse disorders from the criminal and
1662 juvenile justice systems and to integrate services with the
1663 child welfare system.

1664 (f) Support the development and implementation of a
1665 coordinated system of care by requiring each provider that
1666 receives state funds for behavioral health services through a
1667 direct contract with the department to work with the managing
1668 entity in the provider's service area to coordinate the

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1669 provision of behavioral health services, as part of the contract
1670 with the department.

1671 (g) Provide technical assistance to the managing entities.

1672 (h) Promote the coordination of behavioral health care and
1673 primary care.

1674 (i) Facilitate coordination between the managing entity
1675 and other payors of behavioral health care.

1676 (j) Develop and provide a unique identifier for clients
1677 receiving services through the managing entity to coordinate
1678 care.

1679 (k) Coordinate procedures for the referral and admission
1680 of patients to, and the discharge of patients from, treatment
1681 facilities as defined in s. 394.455(32) and their return to the
1682 community.

1683 (l) Ensure that managing entities comply with state and
1684 federal laws, rules, regulations and grant requirements.

1685 (m) Develop rules for the operations of, and the
1686 requirements that shall be met by, the managing entity, if
1687 necessary.

1688 (4) CONTRACT WITH MANAGING ENTITIES.-

1689 (a) The department shall contract with not-for-profit
1690 community-based organizations with competence in managing
1691 provider networks serving persons with mental health and
1692 substance use disorders to serve as managing entities. However,
1693 if fewer than two responsive bids are received to a solicitation
1694 for a managing entity contract, the department shall reissue the

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1695 solicitation, and managed behavioral health organizations shall
1696 also be eligible to bid and contract with the department.

1697 (b) The department shall require all contractors serving as
1698 managing entities to operate under the same data reporting,
1699 administrative, and administrative rate requirements, regardless
1700 of whether the managing entity is for profit or not for profit.

1701 (c) When necessary due to contract termination or the
1702 expiration of the allowable contract term, the department shall
1703 issue an invitation to negotiate in order to select an
1704 organization to serve as a managing entity pursuant to paragraph
1705 (a). The department shall consider the input and recommendations
1706 of the provider network and community stakeholders when
1707 selecting a new contractor. The invitation to negotiate shall
1708 specify the criteria and the relative weight of the criteria
1709 that will be used to select the new contractor. At a minimum,
1710 the department shall consider the bidder's:

1711 1. Experience serving persons with mental health and
1712 substance use disorders.

1713 2. Established community partnerships with behavioral
1714 health providers.

1715 3. Demonstrated organizational capabilities for network
1716 management functions.

1717 4. Capability to coordinate behavioral health care
1718 services with primary care services.

1719 5. Willingness to provide recovery-oriented services and
1720 systems of care and work collaboratively with persons with

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1721 mental health and substance use disorders and their families in
1722 designing such systems and delivering such services.

1723 (d) The contract terms shall require that, when the
1724 contractor serving as the managing entity changes, the
1725 department shall develop and implement a transition plan in
1726 cooperation with the outgoing managing entity that ensures
1727 continuity of care for patients receiving behavioral health
1728 services.

1729 (5) MANAGING ENTITIES DUTIES.—A managing entity shall:

1730 (a) Maintain a board of directors or, if a managed
1731 behavioral health organization, an advisory board, that is
1732 representative of the community and that, at a minimum, includes
1733 consumers and family members, community stakeholders and
1734 organizations, a community-based care lead agency
1735 representative, and providers of mental health and substance
1736 abuse services, including public and private receiving
1737 facilities.

1738 (b) Conduct a community behavioral health care needs
1739 assessment every three years in the geographic area served by
1740 the managing entity which specifies needs by subregion. The
1741 process for conducting the needs assessment shall include an
1742 opportunity for public participation. The managing entity shall
1743 provide the needs assessment to the department.

1744 (c) Determine the optimal array of services to meet the
1745 needs identified in the community behavioral health care needs

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1746 assessment, and expand the scope of services as resources become
1747 available.

1748 (d) Work independently and in collaboration with
1749 stakeholders to improve access to and effectiveness, quality,
1750 and outcomes of behavioral health services. This work may
1751 include, but need not be limited to, facilitating the
1752 dissemination and use of evidence-informed practices.

1753 (e) Promote the development and effective implementation
1754 of a coordinated system of care pursuant to s. 394.675, F.S.

1755 (f) Submit network management plans and other documents as
1756 required by the department.

1757 (g) Develop a comprehensive provider network of qualified
1758 providers to deliver behavioral health services. The managing
1759 entity is not required to competitively procure network
1760 providers but shall publicize opportunities to join the provider
1761 network and evaluate providers in the network to determine if
1762 they may remain in the network. The managing entity shall
1763 publish these processes on its website. The managing entity
1764 shall ensure continuity of care for clients if a provider ceases
1765 to provide a service or leaves the network.

1766 (h) As appropriate, assist local providers in developing
1767 local resources by pursuing third-party payments for services,
1768 applying for grants, securing local matching funds and in-kind
1769 services, and obtaining other resources needed to ensure
1770 services are available and accessible.

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1771 (i) Provide assistance to counties to develop a designated
1772 receiving system pursuant to s. 394.4602(2) and a transportation
1773 plan pursuant to s. 394.462(3).

1774 (j) Enter into cooperative agreements with local homeless
1775 councils and organizations for sharing information about
1776 clients, available resources, and other data or information for
1777 addressing the homelessness of persons suffering from a
1778 behavioral health crisis.

1779 (k) Work collaboratively with public receiving facilities,
1780 homeless services providers, and housing providers to create or
1781 find placements for individuals served by the managing entity to
1782 prevent or reduce readmissions.

1783 (l) Monitor network providers' performance and their
1784 compliance with contract requirements and federal and state
1785 laws, rules, regulations, and grant requirements.

1786 (m) Provide or contract for case management services.

1787 (n) Manage and allocate funds for services to meet the
1788 requirements of law or rule.

1789 (o) Promote coordination of behavioral health with primary
1790 care.

1791 (p) Implement shared data systems necessary for the
1792 delivery of coordinated care and integrated services, the
1793 assessment of managing entity performance and provider
1794 performance, and the reporting of outcomes and costs of
1795 services.

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1796 (q) Operate in a transparent manner, providing public
1797 access to information, notice of meetings, and opportunities for
1798 public participation in managing entity decisionmaking.

1799 (r) Establish and maintain effective relationships with
1800 community stakeholders, including individuals served by the
1801 behavioral health system and their families, local governments,
1802 and other community organizations that meet needs of individuals
1803 with mental illness or substance abuse impairment.

1804 (s) Collaborate with and encourage increased coordination
1805 between the provider network and other systems, programs, and
1806 entities such as the child welfare system, law enforcement,
1807 criminal justice system, Medicaid program, public defenders, and
1808 regional conflict counsel.

1809 1. Collaborations with local criminal and juvenile justice
1810 systems shall seek at a minimum to divert persons with mental
1811 illness, substance abuse disorders, or co-occurring conditions,
1812 from these systems.

1813 2. Collaboration with the local court system shall seek at
1814 a minimum to develop specific written procedures and agreements
1815 to maximize the use of involuntary outpatient services, reduce
1816 involuntary inpatient treatment, and increase diversion from the
1817 criminal and juvenile justice systems.

1818 3. Collaboration with the child welfare system shall seek
1819 at a minimum to provide effective and timely services to parents
1820 and caregivers involved in the child welfare system, including
1821 provision of case management services as appropriate.

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(6) NETWORK ACCREDITATION AND SYSTEMS COORDINATIONAGREEMENTS.—

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

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

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1847 (b) If no accreditations are available or deemed
1848 acceptable which address coordination between the network and
1849 other major systems and programs, by July 1, 2017, for managing
1850 entities under contract as of July 1, 2016, and within one year
1851 after the contract execution date for managing entities
1852 initially under contract after that date, each managing entity
1853 shall enter into a memorandum of understanding detailing
1854 mechanisms for communication and coordination with any
1855 community-based care lead agencies, circuit courts, county
1856 courts, sheriff's offices, public defenders, offices of regional
1857 conflict counsel, Medicaid managed medical assistance plans, and
1858 homeless coalitions in its service area. Such entities shall
1859 cooperate with the managing entities in entering into such
1860 memoranda.

1861 (c) By February 1 of each year, beginning in 2018, each
1862 managing entity shall develop and submit to the department a
1863 prioritized plan for phased enhancement of the behavioral health
1864 system of care by subregion of the managing entity's service
1865 area, if appropriate, based on the assessed behavioral health
1866 care needs of the subregion and service gaps. If the plan
1867 recommends additional funding, for each recommended use of funds
1868 the enhancement plan shall describe, at a minimum, the specific
1869 needs that would be met, the specific services that would be
1870 purchased, the estimated benefits of the services, the projected
1871 costs, the projected number of individuals that would be served,
1872 and any other information indicating the estimated benefit to

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1873 the community. The managing entity shall include consumers and
1874 their family members, local governments, law enforcement
1875 agencies, providers, community partners, and other stakeholders
1876 when developing the plan. Individual sections of the plan shall
1877 address:

1878 1. The designated receiving systems developed pursuant to
1879 s. 394.4602, and shall give consideration to evidence-based,
1880 evidence-informed, and innovative practices for diverting
1881 individuals from the acute behavioral health care system and
1882 addressing their needs once they are in the system in the most
1883 efficient and cost-effective manner.

1884 2. Treatment and recovery services, and shall emphasize
1885 the provision of care coordination to priority populations and
1886 the use of recovery-oriented, peer-involved approaches.

1887 3. Coordination between the behavioral health system of
1888 care and other systems and shall give consideration to
1889 approaches to enhancing such coordination.

1890 (7) PERFORMANCE MEASUREMENT AND ACCOUNTABILITY.-Managing
1891 entities shall collect and submit data to the department
1892 regarding persons served, outcomes of persons served, costs of
1893 services provided through the department's contract, and other
1894 data as required by the department. The department shall
1895 evaluate managing entity performance and the overall progress
1896 made by the managing entity, together with other systems, in
1897 meeting the community's behavioral health needs, based on
1898 consumer-centered outcome measures that reflect national

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1899 standards, if possible, and that can dependably be measured. The
1900 department shall work with managing entities to establish
1901 performance standards related at a minimum to:

1902 1. The extent to which individuals in the community
1903 receive services.

1904 2. The improvement in the overall behavioral health of a
1905 community.

1906 3. The improvement in functioning or progress in the
1907 recovery of individuals served by the managing entity, as
1908 determined using person-centered measures tailored to the
1909 population.

1910 4. The success of strategies to divert admissions to acute
1911 levels of care, jails, prisons, and forensic facilities as
1912 measured by, at a minimum, the total number and percentage of
1913 clients who, during a specified period, experience multiple
1914 admissions to acute levels of care, jails, prisons, or forensic
1915 facilities.

1916 5. Consumer and family satisfaction.

1917 6. The satisfaction of key community constituencies such as
1918 law enforcement agencies, juvenile justice agencies, the courts,
1919 school districts, local government entities, hospitals, and
1920 others as appropriate for the geographical area of the managing
1921 entity.

1922 (8) FUNDING FOR MANAGING ENTITIES.—

1923 (a) A contract established between the department and a
1924 managing entity under this section shall be funded by general

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1925 revenue, other applicable state funds, or applicable federal
1926 funding sources. A managing entity may carry forward documented
1927 unexpended state funds from one fiscal year to the next, but the
1928 cumulative amount carried forward may not exceed 8 percent of
1929 the annual amount of the contract. Any unexpended state funds in
1930 excess of that percentage shall be returned to the department.
1931 The funds carried forward may not be used in a way that would
1932 increase future recurring obligations or for any program or
1933 service that was not authorized under the existing contract with
1934 the department. Expenditures of funds carried forward shall be
1935 separately reported to the department. Any unexpended funds that
1936 remain at the end of the contract period shall be returned to
1937 the department. Funds carried forward may be retained through
1938 contract renewals and new contract procurements as long as the
1939 same managing entity is retained by the department.

1940 (b) The method of payment for a fixed-price contract with
1941 a managing entity shall provide for a 2-month advance payment at
1942 the beginning of each fiscal year and equal monthly payments
1943 thereafter.

1944 (8) CRISIS STABILIZATION SERVICES UTILIZATION DATABASE.-
1945 The department shall develop, implement, and maintain standards
1946 under which a managing entity shall collect utilization data
1947 from all public receiving facilities situated within its
1948 geographic service area and all detoxification and addictions
1949 receiving facilities under contract with the managing entity. As
1950 used in this subsection, the term "public receiving facility"

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1951 means an entity that meets the licensure requirements of, and is
1952 designated by, the department to operate as a public receiving
1953 facility under s. 394.875 and that is operating as a licensed
1954 crisis stabilization unit.

1955 (a) The department shall develop standards and protocols
1956 to be used for data collection, storage, transmittal, and
1957 analysis. The standards and protocols shall allow for
1958 compatibility of data and data transmittal between public
1959 receiving facilities, detoxification facilities, addictions
1960 receiving facilities, managing entities, and the department for
1961 the implementation and requirements of this subsection.

1962 (b) A managing entity shall require providers specified in
1963 paragraph (1)(a) to submit data, in real time or at least daily,
1964 to the managing entity for:

1965 1. All admissions and discharges of clients receiving
1966 public receiving facility services who qualify as indigent, as
1967 defined in s. 394.4787;

1968 2. The current active census of total licensed beds, the
1969 number of beds purchased by the department, the number of
1970 clients qualifying as indigent who occupy those beds, and the
1971 total number of unoccupied licensed beds regardless of funding
1972 for each public receiving facility;

1973 3. All admissions and discharges of clients receiving
1974 substance abuse services in an addictions receiving facility or
1975 detoxification facility pursuant to parts IV and V of chapter
1976 397.

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1977 (c) A managing entity shall require providers specified in
1978 paragraph (1)(a) to submit data, on a monthly basis, to the
1979 managing entity which aggregates the daily data submitted under
1980 paragraph (b). The managing entity shall reconcile the data in
1981 the monthly submission to the data received by the managing
1982 entity under paragraph (b) to check for consistency. If the
1983 monthly aggregate data submitted by a provider under this
1984 paragraph are inconsistent with the daily data submitted under
1985 paragraph (b), the managing entity shall consult with the
1986 provider to make corrections necessary to ensure accurate data.

1987 (d) A managing entity shall require providers specified in
1988 paragraph (1)(a) within its provider network to submit data, on
1989 an annual basis, to the managing entity which aggregates the
1990 data submitted and reconciled under paragraph (c). The managing
1991 entity shall reconcile the data in the annual submission to the
1992 data received and reconciled by the managing entity under
1993 paragraph (c) to check for consistency. If the annual aggregate
1994 data submitted by a provider under this paragraph are
1995 inconsistent with the data received and reconciled under
1996 paragraph (c), the managing entity shall consult with the
1997 provider to make corrections necessary to ensure accurate data.

1998 (e) After ensuring the accuracy of data pursuant to
1999 paragraphs (c) and (d), the managing entity shall submit the
2000 data to the department on a monthly and an annual basis. The
2001 department shall create a statewide database for the data
2002 described under paragraph (b) and submitted under this paragraph

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2003 for the purpose of analyzing the payments for and the use of
2004 crisis stabilization services funded by the Baker Act and
2005 detoxification and addictions receiving services provided
2006 pursuant to parts IV and V of chapter 397 on a statewide basis
2007 and on an individual provider basis.

2008 Section 17. Subsections (4) through (9) of section
2009 397.305, Florida Statutes, are renumbered as subsections (7)
2010 though (12), respectively, and new subsections (4), (5), and (6)
2011 are added to that section to read:

2012 397.305 Legislative findings, intent, and purpose.—

2013 (4) It is the intent of the Legislature that licensed,
2014 qualified health professionals be authorized to practice to the
2015 full extent of their education and training in the performance
2016 of professional functions necessary to carry out the intent of
2017 this chapter.

2018 (5) It is the intent of the Legislature that state policy
2019 and funding decisions be driven by data concerning the
2020 populations served and the effectiveness of services provided.

2021 (6) It is the intent of the Legislature to establish
2022 expectations that services provided to persons in this state use
2023 the coordination-of-care principles characteristic of recovery-
2024 oriented services and include social support services, such as
2025 housing support, life skills and vocational training, and
2026 employment assistance, necessary for persons with mental health
2027 and substance use disorders to live successfully in their
2028 communities.

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2029 Section 18. Subsections (20) through (45) of section
2030 397.311, Florida Statutes, are renumbered as subsections (21)
2031 through (46), respectively, present subsection (38) is amended,
2032 and a new subsection (20) is added to that section, to read:

2033 397.311 Definitions.—As used in this chapter, except part
2034 VIII, the term:

2035 (20) "Informed consent" means consent voluntarily given in
2036 writing, by a competent person, after sufficient explanation and
2037 disclosure of the subject matter involved to enable the person
2038 to make a knowing and willful decision without any element of
2039 force, fraud, deceit, duress, or other form of constraint or
2040 coercion.

2041 (39)~~(38)~~ "Service component" or "component" means a
2042 discrete operational entity within a service provider which is
2043 subject to licensing as defined by rule. Service components
2044 include prevention, intervention, and clinical treatment
2045 described in subsection (23) ~~(22)~~.

2046 Section 19. Subsection (21) is added to section 397.321,
2047 Florida Statutes, and subsection (15) is amended, to read:

2048 397.321 Duties of the department.—The department shall:

2049 (21) Develop and prominently display on its website all
2050 forms necessary for the implementation and administration of
2051 parts IV and V of this chapter. These forms shall include, but
2052 are not limited to, a petition for involuntary admission form
2053 and all related pleading forms, and a form to be used by law
2054 enforcement agencies pursuant to s. 397.6772. The department

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2055 shall notify law enforcement agencies, the courts, and other
2056 state agencies of the existence and availability of such forms.

2057 ~~(15) Appoint a substance abuse impairment coordinator to~~
2058 ~~represent the department in efforts initiated by the statewide~~
2059 ~~substance abuse impairment prevention and treatment coordinator~~
2060 ~~established in s. 397.801 and to assist the statewide~~
2061 ~~coordinator in fulfilling the responsibilities of that position.~~

2062 Section 20. Section 397.402, Florida Statutes, is created
2063 to read:

2064 397.402 Single, consolidated licensure.—The department and
2065 the Agency for Health Care Administration shall develop a plan
2066 for modifying licensure statutes and rules to provide options
2067 for a single, consolidated license for a provider that offers
2068 multiple types of either or both mental health and substance
2069 abuse services regulated under chapters 394 and 397. The plan
2070 shall identify options for license consolidation within the
2071 department and within the agency, and shall identify interagency
2072 license consolidation options. The department and the agency
2073 shall submit the plan to the Governor, the President of the
2074 Senate, and the Speaker of the House of Representatives by
2075 November 1, 2016.

2076 Section 21. Section 397.675, Florida Statutes, is amended
2077 to read:

2078 397.675 Criteria for involuntary admissions, including
2079 protective custody, emergency admission, and other involuntary
2080 assessment, involuntary treatment, and alternative involuntary

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2081 assessment for minors, for purposes of assessment and
2082 stabilization, and for involuntary treatment.—A person meets the
2083 criteria for involuntary admission if there is good faith reason
2084 to believe the person is substance abuse impaired and, because
2085 of this condition, has refused services or is unable to
2086 determine whether services are necessary. The refusal of
2087 services is insufficient evidence of an inability to determine
2088 whether services are necessary unless, without care or treatment
2089 such impairment:

2090 (1) The person is likely to neglect or refuse care for
2091 himself or herself to the extent that the neglect or refusal
2092 poses a real and present threat of substantial harm to his or
2093 her well-being;

2094 (2) The person is at risk of the deterioration of his or
2095 her physical or mental health which may not be avoided despite
2096 assistance from willing family members, friends, or other
2097 services; or

2098 (3) There is a substantial likelihood that the person will
2099 cause serious bodily harm to himself or herself or others, as
2100 shown by the person's recent behavior. ~~Has lost the power of~~
2101 ~~self-control with respect to substance use; and either~~

2102 ~~(2) (a) Has inflicted, or threatened or attempted to~~
2103 ~~inflict, or unless admitted is likely to inflict, physical harm~~
2104 ~~on himself or herself or another; or~~

2105 ~~(b) Is in need of substance abuse services and, by reason~~
2106 ~~of substance abuse impairment, his or her judgment has been so~~

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2107 ~~impaired that the person is incapable of appreciating his or her~~
2108 ~~need for such services and of making a rational decision in~~
2109 ~~regard thereto; however, mere refusal to receive such services~~
2110 ~~does not constitute evidence of lack of judgment with respect to~~
2111 ~~his or her need for such services.~~

2112 Section 22. Subsection (1) of section 397.6772, Florida
2113 Statutes, is amended to read:

2114 397.6772 Protective custody without consent.—

2115 (1) If a person in circumstances which justify protective
2116 custody as described in s. 397.677 fails or refuses to consent
2117 to assistance and a law enforcement officer has determined that
2118 a hospital or a licensed detoxification or addictions receiving
2119 facility is the most appropriate place for the person, the
2120 officer may, after giving due consideration to the expressed
2121 wishes of the person:

2122 (a) Take the person to a hospital or to a licensed
2123 detoxification or addictions receiving facility against the
2124 person's will but without using unreasonable force. The officer
2125 shall use the standard form developed by the department pursuant
2126 to s. 397.321 to execute a written report detailing the
2127 circumstances under which the person was taken into custody. The
2128 written report shall be included in the patient's clinical
2129 record; or

2130 (b) In the case of an adult, detain the person for his or
2131 her own protection in any municipal or county jail or other
2132 appropriate detention facility.

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2133
2134 Such detention is not to be considered an arrest for any
2135 purpose, and no entry or other record may be made to indicate
2136 that the person has been detained or charged with any crime. The
2137 officer in charge of the detention facility must notify the
2138 nearest appropriate licensed service provider within the first 8
2139 hours after detention that the person has been detained. It is
2140 the duty of the detention facility to arrange, as necessary, for
2141 transportation of the person to an appropriate licensed service
2142 provider with an available bed. Persons taken into protective
2143 custody must be assessed by the attending physician within the
2144 72-hour period and without unnecessary delay, to determine the
2145 need for further services.

2146 Section 23. Paragraph (a) of subsection (1) of section
2147 397.6773, Florida Statutes, is amended to read:

2148 397.6773 Dispositional alternatives after protective
2149 custody.—

2150 (1) An individual who is in protective custody must be
2151 released by a qualified professional when:

2152 (a) The individual no longer meets the involuntary
2153 admission criteria in s. 397.675~~(1)~~;

2154 Section 24. Section 397.679, Florida Statutes, is amended
2155 to read:

2156 397.679 Emergency admission; circumstances justifying.—A
2157 person who meets the criteria for involuntary admission in s.
2158 397.675 may be admitted to a hospital or to a licensed

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2159 detoxification facility or addictions receiving facility for
2160 emergency assessment and stabilization, or to a less intensive
2161 component of a licensed service provider for assessment only,
2162 upon receipt by the facility of the professional's ~~physician's~~
2163 certificate and the completion of an application for emergency
2164 admission.

2165 Section 25. Subsection (1) of section 397.6791, Florida
2166 Statutes, is amended to read:

2167 397.6791 Emergency admission; persons who may initiate.—
2168 The following persons may request an emergency admission:

2169 (1) In the case of an adult, the certifying professional
2170 pursuant to s. 397.6793 ~~physician~~, the person's spouse or legal
2171 guardian, any relative of the person, or any other responsible
2172 adult who has personal knowledge of the person's substance abuse
2173 impairment.

2174 Section 26. Section 397.6793, Florida Statutes, is amended
2175 to read:

2176 397.6793 Professional's ~~Physician's~~ certificate for
2177 emergency admission.—

2178 (1) A physician, clinical psychologist, physician
2179 assistant, psychiatric nurse, advanced registered nurse
2180 practitioner, mental health counselor, marriage and family
2181 therapist, master's level certified addiction professional for
2182 substance abuse services, or clinical social worker may execute
2183 a certificate stating that he or she has examined a person
2184 within the preceding 5 days and finds that the person appears to

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2185 meet the criteria for emergency admission and stating the
2186 observations upon which that conclusion is based. The
2187 professional's ~~physician's~~ certificate must include the name of
2188 the person to be admitted, the relationship between the person
2189 and the professional executing the certificate ~~physician~~, the
2190 relationship between the applicant and the professional
2191 executing the certificate ~~physician~~, and any relationship
2192 between the professional executing the certificate ~~physician~~ and
2193 the licensed service provider, ~~and a statement that the person~~
2194 ~~has been examined and assessed within 5 days of the application~~
2195 ~~date,~~ and must include factual allegations with respect to the
2196 need for emergency admission, including the reason for the
2197 professional's belief that the person:

2198 (a) ~~The reason for the physician's belief that the person~~
2199 ~~is substance abuse impaired; and~~

2200 (b) Meets the criteria of s. 397.675(1), (2), or (3). ~~The~~
2201 ~~reason for the physician's belief that because of such~~
2202 ~~impairment the person has lost the power of self-control with~~
2203 ~~respect to substance abuse; and either~~

2204 (c)1. ~~The reason the physician believes that the person~~
2205 ~~has inflicted or is likely to inflict physical harm on himself~~
2206 ~~or herself or others unless admitted; or~~

2207 2. ~~The reason the physician believes that the person's~~
2208 ~~refusal to voluntarily receive care is based on judgment so~~
2209 ~~impaired by reason of substance abuse that the person is~~

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2210 ~~incapable of appreciating his or her need for care and of making~~
2211 ~~a rational decision regarding his or her need for care.~~

2212 (2) The professional's ~~physician's~~ certificate must
2213 recommend the least restrictive type of service that is
2214 appropriate for the person. The certificate must be signed by
2215 the professional ~~physician~~.

2216 (3) A signed copy of the professional's ~~physician's~~
2217 certificate shall accompany the person, and shall be made a part
2218 of the person's clinical record, together with a signed copy of
2219 the application. The application and professional's ~~physician's~~
2220 certificate authorize the involuntary admission of the person
2221 pursuant to, and subject to the provisions of, ss. 397.679-
2222 397.6797.

2223 (4) The professional's ~~physician's~~ certificate must
2224 indicate whether the person requires transportation assistance
2225 for delivery for emergency admission and specify, pursuant to s.
2226 397.6795, the type of transportation assistance necessary.

2227 Section 27. Section 397.6795, Florida Statutes, is amended
2228 to read:

2229 397.6795 Transportation-assisted delivery of persons for
2230 emergency assessment.—An applicant for a person's emergency
2231 admission, or the person's spouse or guardian, a law enforcement
2232 officer, or a health officer may deliver a person named in the
2233 professional's ~~physician's~~ certificate for emergency admission
2234 to a hospital or a licensed detoxification facility or

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2235 addictions receiving facility for emergency assessment and
2236 stabilization.

2237 Section 28. Subsection (1) of section 397.681, Florida
2238 Statutes, is amended to read:

2239 397.681 Involuntary petitions; general provisions; court
2240 jurisdiction and right to counsel.—

2241 (1) JURISDICTION.—The courts have jurisdiction of
2242 involuntary assessment and stabilization petitions and
2243 involuntary treatment petitions for substance abuse impaired
2244 persons, and such petitions must be filed with the clerk of the
2245 court in the county where the person is located. The clerk of
2246 the court may not charge a fee for the filing of a petition
2247 under this section. The chief judge may appoint a general or
2248 special magistrate to preside over all or part of the
2249 proceedings. The alleged impaired person is named as the
2250 respondent.

2251 Section 29. Subsection (1) of section 397.6811, Florida
2252 Statutes, is amended to read:

2253 397.6811 Involuntary assessment and stabilization.—A
2254 person determined by the court to appear to meet the criteria
2255 for involuntary admission under s. 397.675 may be admitted for a
2256 period of 5 days to a hospital or to a licensed detoxification
2257 facility or addictions receiving facility, for involuntary
2258 assessment and stabilization or to a less restrictive component
2259 of a licensed service provider for assessment only upon entry of
2260 a court order or upon receipt by the licensed service provider

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2261 of a petition. Involuntary assessment and stabilization may be
2262 initiated by the submission of a petition to the court.

2263 (1) If the person upon whose behalf the petition is being
2264 filed is an adult, a petition for involuntary assessment and
2265 stabilization may be filed by the respondent's spouse or legal
2266 guardian, any relative, a private practitioner, the director of
2267 a licensed service provider or the director's designee, or an
2268 adult ~~any three adults~~ who has ~~have~~ personal knowledge of the
2269 respondent's substance abuse impairment.

2270 Section 30. Section 397.6814, Florida Statutes, is amended
2271 to read:

2272 397.6814 Involuntary assessment and stabilization;
2273 contents of petition.—A petition for involuntary assessment and
2274 stabilization must contain the name of the respondent, ~~the~~ the name
2275 of the applicant or applicants, ~~the~~ the relationship between the
2276 respondent and the applicant, ~~and~~ and the name of the respondent's
2277 attorney, if known, ~~and a statement of the respondent's ability~~
2278 ~~to afford an attorney;~~ and must state facts to support the need
2279 for involuntary assessment and stabilization, including:

2280 (1) The reason for the petitioner's belief that the
2281 respondent is substance abuse impaired; ~~and~~

2282 (2) The reason for the petitioner's belief that because of
2283 such impairment the respondent has lost the power of self-
2284 control with respect to substance abuse; ~~and either~~

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2285 (3) (a) The reason the petitioner believes that the
2286 respondent has inflicted or is likely to inflict physical harm
2287 on himself or herself or others unless admitted; or

2288 (b) The reason the petitioner believes that the
2289 respondent's refusal to voluntarily receive care is based on
2290 judgment so impaired by reason of substance abuse that the
2291 respondent is incapable of appreciating his or her need for care
2292 and of making a rational decision regarding that need for care.
2293 If the respondent has refused to submit to an assessment, such
2294 refusal must be alleged in the petition.

2295
2296 A fee may not be charged for the filing of a petition pursuant
2297 to this section.

2298 Section 31. Subsection (4) is added to section 397.6818,
2299 Florida Statutes, to read:

2300 397.6818 Court determination.—At the hearing initiated in
2301 accordance with s. 397.6811(1), the court shall hear all
2302 relevant testimony. The respondent must be present unless the
2303 court has reason to believe that his or her presence is likely
2304 to be injurious to him or her, in which event the court shall
2305 appoint a guardian advocate to represent the respondent. The
2306 respondent has the right to examination by a court-appointed
2307 qualified professional. After hearing all the evidence, the
2308 court shall determine whether there is a reasonable basis to
2309 believe the respondent meets the involuntary admission criteria
2310 of s. 397.675.

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2311 (4) The order is valid only for the period specified in
2312 the order or, if a period is not specified, for 7 days after the
2313 order is signed.

2314 Section 32. Section 397.6819, Florida Statutes, is amended
2315 to read:

2316 397.6819 Involuntary assessment and stabilization;
2317 responsibility of licensed service provider.—

2318 (1) A licensed service provider may admit an individual
2319 for involuntary assessment and stabilization for a period not to
2320 exceed 5 days unless a petition has been filed pursuant to s.
2321 397.6821 or s. 397.6822. The individual must be assessed within
2322 72 hours after admission ~~without unnecessary delay~~ by a
2323 qualified professional. If an assessment is performed by a
2324 qualified professional who is not a physician, the assessment
2325 must be reviewed by a physician before the end of the assessment
2326 period.

2327 (2) The managing entity shall be notified of the
2328 recommendation of involuntary services so it may assist in
2329 locating and providing, if available, the requested services.
2330 The managing entity shall document such efforts to obtain the
2331 requested services.

2332 Section 33. Section 397.6821, Florida Statutes, is
2333 repealed.

2334 Section 34. Subsection (1) of section 397.695, Florida
2335 Statutes, is amended to read:

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2336 397.695 Involuntary services ~~treatment~~; persons who may
2337 petition.—

2338 (1) If the respondent is an adult, a petition for
2339 involuntary services ~~treatment~~ may be filed by the respondent's
2340 spouse or legal guardian, any relative, a service provider, or
2341 any ~~three~~ adults who has ~~have~~ personal knowledge of the
2342 respondent's substance abuse impairment and his or her prior
2343 course of assessment and treatment.

2344 Section 35. Section 397.6951, Florida Statutes, is amended
2345 to read:

2346 397.6951 Contents of petition for involuntary services
2347 ~~treatment~~.—A petition for involuntary services ~~treatment~~ must
2348 contain the name of the respondent to be admitted; the name of
2349 the petitioner or petitioners; the relationship between the
2350 respondent and the petitioner; the name of the respondent's
2351 attorney, if known, ~~and a statement of the petitioner's~~
2352 ~~knowledge of the respondent's ability to afford an attorney~~; the
2353 findings and recommendations of the assessment performed by the
2354 qualified professional; and the factual allegations presented by
2355 the petitioner establishing the need for involuntary services.
2356 The factual allegations shall demonstrate ~~treatment, including:~~

2357 (1) The reason for the petitioner's belief that the
2358 respondent is substance abuse impaired; and

2359 ~~(2) The reason for the petitioner's belief that because of~~
2360 ~~such impairment the respondent has lost the power of self-~~
2361 ~~control with respect to substance abuse; and either~~

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2362 ~~—— (3)(a) The reason the petitioner believes that the~~
2363 ~~criteria in s. 397.675(1), (2), and (3) are met the respondent~~
2364 ~~has inflicted or is likely to inflict physical harm on himself~~
2365 ~~or herself or others unless admitted; and or~~

2366 ~~(3)(b)~~ The reason the petitioner believes that the
2367 respondent's refusal to voluntarily receive care is based on
2368 judgment so impaired by reason of substance abuse that the
2369 respondent is incapable of appreciating his or her need for care
2370 and of making a rational decision regarding that need for care.

2371 Section 36. Section 397.6955, Florida Statutes, is amended
2372 to read:

2373 397.6955 Duties of court upon filing of petition for
2374 involuntary treatment.—Upon the filing of a petition for the
2375 involuntary treatment of a substance abuse impaired person with
2376 the clerk of the court, the court shall immediately determine
2377 whether the respondent is represented by an attorney or whether
2378 the appointment of counsel for the respondent is appropriate. If
2379 the court appoints counsel for the person, the clerk of the
2380 court shall immediately notify the regional conflict counsel,
2381 created pursuant to s. 27.511, of the appointment. The regional
2382 conflict counsel shall represent the person until the petition
2383 is dismissed, the court order expires, or the person is
2384 discharged from involuntary outpatient services. An attorney
2385 that represents the person named in the petition shall have
2386 access to the person, witnesses, and records relevant to the
2387 presentation of the person's case and shall represent the

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2388 interests of the person, regardless of the source of payment to
2389 the attorney.

2390 (2) The court shall schedule a hearing to be held on the
2391 petition within 5 ~~10~~ days, unless a continuance is granted. The
2392 court may appoint a general or special master to preside at the
2393 hearing.

2394 (3) A copy of the petition and notice of the hearing must
2395 be provided to the respondent; the respondent's parent,
2396 guardian, or legal custodian, in the case of a minor; the
2397 respondent's attorney, if known; the petitioner; the
2398 respondent's spouse or guardian, if applicable; and such other
2399 persons as the court may direct. If the respondent is a minor, a
2400 copy of the petition and notice of the hearing shall be ~~and have~~
2401 ~~such petition and order~~ personally delivered to the respondent
2402 ~~if he or she is a minor.~~ The court shall also issue a summons to
2403 the person whose admission is sought.

2404 Section 37. Section 397.697, Florida Statutes, is amended
2405 to read:

2406 397.697 Court determination; effect of court order for
2407 involuntary services ~~substance abuse treatment.~~

2408 (1) When the court finds that the conditions for
2409 involuntary services ~~substance abuse treatment~~ have been proved
2410 by clear and convincing evidence, it may order the respondent to
2411 receive ~~undergo~~ involuntary services from ~~treatment by~~ a
2412 publicly funded licensed service provider for a period not to
2413 exceed 90 ~~60~~ days. The court may also order a respondent to

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2414 receive involuntary services through a privately funded licensed
2415 service provider if the respondent has the ability to pay for
2416 the involuntary services or if any person voluntarily
2417 demonstrates the willingness and ability to pay for the
2418 respondent's involuntary services. If the court finds it
2419 necessary, it may direct the sheriff to take the respondent into
2420 custody and deliver him or her to the licensed service provider
2421 specified in the court order, or to the nearest appropriate
2422 licensed service provider, for involuntary services ~~treatment~~.
2423 When the conditions justifying involuntary services ~~treatment~~ no
2424 longer exist, the individual must be released as provided in s.
2425 397.6971. When the conditions justifying involuntary services
2426 ~~treatment~~ are expected to exist after 90 ~~60~~ days of involuntary
2427 services ~~treatment~~, a renewal of the involuntary services
2428 ~~treatment~~ order may be requested pursuant to s. 397.6975 before
2429 ~~prior to~~ the end of the 90-day ~~60-day~~ period.

2430 (2) In all cases resulting in an order for involuntary
2431 services ~~substance abuse treatment~~, the court shall retain
2432 jurisdiction over the case and the parties for the entry of such
2433 further orders as the circumstances may require. The court's
2434 requirements for notification of proposed release must be
2435 included in the original ~~treatment~~ order.

2436 (3) An involuntary services ~~treatment~~ order authorizes the
2437 licensed service provider to require the individual to receive
2438 services that ~~undergo such treatment as~~ will benefit him or her,

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2439 including services treatment at any licensable service component
2440 of a licensed service provider.

2441 (4) If the court orders involuntary services, a copy of
2442 the order shall be sent to the managing entity within 1 working
2443 day after it is received from the court. Documents may be
2444 submitted electronically through existing data systems, if
2445 applicable.

2446 Section 38. Section 397.6971, Florida Statutes, is amended
2447 to read:

2448 397.6971 Early release from involuntary services substance
2449 abuse treatment.—

2450 (1) At any time before ~~prior to~~ the end of the 90-day ~~60-~~
2451 ~~day~~ involuntary services treatment period, or before ~~prior to~~
2452 the end of any extension granted pursuant to s. 397.6975, an
2453 individual receiving ~~admitted for~~ involuntary services treatment
2454 may be determined eligible for discharge to the most appropriate
2455 referral or disposition for the individual when any of the
2456 following apply:

2457 (a) The individual no longer meets the criteria specified
2458 in s. 397.675 for involuntary admission and has given his or her
2459 informed consent to be transferred to voluntary treatment
2460 status. ~~†~~

2461 (b) If the individual was admitted on the grounds of
2462 likelihood of infliction of physical harm upon himself or
2463 herself or others, such likelihood no longer exists. ~~† or~~

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2464 (c) If the individual was admitted on the grounds of need
2465 for assessment and stabilization or treatment, accompanied by
2466 inability to make a determination respecting such need, ~~either:~~

2467 1. Such inability no longer exists; or

2468 2. It is evident that further treatment will not bring
2469 about further significant improvements in the individual's
2470 condition. ~~†~~

2471 (d) The individual is no longer in need of services. ~~† or~~

2472 (e) The director of the service provider determines that
2473 the individual is beyond the safe management capabilities of the
2474 provider.

2475 (2) Whenever a qualified professional determines that an
2476 individual admitted for involuntary services ~~qualifies treatment~~
2477 ~~is ready~~ for early release under ~~for any of the reasons listed~~
2478 ~~in~~ subsection (1), the service provider shall immediately
2479 discharge the individual, and must notify all persons specified
2480 by the court in the original ~~treatment~~ order.

2481 Section 39. Section 397.6975, Florida Statutes, is amended
2482 to read:

2483 397.6975 Extension of involuntary services ~~substance abuse~~
2484 ~~treatment~~ period.—

2485 (1) Whenever a service provider believes that an
2486 individual who is nearing the scheduled date of release from
2487 involuntary services ~~treatment~~ continues to meet the criteria
2488 for involuntary services ~~treatment~~ in s. 397.693, a petition for
2489 renewal of the involuntary services ~~treatment~~ order may be filed

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2490 with the court at least 10 days before the expiration of the
2491 court-ordered services ~~treatment~~ period. The court shall
2492 immediately schedule a hearing to be held not more than 15 days
2493 after filing of the petition. The court shall provide the copy
2494 of the petition for renewal and the notice of the hearing to all
2495 parties to the proceeding. The hearing is conducted pursuant to
2496 s. 397.6957.

2497 (2) If the court finds that the petition for renewal of
2498 the involuntary services ~~treatment~~ order should be granted, it
2499 may order the respondent to undergo involuntary services
2500 ~~treatment~~ for a period not to exceed an additional 90 days. When
2501 the conditions justifying involuntary services ~~treatment~~ no
2502 longer exist, the individual must be released as provided in s.
2503 397.6971. When the conditions justifying involuntary services
2504 ~~treatment~~ continue to exist after an additional 90 days of
2505 ~~additional treatment~~, a new petition requesting renewal of the
2506 involuntary services ~~treatment~~ order may be filed pursuant to
2507 this section.

2508 (3) Within 1 court working day after the filing of a
2509 petition for continued involuntary services, the court shall
2510 appoint the regional conflict counsel to represent the
2511 respondent, unless the respondent is otherwise represented by
2512 counsel. The clerk of the court shall immediately notify the
2513 regional conflict counsel of such appointment. The regional
2514 conflict counsel shall represent the respondent until the
2515 petition is dismissed or the court order expires or the

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2516 respondent is discharged from involuntary services. Any attorney
2517 representing the respondent shall have access to the respondent,
2518 witnesses, and records relevant to the presentation of the
2519 respondent's case and shall represent the interests of the
2520 respondent, regardless of the source of payment to the attorney.

2521 (4) Hearings on petitions for continued involuntary
2522 services shall be before the circuit court. The court may
2523 appoint a general or special master to preside at the hearing.
2524 The procedures for obtaining an order pursuant to this section
2525 shall be in accordance with s. 397.697.

2526 (5) Notice of hearing shall be provided to the respondent
2527 and his or her counsel. The respondent and the respondent's
2528 counsel may agree to a period of continued services without a
2529 court hearing.

2530 (6) The same procedure shall be repeated before the
2531 expiration of each additional period of involuntary services.

2532 (7) If the respondent has previously been found
2533 incompetent to consent to treatment, the court shall consider
2534 testimony and evidence regarding the respondent's competence.

2535 Section 40. Section 397.6977, Florida Statutes, is amended
2536 to read:

2537 397.6977 Disposition of individual upon completion of
2538 involuntary services ~~substance abuse treatment~~.-At the
2539 conclusion of the 90-day ~~60-day~~ period of court-ordered
2540 involuntary services ~~treatment~~, the individual shall ~~is~~
2541 automatically be discharged unless a motion for renewal of the

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2542 involuntary services ~~treatment~~ order has been filed with the
2543 court pursuant to s. 397.6975.

2544 Section 41. Section 397.6978, Florida Statutes, is created
2545 to read:

2546 397.6978 Guardian advocate; patient incompetent to
2547 consent; substance abuse disorder.-

2548 (1) The administrator of a receiving facility or
2549 addictions receiving facility may petition the court for the
2550 appointment of a guardian advocate based upon the opinion of a
2551 qualified professional that the patient is incompetent to
2552 consent to treatment. If the court finds that a patient is
2553 incompetent to consent to treatment, has not been adjudicated
2554 incapacitated, and that a guardian with the authority to consent
2555 to mental health treatment has not been appointed, it may
2556 appoint a guardian advocate. The patient has the right to have
2557 an attorney represent him or her at the hearing. If the person
2558 is indigent, the court shall appoint the office of the regional
2559 conflict counsel to represent him or her at the hearing. The
2560 patient has the right to testify, cross-examine witnesses, and
2561 present witnesses. The proceeding shall be recorded
2562 electronically or stenographically, and testimony shall be
2563 provided under oath. One of the qualified professionals
2564 authorized to give an opinion in support of a petition for
2565 involuntary placement, as described in s. 397.675 or s.
2566 397.6981, shall testify. A guardian advocate shall meet the
2567 qualifications of a guardian contained in part IV of chapter

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2568 744. The person who is appointed as a guardian advocate shall
2569 agree to the appointment.

2570 (2) The following persons are prohibited from appointment
2571 as a patient's guardian advocate:

2572 (a) A professional providing clinical services to the
2573 individual under this part.

2574 (b) The qualified professional who initiated the
2575 involuntary examination of the individual, if the examination
2576 was initiated by a qualified professional's certificate.

2577 (c) An employee, an administrator, or a board member of
2578 the facility providing the examination of the individual.

2579 (d) An employee, an administrator, or a board member of
2580 the treatment facility providing treatment of the individual.

2581 (e) A person providing any substantial professional
2582 services to the individual, including clinical services.

2583 (f) A creditor of the individual.

2584 (g) A person subject to an injunction for protection
2585 against domestic violence under s. 741.30, whether the order of
2586 injunction is temporary or final, and for which the individual
2587 was the petitioner.

2588 (h) A person subject to an injunction for protection
2589 against repeat violence, sexual violence, or dating violence
2590 under s. 784.046, whether the order of injunction is temporary
2591 or final, and for which the individual was the petitioner.

2592 (3) A facility requesting appointment of a guardian
2593 advocate shall, before the appointment, provide the prospective

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2594 guardian advocate with information about the duties and
2595 responsibilities of guardian advocates, including information
2596 about the ethics of medical decisionmaking. Before asking a
2597 guardian advocate to give consent to treatment for a patient,
2598 the facility shall provide to the guardian advocate sufficient
2599 information so that the guardian advocate can decide whether to
2600 give express and informed consent to the treatment. Such
2601 information shall include information that demonstrates that the
2602 treatment is essential to the care of the patient and does not
2603 present an unreasonable risk of serious, hazardous, or
2604 irreversible side effects. If possible, before giving consent to
2605 treatment, the guardian advocate shall personally meet and talk
2606 with the patient and the patient's physician. If that is not
2607 possible, the discussion may be conducted by telephone. The
2608 decision of the guardian advocate may be reviewed by the court,
2609 upon petition of the patient's attorney, the patient's family,
2610 or the facility administrator.

2611 (4) In lieu of the training required for guardians
2612 appointed pursuant to chapter 744, a guardian advocate shall
2613 attend at least a 4-hour training course approved by the court
2614 before exercising his or her authority. At a minimum, the
2615 training course shall include information about patient rights,
2616 the diagnosis of substance abuse disorders, the ethics of
2617 medical decisionmaking, and the duties of guardian advocates.

2618 (5) (a) The required training course and the information to
2619 be supplied to prospective guardian advocates before their

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2620 appointment shall be developed by the department, approved by
2621 the chief judge of the circuit court, and taught by a court-
2622 approved organization, which may include, but need not be
2623 limited to, a community college, a guardianship organization, a
2624 local bar association, or The Florida Bar.

2625 (b) The training course may be web-based, provided in
2626 video format, or other electronic means but shall be capable of
2627 ensuring the identity and participation of the prospective
2628 guardian advocate.

2629 (c) The court may decide on a case-by-case basis to waive
2630 some or all of the training requirements for or impose
2631 additional requirements on the guardian advocate. In making its
2632 decision, shall consider the experience and education of the
2633 guardian advocate, the duties assigned to the guardian advocate,
2634 and the needs of the patient.

2635 (6) In selecting a guardian advocate, the court shall give
2636 preference to the patient's health care surrogate, if one has
2637 already been designated by the patient. If the patient has not
2638 previously designated a health care surrogate, the selection
2639 shall be made, except for good cause documented in the court
2640 record, from among the following persons, listed in order of
2641 priority:

2642 (a) The patient's spouse.

2643 (b) An adult child of the patient.

2644 (c) A parent of the patient.

2645 (d) The adult next of kin of the patient.

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- 2646 (e) An adult friend of the patient.
- 2647 (f) An adult trained and willing to serve as the guardian
2648 advocate for the patient.
- 2649 (7) If a guardian with the authority to consent to medical
2650 treatment has not already been appointed, or if the patient has
2651 not already designated a health care surrogate, the court may
2652 authorize the guardian advocate to consent to medical treatment
2653 as well as substance abuse disorder treatment. Unless otherwise
2654 limited by the court, a guardian advocate with authority to
2655 consent to medical treatment has the same authority to make
2656 health care decisions and is subject to the same restrictions as
2657 a proxy appointed under part IV of chapter 765. Unless the
2658 guardian advocate has sought and received express court approval
2659 in a proceeding separate from the proceeding to determine the
2660 competence of the patient to consent to medical treatment, the
2661 guardian advocate may not consent to:
- 2662 (a) Abortion.
- 2663 (b) Sterilization.
- 2664 (c) Electroshock therapy.
- 2665 (d) Psychosurgery.
- 2666 (e) Experimental treatments that have not been approved by
2667 a federally approved institutional review board in accordance
2668 with 45 C.F.R. part 46 or 21 C.F.R. part 56.
- 2669
- 2670 The court shall base its authorization on evidence that the
2671 treatment or procedure is essential to the care of the patient

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2672 and that the treatment does not present an unreasonable risk of
2673 serious, hazardous, or irreversible side effects. In complying
2674 with this subsection, the court shall follow the procedures set
2675 forth in subsection (1).

2676 (8) The guardian advocate shall be discharged when the
2677 patient is discharged from an order for involuntary outpatient
2678 services, involuntary inpatient placement, or when the patient
2679 is transferred from involuntary to voluntary status. The court
2680 or a hearing officer shall consider the competence of the
2681 patient as provided in subsection (1) and may consider an
2682 involuntarily placed patient's competence to consent to
2683 treatment at any hearing. Upon sufficient evidence, the court
2684 may restore, or the hearing officer may recommend that the court
2685 restore, the patient's competence. A copy of the order restoring
2686 competence or the certificate of discharge containing the
2687 restoration of competence shall be provided to the patient and
2688 the guardian advocate.

2689 Section 42. Section 491.0045, Florida Statutes is amended
2690 to read:

2691 491.0045 Intern registration; requirements.—

2692 (1) ~~Effective January 1, 1998,~~ An individual who has not
2693 satisfied intends to practice in Florida to satisfy the
2694 postgraduate or post-master's level experience requirements, as
2695 specified in s. 491.005(1)(c), (3)(c), or (4)(c), must register
2696 as an intern in the profession for which he or she is seeking
2697 licensure prior to commencing the post-master's experience

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2698 requirement or an individual who intends to satisfy part of the
2699 required graduate-level practicum, internship, or field
2700 experience, outside the academic arena for any profession, must
2701 register as an intern in the profession for which he or she is
2702 seeking licensure prior to commencing the practicum, internship,
2703 or field experience.

2704 (2) The department shall register as a clinical social
2705 worker intern, marriage and family therapist intern, or mental
2706 health counselor intern each applicant who the board certifies
2707 has:

2708 (a) Completed the application form and remitted a
2709 nonrefundable application fee not to exceed \$200, as set by
2710 board rule;

2711 (b)1. Completed the education requirements as specified in
2712 s. 491.005(1)(c), (3)(c), or (4)(c) for the profession for which
2713 he or she is applying for licensure, if needed; and

2714 2. Submitted an acceptable supervision plan, as determined
2715 by the board, for meeting the practicum, internship, or field
2716 work required for licensure that was not satisfied in his or her
2717 graduate program.

2718 (c) Identified a qualified supervisor.

2719 (3) An individual registered under this section must
2720 remain under supervision while practicing under registered
2721 intern status ~~until he or she is in receipt of a license or a~~
2722 ~~letter from the department stating that he or she is licensed to~~
2723 ~~practice the profession for which he or she applied.~~

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2724 ~~(4) An individual who has applied for intern registration~~
2725 ~~on or before December 31, 2001, and has satisfied the education~~
2726 ~~requirements of s. 491.005 that are in effect through December~~
2727 ~~31, 2000, will have met the educational requirements for~~
2728 ~~licensure for the profession for which he or she has applied.~~

2729 ~~(4)(5) An individual who fails~~ Individuals who have
2730 ~~commenced the experience requirement as specified in s.~~
2731 ~~491.005(1)(c), (3)(c), or (4)(c) but failed to register as~~
2732 ~~required by subsection (1) shall register with the department~~
2733 ~~before January 1, 2000. Individuals who fail to comply with this~~
2734 ~~section may~~ subsection shall not be granted a license under this
2735 chapter, and any time spent by the individual completing the
2736 experience requirement as specified in s. 491.005(1)(c), (3)(c),
2737 or (4)(c) before ~~prior to~~ registering as an intern does shall
2738 not count toward completion of the ~~such~~ requirement.

2739 (5) An intern registration is valid for 5 years.

2740 (6) A registration issued on or before March 31, 2017,
2741 expires March 31, 2022, and may not be renewed or reissued. A
2742 registration issued after March 31, 2017, expires 60 months
2743 after the date it is issued. A subsequent intern registration
2744 may not be issued unless the candidate has passed the theory and
2745 practice examination described in s. 491.005(1)(d), (3)(d), and
2746 (4)(d).

2747 (7) An individual who has held a provisional license
2748 issued by the board may not apply for an intern registration in
2749 the same profession.

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- 2750 Section 43. Section 394.4674, Florida Statutes, is
2751 repealed.
- 2752 Section 44. Section 394.4985, Florida Statutes, is
2753 repealed.
- 2754 Section 45. Section 394.745, Florida Statutes, is
2755 repealed.
- 2756 Section 46. Section 397.331, Florida Statutes, is
2757 repealed.
- 2758 Section 47. Section 397.801, Florida Statutes, is
2759 repealed.
- 2760 Section 48. Section 397.811, Florida Statutes, is
2761 repealed.
- 2762 Section 49. Section 397.821, Florida Statutes, is
2763 repealed.397
- 2764 Section 50. Section 397.901, Florida Statutes, is
2765 repealed.
- 2766 Section 51. Section 397.93, Florida Statutes, is repealed.
- 2767 Section 52. Section 397.94, Florida Statutes, is repealed.
- 2768 Section 53. Section 397.951, Florida Statutes, is
2769 repealed.
- 2770 Section 54. Section 397.97, Florida Statutes, is repealed.
- 2771 Section 55. Section 397.98, Florida Statutes, is repealed.
- 2772 Section 56. Paragraph (e) of subsection (5) of section
2773 212.055, Florida Statutes, is amended to read:
- 2774 212.055 Discretionary sales surtaxes; legislative intent;
2775 authorization and use of proceeds.—It is the legislative intent

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2776 that any authorization for imposition of a discretionary sales
2777 surtax shall be published in the Florida Statutes as a
2778 subsection of this section, irrespective of the duration of the
2779 levy. Each enactment shall specify the types of counties
2780 authorized to levy; the rate or rates which may be imposed; the
2781 maximum length of time the surtax may be imposed, if any; the
2782 procedure which must be followed to secure voter approval, if
2783 required; the purpose for which the proceeds may be expended;
2784 and such other requirements as the Legislature may provide.
2785 Taxable transactions and administrative procedures shall be as
2786 provided in s. 212.054.

2787 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined
2788 in s. 125.011(1) may levy the surtax authorized in this
2789 subsection pursuant to an ordinance either approved by
2790 extraordinary vote of the county commission or conditioned to
2791 take effect only upon approval by a majority vote of the
2792 electors of the county voting in a referendum. In a county as
2793 defined in s. 125.011(1), for the purposes of this subsection,
2794 "county public general hospital" means a general hospital as
2795 defined in s. 395.002 which is owned, operated, maintained, or
2796 governed by the county or its agency, authority, or public
2797 health trust.

2798 (e) A governing board, agency, or authority shall be
2799 chartered by the county commission upon this act becoming law.
2800 The governing board, agency, or authority shall adopt and
2801 implement a health care plan for indigent health care services.

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Bill No. CS/HB 7097 (2016)

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2802 The governing board, agency, or authority shall consist of no
2803 more than seven and no fewer than five members appointed by the
2804 county commission. The members of the governing board, agency,
2805 or authority shall be at least 18 years of age and residents of
2806 the county. No member may be employed by or affiliated with a
2807 health care provider or the public health trust, agency, or
2808 authority responsible for the county public general hospital.
2809 The following community organizations shall each appoint a
2810 representative to a nominating committee: the South Florida
2811 Hospital and Healthcare Association, the Miami-Dade County
2812 Public Health Trust, the Dade County Medical Association, the
2813 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
2814 County. This committee shall nominate between 10 and 14 county
2815 citizens for the governing board, agency, or authority. The
2816 slate shall be presented to the county commission and the county
2817 commission shall confirm the top five to seven nominees,
2818 depending on the size of the governing board. Until such time as
2819 the governing board, agency, or authority is created, the funds
2820 provided for in subparagraph (d)2. shall be placed in a
2821 restricted account set aside from other county funds and not
2822 disbursed by the county for any other purpose.

2823 1. The plan shall divide the county into a minimum of four
2824 and maximum of six service areas, with no more than one
2825 participant hospital per service area. The county public general
2826 hospital shall be designated as the provider for one of the

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2827 service areas. Services shall be provided through participants'
2828 primary acute care facilities.

2829 2. The plan and subsequent amendments to it shall fund a
2830 defined range of health care services for both indigent persons
2831 and the medically poor, including primary care, preventive care,
2832 hospital emergency room care, and hospital care necessary to
2833 stabilize the patient. For the purposes of this section,
2834 "stabilization" means stabilization as defined in s. 397.311(42)
2835 ~~397.311(41)~~. Where consistent with these objectives, the plan
2836 may include services rendered by physicians, clinics, community
2837 hospitals, and alternative delivery sites, as well as at least
2838 one regional referral hospital per service area. The plan shall
2839 provide that agreements negotiated between the governing board,
2840 agency, or authority and providers shall recognize hospitals
2841 that render a disproportionate share of indigent care, provide
2842 other incentives to promote the delivery of charity care to draw
2843 down federal funds where appropriate, and require cost
2844 containment, including, but not limited to, case management.
2845 From the funds specified in subparagraphs (d)1. and 2. for
2846 indigent health care services, service providers shall receive
2847 reimbursement at a Medicaid rate to be determined by the
2848 governing board, agency, or authority created pursuant to this
2849 paragraph for the initial emergency room visit, and a per-member
2850 per-month fee or capitation for those members enrolled in their
2851 service area, as compensation for the services rendered
2852 following the initial emergency visit. Except for provisions of

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2853 emergency services, upon determination of eligibility,
2854 enrollment shall be deemed to have occurred at the time services
2855 were rendered. The provisions for specific reimbursement of
2856 emergency services shall be repealed on July 1, 2001, unless
2857 otherwise reenacted by the Legislature. The capitation amount or
2858 rate shall be determined prior to program implementation by an
2859 independent actuarial consultant. In no event shall such
2860 reimbursement rates exceed the Medicaid rate. The plan must also
2861 provide that any hospitals owned and operated by government
2862 entities on or after the effective date of this act must, as a
2863 condition of receiving funds under this subsection, afford
2864 public access equal to that provided under s. 286.011 as to any
2865 meeting of the governing board, agency, or authority the subject
2866 of which is budgeting resources for the retention of charity
2867 care, as that term is defined in the rules of the Agency for
2868 Health Care Administration. The plan shall also include
2869 innovative health care programs that provide cost-effective
2870 alternatives to traditional methods of service and delivery
2871 funding.

2872 3. The plan's benefits shall be made available to all
2873 county residents currently eligible to receive health care
2874 services as indigents or medically poor as defined in paragraph
2875 (4) (d).

2876 4. Eligible residents who participate in the health care
2877 plan shall receive coverage for a period of 12 months or the

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2878 period extending from the time of enrollment to the end of the
2879 current fiscal year, per enrollment period, whichever is less.

2880 5. At the end of each fiscal year, the governing board,
2881 agency, or authority shall prepare an audit that reviews the
2882 budget of the plan, delivery of services, and quality of
2883 services, and makes recommendations to increase the plan's
2884 efficiency. The audit shall take into account participant
2885 hospital satisfaction with the plan and assess the amount of
2886 poststabilization patient transfers requested, and accepted or
2887 denied, by the county public general hospital.

2888 Section 57. Subsection (1) of section 394.657, Florida
2889 Statutes, is amended to read:

2890 394.657 County planning councils or committees.—

2891 (1) Each board of county commissioners shall designate the
2892 county public safety coordinating council established under s.
2893 951.26, or designate another criminal or juvenile justice mental
2894 health and substance abuse council or committee, as the planning
2895 council or committee. The public safety coordinating council or
2896 other designated criminal or juvenile justice mental health and
2897 substance abuse council or committee, in coordination with the
2898 county offices of planning and budget, shall make a formal
2899 recommendation to the board of county commissioners regarding
2900 how the Criminal Justice, Mental Health, and Substance Abuse
2901 Reinvestment Grant Program may best be implemented within a
2902 community. The board of county commissioners may assign any
2903 entity to prepare the application on behalf of the county

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2904 administration for submission to the Criminal Justice, Mental
2905 Health, and Substance Abuse Statewide Grant Policy Review
2906 Committee for review. A county may join with one or more
2907 counties to form a consortium and use a regional public safety
2908 coordinating council or another county-designated regional
2909 criminal or juvenile justice mental health and substance abuse
2910 planning council or committee for the geographic area
2911 represented by the member counties.

2912 Section 58. Subsection (1) of section 394.658, Florida
2913 Statutes, is amended to read:

2914 394.658 Criminal Justice, Mental Health, and Substance
2915 Abuse Reinvestment Grant Program requirements.—

2916 (1) The Criminal Justice, Mental Health, and Substance
2917 Abuse Statewide Grant Policy Review Committee, in collaboration
2918 with the Department of Children and Families, the Department of
2919 Corrections, the Department of Juvenile Justice, the Department
2920 of Elderly Affairs, and the Office of the State Courts
2921 Administrator, shall establish criteria to be used to review
2922 submitted applications and to select the county that will be
2923 awarded a 1-year planning grant or a 3-year implementation or
2924 expansion grant. A planning, implementation, or expansion grant
2925 may not be awarded unless the application of the county meets
2926 the established criteria.

2927 (a) The application criteria for a 1-year planning grant
2928 must include a requirement that the applicant county or counties
2929 have a strategic plan to initiate systemic change to identify

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2930 and treat individuals who have a mental illness, substance abuse
2931 disorder, or co-occurring mental health and substance abuse
2932 disorders who are in, or at risk of entering, the criminal or
2933 juvenile justice systems. The 1-year planning grant must be used
2934 to develop effective collaboration efforts among participants in
2935 affected governmental agencies, including the criminal,
2936 juvenile, and civil justice systems, mental health and substance
2937 abuse treatment service providers, transportation programs, and
2938 housing assistance programs. The collaboration efforts shall be
2939 the basis for developing a problem-solving model and strategic
2940 plan for treating adults and juveniles who are in, or at risk of
2941 entering, the criminal or juvenile justice system and doing so
2942 at the earliest point of contact, taking into consideration
2943 public safety. The planning grant shall include strategies to
2944 divert individuals from judicial commitment to community-based
2945 service programs offered by the Department of Children and
2946 Families in accordance with ss. 916.13 and 916.17.

2947 (b) The application criteria for a 3-year implementation
2948 or expansion grant shall require information from a county that
2949 demonstrates its completion of a well-established collaboration
2950 plan that includes public-private partnership models and the
2951 application of evidence-based practices. The implementation or
2952 expansion grants may support programs and diversion initiatives
2953 that include, but need not be limited to:

- 2954 1. Mental health courts;
- 2955 2. Diversion programs;

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- 2956 3. Alternative prosecution and sentencing programs;
2957 4. Crisis intervention teams;
2958 5. Treatment accountability services;
2959 6. Specialized training for criminal justice, juvenile
2960 justice, and treatment services professionals;
2961 7. Service delivery of collateral services such as
2962 housing, transitional housing, and supported employment; and
2963 8. Reentry services to create or expand mental health and
2964 substance abuse services and supports for affected persons.
- 2965 (c) Each county application must include the following
2966 information:
- 2967 1. An analysis of the current population of the jail and
2968 juvenile detention center in the county, which includes:
- 2969 a. The screening and assessment process that the county
2970 uses to identify an adult or juvenile who has a mental illness,
2971 substance abuse disorder, or co-occurring mental health and
2972 substance abuse disorders;
- 2973 b. The percentage of each category of persons admitted to
2974 the jail and juvenile detention center that represents people
2975 who have a mental illness, substance abuse disorder, or co-
2976 occurring mental health and substance abuse disorders; and
- 2977 c. An analysis of observed contributing factors that
2978 affect population trends in the county jail and juvenile
2979 detention center.
- 2980 2. A description of the strategies the county intends to
2981 use to serve one or more clearly defined subsets of the

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2982 population of the jail and juvenile detention center who have a
2983 mental illness or to serve those at risk of arrest and
2984 incarceration. The proposed strategies may include identifying
2985 the population designated to receive the new interventions, a
2986 description of the services and supervision methods to be
2987 applied to that population, and the goals and measurable
2988 objectives of the new interventions. The interventions a county
2989 may use with the target population may include, but are not
2990 limited to:

- 2991 a. Specialized responses by law enforcement agencies;
- 2992 b. Centralized receiving facilities for individuals
2993 evidencing behavioral difficulties;
- 2994 c. Postbooking alternatives to incarceration;
- 2995 d. New court programs, including pretrial services and
2996 specialized dockets;
- 2997 e. Specialized diversion programs;
- 2998 f. Intensified transition services that are directed to
2999 the designated populations while they are in jail or juvenile
3000 detention to facilitate their transition to the community;
- 3001 g. Specialized probation processes;
- 3002 h. Day-reporting centers;
- 3003 i. Linkages to community-based, evidence-based treatment
3004 programs for adults and juveniles who have mental illness or
3005 substance abuse disorders; and

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3006 j. Community services and programs designed to prevent
3007 high-risk populations from becoming involved in the criminal or
3008 juvenile justice system.

3009 3. The projected effect the proposed initiatives will have
3010 on the population and the budget of the jail and juvenile
3011 detention center. The information must include:

3012 a. The county's estimate of how the initiative will reduce
3013 the expenditures associated with the incarceration of adults and
3014 the detention of juveniles who have a mental illness;

3015 b. The methodology that the county intends to use to
3016 measure the defined outcomes and the corresponding savings or
3017 averted costs;

3018 c. The county's estimate of how the cost savings or
3019 averted costs will sustain or expand the mental health and
3020 substance abuse treatment services and supports needed in the
3021 community; and

3022 d. How the county's proposed initiative will reduce the
3023 number of individuals judicially committed to a state mental
3024 health treatment facility.

3025 4. The proposed strategies that the county intends to use
3026 to preserve and enhance its community mental health and
3027 substance abuse system, which serves as the local behavioral
3028 health safety net for low-income and uninsured individuals.

3029 5. The proposed strategies that the county intends to use
3030 to continue the implemented or expanded programs and initiatives
3031 that have resulted from the grant funding.

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3032 Section 59. Subsection (6) of section 394.9085, Florida
3033 Statutes, is amended to read:

3034 394.9085 Behavioral provider liability.—

3035 (6) For purposes of this section, the terms
3036 "detoxification services," "addictions receiving facility," and
3037 "receiving facility" have the same meanings as those provided in
3038 ss. 397.311(23)(a)4., 397.311(23)(a)1. ~~397.311(22)(a)4.,~~
3039 ~~397.311(22)(a)1.,~~ and 394.455(26), respectively.

3040 Section 60. Subsection (8) of section 397.405, Florida
3041 Statutes, is amended to read:

3042 397.405 Exemptions from licensure.—The following are
3043 exempt from the licensing provisions of this chapter:

3044 (8) A legally cognizable church or nonprofit religious
3045 organization or denomination providing substance abuse services,
3046 including prevention services, which are solely religious,
3047 spiritual, or ecclesiastical in nature. A church or nonprofit
3048 religious organization or denomination providing any of the
3049 licensed service components itemized under s. 397.311(23)
3050 ~~397.311(22)~~ is not exempt from substance abuse licensure but
3051 retains its exemption with respect to all services which are
3052 solely religious, spiritual, or ecclesiastical in nature.

3053
3054 The exemptions from licensure in this section do not apply to
3055 any service provider that receives an appropriation, grant, or
3056 contract from the state to operate as a service provider as
3057 defined in this chapter or to any substance abuse program

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3058 regulated pursuant to s. 397.406. Furthermore, this chapter may
3059 not be construed to limit the practice of a physician or
3060 physician assistant licensed under chapter 458 or chapter 459, a
3061 psychologist licensed under chapter 490, a psychotherapist
3062 licensed under chapter 491, or an advanced registered nurse
3063 practitioner licensed under part I of chapter 464, who provides
3064 substance abuse treatment, so long as the physician, physician
3065 assistant, psychologist, psychotherapist, or advanced registered
3066 nurse practitioner does not represent to the public that he or
3067 she is a licensed service provider and does not provide services
3068 to individuals pursuant to part V of this chapter. Failure to
3069 comply with any requirement necessary to maintain an exempt
3070 status under this section is a misdemeanor of the first degree,
3071 punishable as provided in s. 775.082 or s. 775.083.

3072 Section 61. Subsections (1) and (5) of section 397.407,
3073 Florida Statutes, are amended to read:

3074 397.407 Licensure process; fees.—

3075 (1) The department shall establish the licensure process
3076 to include fees and categories of licenses and must prescribe a
3077 fee range that is based, at least in part, on the number and
3078 complexity of programs listed in s. 397.311(23) ~~397.311(22)~~
3079 which are operated by a licensee. The fees from the licensure of
3080 service components are sufficient to cover at least 50 percent
3081 of the costs of regulating the service components. The
3082 department shall specify a fee range for public and privately
3083 funded licensed service providers. Fees for privately funded

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3084 licensed service providers must exceed the fees for publicly
3085 funded licensed service providers.

3086 (5) The department may issue probationary, regular, and
3087 interim licenses. The department shall issue one license for
3088 each service component that is operated by a service provider
3089 and defined pursuant to s. 397.311(23) ~~397.311(22)~~. The license
3090 is valid only for the specific service components listed for
3091 each specific location identified on the license. The licensed
3092 service provider shall apply for a new license at least 60 days
3093 before the addition of any service components or 30 days before
3094 the relocation of any of its service sites. Provision of service
3095 components or delivery of services at a location not identified
3096 on the license may be considered an unlicensed operation that
3097 authorizes the department to seek an injunction against
3098 operation as provided in s. 397.401, in addition to other
3099 sanctions authorized by s. 397.415. Probationary and regular
3100 licenses may be issued only after all required information has
3101 been submitted. A license may not be transferred. As used in
3102 this subsection, the term "transfer" includes, but is not
3103 limited to, the transfer of a majority of the ownership interest
3104 in the licensed entity or transfer of responsibilities under the
3105 license to another entity by contractual arrangement.

3106 Section 62. Section 397.416, Florida Statutes, is amended
3107 to read:

3108 397.416 Substance abuse treatment services; qualified
3109 professional.—Notwithstanding any other provision of law, a

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3110 person who was certified through a certification process
3111 recognized by the former Department of Health and Rehabilitative
3112 Services before January 1, 1995, may perform the duties of a
3113 qualified professional with respect to substance abuse treatment
3114 services as defined in this chapter, and need not meet the
3115 certification requirements contained in s. 397.311(31)
3116 ~~397.311(30)~~.

3117 Section 63. Paragraphs (d) and (g) of subsection (1) of
3118 section 440.102, Florida Statutes, are amended to read:

3119 440.102 Drug-free workplace program requirements.—The
3120 following provisions apply to a drug-free workplace program
3121 implemented pursuant to law or to rules adopted by the Agency
3122 for Health Care Administration:

3123 (1) DEFINITIONS.—Except where the context otherwise
3124 requires, as used in this act:

3125 (d) "Drug rehabilitation program" means a service
3126 provider, established pursuant to s. 397.311(40) ~~397.311(39)~~,
3127 that provides confidential, timely, and expert identification,
3128 assessment, and resolution of employee drug abuse.

3129 (g) "Employee assistance program" means an established
3130 program capable of providing expert assessment of employee
3131 personal concerns; confidential and timely identification
3132 services with regard to employee drug abuse; referrals of
3133 employees for appropriate diagnosis, treatment, and assistance;
3134 and followup services for employees who participate in the
3135 program or require monitoring after returning to work. If, in

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3136 addition to the above activities, an employee assistance program
3137 provides diagnostic and treatment services, these services shall
3138 in all cases be provided by service providers pursuant to s.
3139 397.311(40) ~~397.311(39)~~.

3140 Section 64. Except as otherwise expressly provided in this
3141 act and except for this section, which shall take effect upon
3142 this act becoming a law, this act shall take effect July 1,
3143 2016.

3144

3145 -----

3146 **T I T L E A M E N D M E N T**

3147 Remove everything before the enacting clause and
3148 insert:

3149 An act relating to mental health and substance abuse; amending
3150 s. 39.407, F.S.; requiring information about a child's
3151 suitability for residential treatment to be provided to an
3152 additional recipient; amending s. 394.453, F.S.; revising
3153 legislative intent regarding the Florida Mental Health Act;
3154 amending s. 394.455, F.S.; defining the term "qualified
3155 professional"; amending s. 394.4597, F.S.; specifying certain
3156 persons who are prohibited from being selected as a patient's
3157 representative; providing rights of a patient's representative;
3158 creating s. 394.4603, F.S.; defining "access center," "addiction
3159 receiving facility," "designated receiving facility,"
3160 "detoxification facility," "facility," "no-wrong-door model,"
3161 "receiving facility," and "triage center"; creating a designated

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3162 receiving system that functions as a no-wrong-door model, based
3163 on models such as a central receiving system, a coordinated
3164 receiving system, or a tiered receiving system; requiring each
3165 county develop and implement a transportation plan for the
3166 designated receiving system; amending s. 394.462, F.S.;
3167 providing for transportation of a person to a facility other
3168 than the nearest receiving facility; providing for the
3169 development and implementation of transportation exception
3170 plans; amends s. 394.463, F.S.; authorizing circuit or county
3171 courts to enter ex parte orders for involuntary examination;
3172 amends s. 394.4655, F.S; renaming involuntary outpatient
3173 placement; providing for involuntary outpatient services;
3174 requiring a service provider to document certain inquiries;
3175 requiring the managing entity to document certain efforts;
3176 making technical changes; amending 394.467, F.S.; revising
3177 criteria for involuntary inpatient placement; requiring a
3178 facility filing a petition for involuntary inpatient placement
3179 to send a copy to the department and managing entity; revising
3180 criteria for a hearing on involuntary inpatient placement;
3181 revising criteria for a procedure for continued involuntary
3182 inpatient services; specifying requirements for a certain waiver
3183 of the patient's attendance at a hearing; requiring the court to
3184 consider certain testimony and evidence regarding a patient's
3185 incompetence; limiting duration of treatment at a crisis
3186 stabilization unit or short-term residential treatment facility
3187 to 90 days; permitting treatment at a treatment facility for up

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3188 to 6 months; prohibiting a court from ordering a person with
3189 traumatic brain injury or dementia who lacks a co-occurring
3190 mental illness to be involuntarily placed in a state treatment
3191 facility; providing for the return of a patient to a treatment
3192 facility when the patient leaves without authorization; amends
3193 s. 394.46715, F.S., revising the Department of Children and
3194 Families' rulemaking authority; amending s. 394.656, F.S.;
3195 renaming the Criminal Justice, Mental Health, and Substance
3196 Abuse Statewide Grant Review Committee; providing additional
3197 members of the committee; providing duties of the committee;
3198 directing the department to create a grant review and selection
3199 committee; providing duties of the committee; authorizing a
3200 designated not-for-profit community provider or managing entity
3201 to apply for certain grants; providing eligibility requirements;
3202 defining the term "sequential intercept mapping"; revising
3203 provisions relating to the transfer of grant funds by the
3204 department; amending s. 394.67, F.S.; defining the term
3205 "managing entity" and revising the definitions of "mental health
3206 services" and "substance abuse services"; amending s. 394.675,
3207 F.S.; creating a behavioral health system of care to provide
3208 mental health and substance abuse services and services for co-
3209 occurring conditions; requiring case managers and individuals
3210 supervising case managers to hold a valid credential; creating
3211 s. 394.761, F.S.; requiring the Agency for Health Care
3212 Administration and the department to develop a plan to obtain
3213 federal approval for increasing the availability of federal

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 7097 (2016)

Amendment No.

3214 Medicaid funding for behavioral health care to be used for a
3215 specified purpose; requiring the agency and the department to
3216 submit a written plan that contains certain information to the
3217 Legislature by a specified date; amending s. 394.875, F.S.;
3218 allowing certain facilities to be located in the upper floors of
3219 a building; amending s. 394.9082, F.S.; revising legislative
3220 findings and intent relating to behavioral health managing
3221 entities; revising and providing definitions; requiring, rather
3222 than authorizing, the department to contract with not-for-profit
3223 community-based organizations to serve as managing entities;
3224 deleting provisions providing for contracting for services;
3225 providing contractual responsibilities of a managing entity;
3226 providing protocols for the department to select a managing
3227 entity; providing duties of managing entities; requiring the
3228 department to develop and enforce measurable outcome standards
3229 that address specified goals; providing specified elements in a
3230 behavioral health system of care; revising the criteria that the
3231 department may use when adopting rules and contractual standards
3232 relating to the qualification and operation of managing
3233 entities; deleting certain departmental responsibilities;
3234 providing that managing entities may earn coordinated behavioral
3235 health system of care designations by developing and
3236 implementing certain plans; providing requirements for the
3237 plans; providing for earning and maintaining such designation;
3238 requiring plans for phased enhancement of the coordinated
3239 behavioral health system of care; deleting a provision requiring

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Bill No. CS/HB 7097 (2016)

Amendment No.

3240 an annual report to the Legislature; authorizing, rather than
3241 requiring, the department to adopt rules; amending s. 397.305,
3242 F.S.; revising legislative intent regarding mental health and
3243 substance abuse treatment services; amending s. 397.311, F.S.;
3244 defining the term "informed consent"; amending s. 397.321, F.S.;
3245 requiring the department to develop, implement, and maintain
3246 standards and protocols for the collection of utilization data
3247 for addictions receiving facility and detoxification services
3248 provided with department funding; specifying data to be
3249 collected; requiring reconciliation of data; providing
3250 timeframes for the collection and submission of data; requiring
3251 the department to create a statewide database to store the data
3252 for certain purposes; requiring the department to adopt rules;
3253 deleting a requirement for the department to appoint a substance
3254 abuse impairment coordinator; requiring the department to
3255 develop certain forms, display such forms on its website, and
3256 notify certain entities of the existence and availability of
3257 such forms; creating s. 397.402, F.S.; requiring the department
3258 and the agency to submit a plan to the Governor and Legislature
3259 by a specified date with options for modifying certain licensure
3260 statutes and rules to provide for a single, consolidated license
3261 for providers that offer certain mental health and substance
3262 abuse services; amending s. 397.675, F.S.; revising the criteria
3263 for involuntary admissions due to substance abuse or co-
3264 occurring mental health disorders; amending s. 397.6772, F.S.;
3265 requiring law enforcement officers to use standard forms

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Bill No. CS/HB 7097 (2016)

Amendment No.

3266 developed by the department to detail the circumstances under
3267 which a person was taken into custody under the Hal S. Marchman
3268 Alcohol and Other Drug Services Act; amending s. 397.6773, F.S.,
3269 correcting a cross-reference; amending s. 397.679, F.S.;
3270 specifying the licensed professionals who may complete a
3271 certificate for the involuntary admission of an individual;
3272 amending s. 397.6791, F.S.; providing a list of professionals
3273 authorized to initiate a certificate for an emergency assessment
3274 or admission of a person with a substance abuse disorder;
3275 amending s. 397.6793, F.S.; revising the criteria for initiation
3276 of a certificate for an emergency admission for a person who is
3277 substance abuse impaired; amending s. 397.6795, F.S.; revising
3278 the list of persons who may deliver a person for an emergency
3279 assessment; amending s. 397.681, F.S.; prohibiting the court
3280 from charging a fee for the filing of petitions for involuntary
3281 assessment and stabilization and involuntary treatment; amending
3282 s. 397.6811, F.S.; revising the list of persons who may file a
3283 petition for an involuntary assessment and stabilization;
3284 amending s. 397.6814, F.S.; prohibiting a fee from being charged
3285 for the filing of a petition for involuntary assessment and
3286 stabilization; amending s. 397.6818, F.S.; limiting the validity
3287 of an order for involuntary admission to seven days unless
3288 otherwise specified in the order; amending s. 397.6819, F.S.;
3289 revising the responsibilities of service providers who admit an
3290 individual for an involuntary assessment and stabilization;
3291 repealing s. 397.6821, F.S., relating to extension of time for

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Amendment No.

3292 completion of involuntary assessment and stabilization; amending
3293 s. 397.695, F.S.; authorizing certain persons to file a petition
3294 for involuntary outpatient services of an individual; providing
3295 procedures and requirements for such petitions; amending s.
3296 397.6951, F.S.; requiring that certain additional information be
3297 included in a petition for involuntary outpatient services;
3298 amending s. 397.6955, F.S.; requiring a court to fulfill certain
3299 additional duties upon the filing of petition for involuntary
3300 outpatient services; authorizing a continuance to be granted for
3301 a hearing on involuntary treatment of a substance abuse impaired
3302 person; amending s. 397.697, F.S.; allowing the court to order a
3303 respondent to undergo treatment through a privately funded
3304 licensed service provider under certain conditions; requiring
3305 court orders for involuntary services to be sent to the managing
3306 entity within a specified time; amending s. 397.6971, F.S.;
3307 establishing the requirements for an early release from
3308 involuntary outpatient services; amending s. 397.6975, F.S.;
3309 requiring the court to appoint certain counsel; providing
3310 requirements for hearings on petitions for continued involuntary
3311 outpatient services; requiring notice of such hearings; amending
3312 s. 397.6977, F.S.; conforming provisions to changes made by the
3313 act; creating s. 397.6978, F.S.; providing for the appointment
3314 of guardian advocates if an individual is found incompetent to
3315 consent to treatment; providing a list of persons prohibited
3316 from being appointed as an individual's guardian advocate;
3317 providing requirements for a facility requesting the appointment

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Amendment No.

3318 of a guardian advocate; requiring a training course for guardian
3319 advocates; providing requirements for the training course;
3320 providing requirements for the prioritization of individuals to
3321 be selected as guardian advocates; authorizing certain guardian
3322 advocates to consent to medical treatment; providing exceptions;
3323 providing procedures for the discharge of a guardian advocate;
3324 amending s. 491.0045, F.S.; revising requirements relating to
3325 interns; limiting an intern registration to 5 years; providing
3326 timelines for expiration of certain intern registrations;
3327 providing requirements for issuance of subsequent registrations;
3328 prohibiting an individual who held a provisional license issued
3329 by the board from applying for an intern registration in the
3330 same profession; repealing s. 394.4674, F.S., relating to a plan
3331 and report; repealing s. 394.4985, F.S., relating to
3332 districtwide information and referral network and
3333 implementation; repealing s. 394.745, F.S., relating to an
3334 annual report and compliance of providers under contract with
3335 the department; repealing s. 397.331, F.S., relating to
3336 definitions; repealing s. 397.801, F.S., relating to substance
3337 abuse impairment coordination; repealing s. 397.811, F.S.,
3338 relating to juvenile substance abuse impairment coordination;
3339 repealing s. 397.821, F.S., relating to juvenile substance abuse
3340 impairment prevention and early intervention councils; repealing
3341 s. 397.901, F.S., relating to prototype juvenile addictions
3342 receiving facilities; repealing s. 397.93, F.S., relating to
3343 children's substance abuse services and target populations;

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Bill No. CS/HB 7097 (2016)

Amendment No.

3344 repealing s. 397.94, F.S., relating to children's substance
3345 abuse services and the information and referral network;
3346 repealing s. 397.951, F.S., relating to treatment and sanctions;
3347 repealing s. 397.97, F.S., relating to children's substance
3348 abuse services and demonstration models; repealing s. 397.98,
3349 F.S., relating to children's substance abuse services and
3350 utilization management; amending ss. 212.055, 394.657, 394.658,
3351 394.9085, 397.405, 397.407, 397.416, and 440.102, F.S.;
3352 conforming provisions and cross-references to changes made by
3353 the act; providing effective dates.

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