A bill to be entitled

An act relating to mental health and substance abuse; amending s. 394.4572, F.S.; revising provisions relating to employment screening requirements for mental health personnel; revising the definition of the term "mental health personnel"; removing an exemption from screening requirements for certain mental health personnel; creating s. 394.4996, F.S.; authorizing the Agency for Health Care Administration, in consultation with the Department of Children and Family Services, to establish a licensure category for facilities providing integrated adult mental health crisis stabilization unit and addictions receiving facility services; authorizing such facilities to provide integrated mental health and substance abuse services to adults who meet certain criteria; providing for standards, procedures, and requirements for services; providing rulemaking authority; amending s. 394.655, F.S.; revises purpose of the Criminal Justice, Mental Health, and Substance Abuse Policy Council; amending s. 394.656, F.S.; requiring the department and the agency to develop local treatment and service delivery infrastructures in coordination with counties receiving grants under the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program; amending s. 394.657, F.S.; providing additional duties of certain county planning councils and committees; amending s. 394.659, F.S.; providing additional duties of the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance

Page 1 of 32

PCB HCC 08-26.doc

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Center; requiring an annual report; amending s. 394.67, F.S.; revising the definition of the term "residential treatment center for children and adolescents"; providing for such centers to be licensed by the agency; amending s. 394.674, F.S.; revising eligibility requirements for substance abuse and mental health services funded by the department; providing rulemaking authority; creating s. 394.9086, F.S.; creating the "Community Mental Health and Substance Abuse Treatment and Crime Reduction Act"; providing goals; providing definitions; creating a community mental health and substance abuse treatment forensic treatment system; providing criteria for eligibility; providing responsibilities of the department; establishing demonstration sites amending s. 409.906, F.S.; authorizing the agency to seek federal approval to implement home and community-based services; amending s. 553.80, F.S.; providing for enforcement of the Florida Building Code construction regulations for secure mental health treatment facilities by the department; amending s. 916.111, F.S.; revising provisions governing the training of mental health experts; requiring forensic evaluator training courses to be offered annually; providing requirements for being placed on or removed from the department's forensic evaluator registry; amending s. 916.115, F.S.; revising provisions relating to appointment of experts by the court to evaluate the mental condition of a criminal defendant; requiring experts to complete forensic evaluator training within a specified period of

Page 2 of 32

PCB HCC 08-26.doc

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time to remain on the department's registry; providing conditions under which certain persons may assist in forensic evaluations; amending s. 916.13, F.S.; creating an exception to involuntary commitment for defendants adjudicated incompetent in the custody of the Department of Corrections; providing duties of the department relating to treatment for defendants adjudicated incompetent to proceed due to mental illness; revising duties of the department and the court; specifying timeframes for the filing of reports, the commitment and placement of defendants, and the holding of hearings; amending s. 916.15, F.S.; creating an exception for the involuntary commitment of defendants adjudicated not quilty by reason of insanity in the custody of the Department of Corrections; revising duties of the department and the court; specifying timeframes for the filing of reports, the commitment and placement of defendants, and the holding of hearings; amending s. 916.17, F.S.; providing conditions for placement of a defendant in a community residential facility in a demonstration area established under the act under certain circumstances; providing criteria for such placement; providing an effective date.

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

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Section 1. Paragraph (d) of subsection (1) of section 394.4572, Florida Statutes, is redesignated as paragraph (c),

Page 3 of 32

PCB HCC 08-26.doc

and present paragraphs (a) and (c) of that subsection are amended to read:

394.4572 Screening of mental health personnel.--

- (1)(a) The department and the Agency for Health Care Administration shall require employment screening for mental health personnel using the standards for level 2 screening set forth in chapter 435. "Mental health personnel" includes all program directors, professional clinicians, staff members, and volunteers working in public or private mental health programs and facilities who have direct contact with unmarried patients under the age of 18 years. For purposes of this chapter, employment screening of mental health personnel shall also include, but is not limited to, employment screening as provided under chapter 435.
- (c) Mental health personnel working in a facility licensed under chapter 395 who have less than 15 hours per week of direct contact with patients or who are health care professionals licensed by the Agency for Health Care Administration or a board thereunder are exempt from the fingerprinting and screening requirements, except for persons working in mental health facilities where the primary purpose of the facility is the treatment of minors.

Section 2. Section 394.4996, Florida Statutes, is created to read:

394.4996 Integrated adult mental health crisis stabilization unit and addictions receiving facility services.--

(1) Beginning July 1, 2008, the Agency for Health Care
Administration, in consultation with the Department of Children

Page 4 of 32

PCB HCC 08-26.doc

and Family Services, is authorized to license facilities that
integrate services provided in an adult mental health crisis
stabilization unit with services provided in an adult addictions
receiving facility. The services provided shall be designated as
"integrated adult mental health crisis stabilization unit and
addictions receiving facility services," and the facility
providing those services shall be licensed as an adult crisis
stabilization unit by the agency and shall meet all licensure
requirements for crisis stabilization units that provide these
integrated services.

- (2) An integrated adult mental health crisis stabilization unit and addictions receiving facility may provide services under this section to adults 18 years of age or older who:
- (a) Meet the requirements for voluntary admission for mental health treatment under s. 394.4625;
- (b) Meet the criteria for involuntary examination for mental illness under s. 394.463;
- (c) Qualify for voluntary admission for substance abuse treatment under s. 397.601; or
- (d) Meet the criteria for involuntary admission for substance abuse impairment under s. 397.675.
- (3) The department, in consultation with the agency, shall adopt by rule standards that address eligibility criteria; clinical procedures; staffing requirements; operational, administrative, and financing requirements; and the investigation of complaints. Standards that are implemented specific to substance abuse treatment services shall meet or exceed existing standards, in accordance with rule 65D-30.005,

Page 5 of 32

PCB HCC 08-26.doc

Florida Administrative Code, for addictions receiving facilities.

Section 3. Paragraph (b) of subsection (11) of section 394.655, Florida Statutes, is amended to read:

394.655 The Substance Abuse and Mental Health Corporation; powers and duties; composition; evaluation and reporting requirements.--

(11)

- (b) The purpose of the council shall be to:
- 1. Align policy initiatives in the criminal justice, juvenile justice, and mental health systems to ensure the most effective use of resources and to coordinate the development of legislative proposals and budget requests relating to the shared needs of adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders who are in, or at risk of entering, the criminal justice system.
- 2. Provide consultation in the development of comprehensive and cost-effective community-based mental health and substance abuse treatment services for individuals with mental illnesses receiving services in forensic facilities, prisons, jails, and juvenile justice centers. The council will appoint an advisory committee to review and monitor the implementation of the Community Mental Health and Substance Abuse Treatment and Crime Reduction Act. The advisory committee shall include at least one person who has received services and one family member of a person receiving services under the act.

Page 6 of 32

Section 4. Subsection (1) of section 394.656, Florida Statutes, is amended to read:

- 394.656 Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program.--
- There is created within the Department of Children and Family Services the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program. The purpose of the program is to provide funding to counties with which they can plan, implement, or expand initiatives that increase public safety, avert increased spending on criminal justice, and improve the accessibility and effectiveness of treatment services for adults and juveniles who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders and who are in, or at risk of entering, the criminal or juvenile justice systems. In implementing the Community Mental Health and Substance Abuse Treatment and Crime Reduction Act, the department and the agency shall work in coordination with counties that received grants under the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program pursuant to s. 394.656 to develop local treatment and service delivery infrastructures.
- Section 5. Subsection (1) of section 394.657, Florida Statutes, is amended to read:
  - 394.657 County planning councils or committees. --
- (1) Each board of county commissioners shall designate the county public safety coordinating council established under s.951.26, or designate another criminal or juvenile justice mental health and substance abuse council or committee, as the planning

Page 7 of 32

PCB HCC 08-26.doc

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council or committee. The public safety coordinating council or other designated criminal or juvenile justice mental health and substance abuse council or committee shall:

- (a) Coordinate, in coordination with the county offices of planning and budget and, shall make a formal recommendation to the board of county commissioners regarding how the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program may best be implemented within a community. The board of county commissioners may assign any entity to prepare the application on behalf of the county administration for submission to the corporation for review. A county may join with one or more counties to form a consortium and use a regional public safety coordinating council or another county-designated regional criminal or juvenile justice mental health and substance abuse planning council or committee for the geographic area represented by the member counties.
- (b) Provide consultation regarding the planning and implementation of the Community Mental Health and Substance

  Abuse Treatment and Crime Reduction Act by the local governing bodies.
- Section 6. Paragraphs (g), (h), (i), and (j) are added to subsection (1) of section 394.659, Florida Statutes, to read:
- 394.659 Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center.--
- (1) There is created a Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center at the Louis de la Parte Florida Mental Health Institute at the University of South Florida, which shall:

Page 8 of 32

PCB HCC 08-26.doc

	(g)	In	C001	dination	n with	the	depai	ctmer	nt,	develop	minim	um
compe	etenci	ies	and	proficie	encies	requ	uired	for	con	nmunities	and	
servi	ice pi	rovi	iders	5.								

- (h) Identify evidence-based practices and deliver necessary training and consultation to service providers.
- (i) Assist the department with the development of outcome measures.
- (j) Provide an annual report to the Governor, the

  President of the Senate, the Speaker of the House of

  Representatives, the Chief Justice of the Florida Supreme Court,

  and the State Courts Administrator on the status of the

  implementation of the Community Mental Health and Substance

  Abuse Treatment and Crime Reduction Act. For those areas that

  also have a grant under s. 394.656, the institute shall prepare

  a joint report to avoid duplication.
- Section 7. Subsection (21) of section 394.67, Florida Statutes, is amended to read:
  - 394.67 Definitions.--As used in this part, the term:
- (21) "Residential treatment center for children and adolescents" means a 24-hour residential program, including a therapeutic group home, which provides mental health services to emotionally disturbed children or adolescents as defined in s. 394.492(5) or (6) and which is a private for-profit or not-for-profit corporation licensed by the agency under contract with the department which offers a variety of treatment modalities in a more restrictive setting.
- Section 8. Subsections (1) and (4) of section 394.674, Florida Statutes, are amended to read:

Page 9 of 32

PCB HCC 08-26.doc

- 394.674 <u>Client</u> <u>Clinical</u> eligibility for publicly funded substance abuse and mental health services; fee collection requirements.--
- (1) To be eligible to receive substance abuse and mental health services funded by the department, a person must be a member of one of the department's <u>priority populations</u> target groups approved by the Legislature, <u>pursuant to s. 216.0166</u>. The priority populations include:
  - (a) For adult mental health services:
- 1. Adults who have severe and persistent mental illness, as designated by the department using criteria that include severity of diagnosis, duration of the mental illness, ability to independently perform activities of daily living, and receipt of disability income for a psychiatric condition. Within this group priority populations include:
  - a. Older adults in crisis.
- b. Older adults who are at risk of being placed in a more restrictive environment because of their mental illness.
- c. Persons deemed incompetent to proceed or not guilty by reason of insanity under chapter 916.
  - d. Other persons involved in the criminal justice system.
- <u>e.</u> Persons dually diagnosed as having co-occurring mental health and substance abuse disorders.
- 2. Adults experiencing an acute mental or emotional crisis as defined in s. 394.67(17).
  - (b) For children's mental health services:
  - 1. Children who have a serious emotional disturbance.
- 2. Children who have an emotional disturbance.

Page 10 of 32

- 3. Children who are at risk of emotional disturbance.
- (c) For substance abuse services:
- 1. Adults who have substance abuse disorders and have a history of intravenous drug use.
- 2. Persons dually diagnosed as having co-occurring mental health and substance abuse disorders.
- 3. Parents who put children at risk due to a substance abuse disorder.
- 4. Persons who have a substance abuse disorder and have been ordered by the court to receive treatment.
  - 5. Children at risk for initiating drug use.
  - 6. Children under state supervision.
- 7. Children who have a substance abuse disorder but are not under the supervision of a court or in the custody of a state agency.
- 8. Persons identified as a priority population as a condition for receiving services funded through the Substance Abuse Prevention and Treatment Block Grant.
- the clinical eligibility, client enrollment, and fee collection requirements for publicly funded substance abuse and mental health services. The rules must require that each provider under contract with the department that enrolls eligible persons into treatment to develop a sliding fee scale for persons who have a net family income at or above 150 percent of the Federal Poverty Income Guidelines, unless otherwise required by state or federal law. The sliding fee scale must use the uniform schedule of discounts by which a provider under contract with the department

Page 11 of 32

PCB HCC 08-26.doc

discounts its established client charges for services supported with state, federal, or local funds, using, at a minimum, factors such as family income, financial assets, and family size as declared by the person or the person's quardian. The rules must include uniform criteria to be used by all service providers in developing the schedule of discounts for the sliding fee scale. The rules must address the most expensive types of treatment, such as residential and inpatient treatment, in order to make it possible for a client to responsibly contribute to his or her mental health or substance abuse care without jeopardizing the family's financial stability. A person who is not eliqible for Medicaid and whose net family income is less than 150 percent of the Federal Poverty Income Guidelines must pay a portion of his or her treatment costs which is comparable to the copayment amount required by the Medicaid program for Medicaid clients pursuant to s. 409.9081. The rules must require that persons who receive financial assistance from the Federal Government because of a disability and are in longterm residential treatment settings contribute to their board and care costs and treatment costs and must be consistent with the provisions in s. 409.212.

Section 9. Section 394.9086, Florida Statutes, is created to read:

394.9086 Community Mental Health and Substance Abuse
Treatment and Crime Reduction Act.--

(1) This act may be cited as the "Community Mental Health and Substance Abuse Treatment and Crime Reduction Act."

Page 12 of 32

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(2) LEGISLATIVE FINDINGS AND INTENTThe Legislature
finds that many inmates with serious mental illnesses who are
committed to state forensic mental health treatment facilities
for competency restoration could be served effectively and at
less cost in community-based alternative programs. The
Legislature further finds that many individuals with serious
mental illnesses who have been discharged from state forensic
mental health treatment facilities could avoid returning to the
criminal justice and forensic mental health system if they
received specialized treatment in the community. It is therefore
the intent of the Legislature to create the Community Mental
Health and Substance Abuse Forensic Treatment System to serve
individuals with mental illnesses or co-occurring mental health
and substance abuse disorders who are involved in or at risk of
entering forensic facilities, prisons, jails, juvenile justice
centers, and civil treatment facilities.

- (3) GOALS.--The goals of the community mental health and substance abuse forensic treatment system are to:
- (a) Ensure that forensic competency restoration services are provided in the least restrictive, least costly, and most efficient environment.
- (b) Provide competency restoration services in the community, when appropriate, based on consideration of public safety, needs of the individual, and available resources.
- (c) Reduce admissions for competency restoration to state forensic mental health treatment facilities.
- (d) Reduce rates of arrest, incarceration, and recidivism for individuals in the program.

Page 13 of 32

PCB HCC 08-26.doc

(e) Ensure public safety.

- (f) Increase outreach and services to individuals at risk of criminal justice system, juvenile justice system, and forensic mental health system involvement.
- (g) Support collaboration among local law enforcement, judicial, and correctional system stakeholders to implement diversion and problem-solving strategies to reduce the demand for forensic mental health placements.
  - (4) DEFINITIONS.--
- (a) "Agency" means the Agency for Health Care Administration.
- (b) "Community residential facility" means a community-based residential treatment setting licensed by the agency under s. 394.875 or s. 429.075 or licensed by the department under s. 397.401.
- (c) "Department" means the Department of Children and Family Services.
- (d) "Evidence-based practices" means interventions and strategies that, based on the best available empirical research, demonstrate effective and efficient outcomes in the care and treatment of individuals diagnosed with mental illnesses or co-occurring mental health and substance abuse disorders.
- (e) "Forensic intensive care management" means activities that address the comprehensive psychiatric, social, and support needs of individuals diagnosed with serious and persistent mental illnesses or severe emotional disturbances who are involved in the justice system and receive services under this section. Activities include, but are not limited to, service

Page 14 of 32

PCB HCC 08-26.doc

planning,	service (	coordina	ation,	monit	oring,	and	assistance	with
accessing	federal,	state,	and lo	ocal b	enefits	s nec	cessary to	
sustain an	n individ	ual in t	the cor	nmunit	у.			

- (f) "Forensic treatment system" means a community mental health and substance abuse forensic treatment system that includes the comprehensive set of services and supports provided to individuals under this section.
- (g) "Geographic area" means a county, circuit, regional, or multiregional area in the state.
- (5) COMMUNITY MENTAL HEALTH AND SUBSTANCE ABUSE FORENSIC TREATMENT SYSTEM. -- The department, in consultation with the agency, shall develop and implement a community mental health and substance abuse forensic treatment system. The forensic system shall build on the local community diversion and re-entry initiatives and strategies that are consistent with those identified and supported under s. 394.658(1)(b).
- (a) The forensic system initiatives and strategies may include, but are not limited to:
  - 1. Mental health courts;
  - 2. Diversion programs;
  - 3. Alternative prosecution and sentencing techniques;
  - 4. Crisis intervention teams;
    - 5. Treatment accountability services;
- 6. Specialized training for criminal justice, juvenile justice, and treatment services professionals;
- 7. Specialized probation officers at the state and county
  levels to serve individuals under correctional control in the
  community;

Page 15 of 32

PCB HCC 08-26.doc

8.	Coll	lateral	ser	vices	such	as	housing,	transitional
housing,	and	support	ed	employ	yment;	ar	<u>nd</u>	

- 9. Reentry services to create or expand mental health and substance abuse treatment and supports for affected individuals.
- (b) The forensic system must include a comprehensive continuum of care and services that use evidence-based practices to address co-occurring mental health and substance abuse disorders. The forensic system must include the following minimum elements:
- 1. Competency restoration and treatment services provided in a variety of settings from least restrictive to progressively more restrictive settings;
  - 2. Forensic intensive care management;
  - 3. Supported housing;
  - 4. Supported employment;
  - 5. Medication management;
- 6. Trauma-specific services for treatment of the effects of sexual, physical, and emotional abuse or trauma experienced by individuals with mental illnesses involved in the criminal justice system. These services may include behavioral therapies, desensitization therapies, grounding techniques, and other services;
- 7. Residential services to address crisis episodes and short-term residential treatment. In addition, alternate models for services in crisis stabilization units or short-term residential treatment facilities may be used that provide care in a less restrictive setting and at lower cost;

Page 16 of 32

- 8. Treatment for co-occurring mental health and substance abuse disorders; and
- 9. Other services or supports identified by the department working with the agency, the Substance Abuse and Mental Health Corporation, and local governing bodies.
- (6) ELIGIBILITY.--The department may serve individuals who meet the criteria in paragraphs (a)-(c). The department shall give highest priority for services provided under this section to the following in rank order:
- (a) Adults who are adjudicated incompetent to proceed or not guilty by reason of insanity under chapter 916, who have been ordered by the court into forensic commitment, whose current most serious charge is a third degree or nonviolent second degree felony, and who meet public safety criteria established by the court and treatability criteria established by the department for placement in a community setting.
- (b) Adults who have been found competent to proceed and discharged into the community from a state forensic mental health treatment facility.
- (c) Adults who experience serious and persistent mental illnesses who are at risk of entering or who are already involved with the criminal justice system as evidenced by their frequency of contact with the system.
- (7) DEPARTMENT RESPONSIBILITIES.--The department shall develop a continuum of services to implement the community mental health and substance abuse forensic treatment system in accordance with subsection (5). The department shall:

Page 17 of 32

	(a)	Estab	lish	stan	dards	for	all	pro	viders	3,	including,	but
not	limit	ed to,	comm	unit	y-bas	ed pı	covi	ders	that	ac	lminister	
comp	etenc	y rest	orati	on se	ervic	es ir	ı a	comm	unity	re	esidential	
faci	lity	or a l	ess r	estr:	ictiv	e set	tin	ıg.				

- (b) Define requirements for all providers in the forensic system and set ongoing performance expectations.
- (c) Select demonstration sites for participation based on the criteria in subsection (8) that demonstrate active and sustained participation in and collaboration with the community.
- (d) Enter into memorandums of agreement with county planning councils or committees identified in s. 394.657 that are included in the demonstration sites.
- (e) Identify providers to implement the continuum of services. The department shall consult with county planning councils or committees when selecting providers.
  - (f) Enter into contracts with appropriate providers.
- (g) Establish performance measures and reporting requirements for providers participating in the forensic system.

  The measures shall include, at a minimum:
- 1. Number of individuals diverted from state forensic facilities;
- 2. Number of individuals diverted from the criminal justice system;
- 3. Rates of arrest, incarceration, and recidivism for new criminal offenses;
  - 4. Rates of employment;
- 5. Number of days in jails, prisons, and forensic facilities on an annual basis; and

Page 18 of 32

PCB HCC 08-26.doc

- 6. Satisfaction of key community stakeholder participants and local partners with the initiative, including, at a minimum, input from individuals who have received services under this section and family members of individuals receiving services under this section, county planning councils or committees, and participating providers.
- (h) Monitor contracts for compliance with terms and, at least annually, to the extent possible, perform joint onsite monitoring with the agency, the Substance Abuse and Mental Health Corporation, and the Criminal Justice, Mental Health, and Substance Abuse Technical Assistance Center established under s. 394.659 to assess performance as evidenced by the quality, efficiency, and effectiveness of the care provided.
- (8) DEMONSTRATION SITES.--The department in consultation with the agency shall identify up to three geographic areas of the state for initial implementation of this act.
- (a) In at least one area, the department shall establish a single point of accountability for the forensic system and, if feasible, contract with a managing entity as defined in s.

  394.9082 to provide operational oversight of subcontractors and daily operations. Payment for these services shall be based on a prepaid capitation rate.
- (b) All areas shall be selected based on a determination of community readiness and the potential for impacting the greatest number of individuals entering the forensic mental health and criminal justice systems. Criteria for selection may include:

- 1. Community readiness to deliver services as outlined in subsection (5) and demonstrated by well-established community collaboration plans and local partnerships as evidenced by memorandums of agreement that are submitted to and approved by the department;
- 2. A high forensic bed utilization rate in the state mental health treatment facilities;
- 3. Successful application for implementation grant funding under s. 394.656, the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program; and
- 4. Other elements determined by the department in consultation with the agency.

Section 10. Subsection (26) is added to section 409.906, Florida Statutes, to read:

409.906 Optional Medicaid services.--Subject to specific appropriations, the agency may make payments for services which are optional to the state under Title XIX of the Social Security Act and are furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any optional service that is provided shall be provided only when medically necessary and in accordance with state and federal law. Optional services rendered by providers in mobile units to Medicaid recipients may be restricted or prohibited by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or

Page 20 of 32

PCB HCC 08-26.doc

directions provided for in the General Appropriations Act or chapter 216. If necessary to safeguard the state's systems of providing services to elderly and disabled persons and subject to the notice and review provisions of s. 216.177, the Governor may direct the Agency for Health Care Administration to amend the Medicaid state plan to delete the optional Medicaid service known as "Intermediate Care Facilities for the Developmentally Disabled." Optional services may include:

(26) HOME AND COMMUNITY-BASED MENTAL HEALTH SERVICES. -- The agency is authorized to seek federal approval through a state plan amendment to implement home and community-based services under the authority of and in compliance with s. 1915(i) of the Social Security Act for services for individuals who have been determined by an independent evaluation to have disabilities that cause them to become, or put them at risk of becoming, involved with the criminal justice system due to mental illness. In accordance with allowances under the authority of s. 1915(i) of the Social Security Act, these services may be limited to a select number of eligible individuals, in select geographic areas as identified by the agency. An eligible individual may have an income of up to 150 percent of the federal poverty level. The agency shall coordinate with the department to select and define the services to be submitted in the state plan amendment and provided under this subsection. The agency must receive approval from the Legislature or the Legislative Budget Commission before implementing the state plan amendment.

Section 11. Subsection (1) of section 553.80, Florida Statutes, is amended to read:

Page 21 of 32

PCB HCC 08-26.doc

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553.80 Enforcement.--

- (1) Except as provided in paragraphs (a)-(g) (a)-(f), each local government and each legally constituted enforcement district with statutory authority shall regulate building construction and, where authorized in the state agency's enabling legislation, each state agency shall enforce the Florida Building Code required by this part on all public or private buildings, structures, and facilities, unless such responsibility has been delegated to another unit of government pursuant to s. 553.79(9).
- (a) Construction regulations relating to correctional facilities under the jurisdiction of the Department of Corrections and the Department of Juvenile Justice shall are to be enforced exclusively by those departments.
- (b) Construction regulations relating to elevator equipment under the jurisdiction of the Bureau of Elevators of the Department of Business and Professional Regulation shall be enforced exclusively by that department.
- (c) Construction regulations relating to secure mental health treatment facilities under the jurisdiction of the Department of Children and Family Services shall be enforced exclusively by that department.
- (d) (e) In addition to the requirements of s. 553.79 and this section, facilities subject to the provisions of chapter 395 and part II of chapter 400 shall have facility plans reviewed and construction surveyed by the state agency authorized to do so under the requirements of chapter 395 and

part II of chapter 400 and the certification requirements of the Federal Government.

- (e) (d) Building plans approved under s. 553.77(3) and state-approved manufactured buildings, including buildings manufactured and assembled offsite and not intended for habitation, such as lawn storage buildings and storage sheds, are exempt from local code enforcing agency plan reviews except for provisions of the code relating to erection, assembly, or construction at the site. Erection, assembly, and construction at the site are subject to local permitting and inspections. Lawn storage buildings and storage sheds bearing the insignia of approval of the department are not subject to s. 553.842. Such buildings that do not exceed 400 square feet may be delivered and installed without need of a contractor's or specialty license.
- $\underline{\text{(f)}}$  Construction regulations governing public schools, state universities, and community colleges shall be enforced as provided in subsection (6).
- $\underline{(g)}$  The Florida Building Code as it pertains to toll collection facilities under the jurisdiction of the turnpike enterprise of the Department of Transportation shall be enforced exclusively by the turnpike enterprise.

The governing bodies of local governments may provide a schedule of fees, as authorized by s. 125.56(2) or s. 166.222 and this

section, for the enforcement of the provisions of this part.

Such fees shall be used solely for carrying out the local government's responsibilities in enforcing the Florida Building

Page 23 of 32

PCB HCC 08-26.doc

Code. The authority of state enforcing agencies to set fees for enforcement shall be derived from authority existing on July 1, 1998. However, nothing contained in this subsection shall operate to limit such agencies from adjusting their fee schedule in conformance with existing authority.

Section 12. Section 916.111, Florida Statutes, is amended to read:

- 916.111 Training of mental health experts.--The evaluation of defendants for competency to proceed or for sanity at the time of the commission of the offense shall be conducted in such a way as to ensure uniform application of the criteria enumerated in Rules 3.210 and 3.216, Florida Rules of Criminal Procedure.
- (1) A forensic evaluator training course approved by the department must be offered at least annually to ensure that mental health experts have the opportunity to qualify to be placed on the department's forensic evaluator registry.
- (a) Beginning July 1, 2009, an expert shall remain on the registry if he or she has completed or retaken the required training within the previous 5 years. Those who have not completed the required training within the previous 5 years shall be removed from the registry and may not conduct evaluations for the courts.
- (b) A mental health professional who has completed the training course within the previous 5 years is responsible for maintaining documentation of completion of the required training and providing the department with current contact information during the 5-year period.

Page 24 of 32

PCB HCC 08-26.doc

- (2) The department shall develop, and may contract with accredited institutions:
  - (a) (1) To provide:

- $\frac{1.(a)}{(a)}$  A plan for training mental health professionals to perform forensic evaluations and to standardize the criteria and procedures to be used in these evaluations;
- $\frac{2.(b)}{(b)}$  Clinical protocols and procedures based upon the criteria of Rules 3.210 and 3.216, Florida Rules of Criminal Procedure; and
- 3.(c) Training for mental health professionals in the application of these protocols and procedures in performing forensic evaluations and providing reports to the courts; and
- (b)(2) To compile and maintain the necessary information for evaluating the success of this program, including the number of persons trained, the cost of operating the program, and the effect on the quality of forensic evaluations as measured by appropriateness of admissions to state forensic facilities and to community-based care programs.
- Section 13. Subsection (1) of section 916.115, Florida Statutes, is amended to read:
  - 916.115 Appointment of experts.--
- (1) The court shall appoint no more than three experts to determine the mental condition of a defendant in a criminal case, including competency to proceed, insanity, involuntary placement, and treatment. The experts may evaluate the defendant in jail or in another appropriate local facility or in a facility of the Department of Corrections.

Page 25 of 32

- (a) To the extent possible, the Appointed experts <u>must</u> shall have completed forensic evaluator training <u>as provided in s. 916.111</u> approved by the department, and each shall be a psychiatrist, licensed psychologist, or physician.
- (b) Graduate students completing a practicum or internship, psychological specialists or counselors, and postdoctoral fellows at the state's mental health treatment facilities may assist in the evaluation process as long as their reports are overseen and signed by a supervising evaluator who has completed forensic evaluator training within the previous 5 years.
- (c) (b) The department shall maintain and annually provide the courts with a forensic evaluator registry list of available mental health professionals who have completed the approved training as experts.
- Section 14. Section 916.13, Florida Statutes, is amended to read:
- 916.13 Involuntary commitment of defendant adjudicated incompetent.--
- (1) Every defendant who is charged with a felony and who is adjudicated incompetent to proceed, except a defendant who is serving a sentence in the custody of the Department of Corrections, may be involuntarily committed for treatment upon a finding by the court of clear and convincing evidence that:
- (a) The defendant has a mental illness and because of the mental illness:
- 1. The defendant is manifestly incapable of surviving alone or with the help of willing and responsible family or

Page 26 of 32

PCB HCC 08-26.doc

friends, including available alternative services, and, without treatment, the defendant is likely to suffer from neglect or refuse to care for herself or himself and such neglect or refusal poses a real and present threat of substantial harm to the defendant's well-being; or

- 2. There is a substantial likelihood that in the near future the defendant will inflict serious bodily harm on herself or himself or another person, as evidenced by recent behavior causing, attempting, or threatening such harm;
- (b) All available, less restrictive treatment alternatives, including treatment in community residential facilities or community inpatient or outpatient settings, which would offer an opportunity for improvement of the defendant's condition have been judged to be inappropriate; and
- (c) There is a substantial probability that the mental illness causing the defendant's incompetence will respond to treatment and the defendant will regain competency to proceed in the reasonably foreseeable future.
- (2) (a) A defendant who has been charged with a felony and who has been adjudicated incompetent to proceed due to mental illness, and who meets the criteria for involuntary commitment to the department under the provisions of this chapter, may be committed to the department, and the department shall retain and treat the defendant. No later than 6 months after the date of admission and at the end of any period of extended commitment, or at any time the administrator or designee shall have determined that the defendant has regained competency to proceed or no longer meets the criteria for continued commitment, the

Page 27 of 32

PCB HCC 08-26.doc

administrator or designee shall file a report with the court pursuant to the applicable Florida Rules of Criminal Procedure.

- (b) A defendant who is serving a sentence in the custody of the Department of Corrections and who has been charged with a new felony, or a defendant who is entitled to a mandatory appeal pursuant to Rule 3.851, Florida Rules of Criminal Procedure, and who has been adjudicated incompetent to proceed due to mental illness shall be retained in the physical custody of the Department of Corrections, which shall administer a lesson plan for competency restoration training provided by the department.

  No later than 6 months after the date on which the lesson plan for competency restoration training is provided, and every 12 months thereafter, or at any time the department has determined that the defendant has regained competency to proceed, the department shall file a report with the court pursuant to the applicable Florida Rules of Criminal Procedure.
- (3) Whether housed in a department facility or a Department of Corrections facility, within 15 days after the court receives notification from the department that the defendant is competent to proceed or no longer meets the criteria for continued commitment, the defendant shall be transported back to jail pursuant to s. 916.107(10) for the purpose of holding a competency hearing.
- (4) A competency hearing shall be held within 30 days after a court receives notice from the department that a defendant is competent to proceed.
- Section 15. Section 916.15, Florida Statutes, is amended to read:

Page 28 of 32

PCB HCC 08-26.doc

- 916.15 Involuntary commitment of defendant adjudicated not guilty by reason of insanity.--
- (1) The determination of whether a defendant is not guilty by reason of insanity shall be determined in accordance with Rule 3.217, Florida Rules of Criminal Procedure.
- (2) A defendant who is acquitted of criminal charges because of a finding of not guilty by reason of insanity, except a defendant who is serving a sentence in the custody of the Department of Corrections, may be involuntarily committed pursuant to such finding if the defendant has a mental illness and, because of the illness, is manifestly dangerous to himself or herself or others.
- (3) Every defendant acquitted of criminal charges by reason of insanity and found to meet the criteria for involuntary commitment, except a defendant who is serving a sentence in the custody of the Department of Corrections, may be committed to the department and treated in accordance with the provisions of this section and the applicable Florida Rules of Criminal Procedure. The department shall admit a defendant so adjudicated to an appropriate facility or program for treatment and shall retain and treat such defendant.
- (a) No later than 6 months after the date of admission, prior to the end of any period of extended commitment, or at any time the administrator or designee shall have determined that the defendant no longer meets the criteria for continued commitment placement, the administrator or designee shall file a report with the court pursuant to the applicable Florida Rules of Criminal Procedure.

Page 29 of 32

- (b) Whether housed in a department facility or a

  Department of Corrections facility, within 15 days after the

  court receives notification from the department that the

  defendant no longer meets the criteria for continued commitment,

  the defendant shall be transported back to jail pursuant to s.

  916.107(10) for the purpose of holding a competency hearing.
- (c) A commitment hearing shall be held within 30 days after the court receives notification from the department that a defendant no longer meets the criteria for continued commitment placement.
- (4) A defendant who is serving a sentence in the custody of the Department of Corrections and who has been charged with a new felony and has been adjudicated not guilty by reason of insanity shall be retained in the physical custody of the Department of Corrections for the remainder of the defendant's sentence. No later than 30 days prior to the anticipated release date, the department shall evaluate the defendant and file a report with the court requesting that the defendant be returned to the court's jurisdiction to determine if the defendant continues to meet the criteria for continued commitment placement.
- (5)(4) In all proceedings under this section, both the defendant and the state shall have the right to a hearing before the committing court. Evidence at such hearing may be presented by the hospital administrator or the administrator's designee as well as by the state and the defendant. The defendant shall have the right to counsel at any such hearing. In the event that a defendant is determined to be indigent pursuant to s. 27.52, the

Page 30 of 32

PCB HCC 08-26.doc

public defender shall represent the defendant. The parties shall have access to the defendant's records at the treating facilities and may interview or depose personnel who have had contact with the defendant at the treating facilities.

Section 16. Subsections (2) and (3) of section 916.17, Florida Statutes, are renumbered as subsections (3) and (4), respectively, and a new subsection (2) is added to that section to read:

916.17 Conditional release.--

- involuntary commitment under s. 916.13 but whose current most serious charge is a third degree or nonviolent second degree felony must be placed in a community residential facility for competency restoration in demonstration areas established under the Community Mental Health and Substance Abuse Treatment and Crime Reduction Act in s. 394.9086, unless bed space or funding is unavailable for the community placement or the trial court makes an explicit finding that the defendant cannot be safely managed in such a placement. In making the determination under this subsection, the court shall consider all of the following:
- (a) The nature and seriousness of the crime or crimes allegedly committed.
  - (b) The individual's criminal history.
  - (c) The individual's psychiatric history.
- (d) The individual's history of violent behavior or threats of violent behavior and risk of harm to self or others.

Page 31 of 32

	(e)	The	e lik	celil	nood	tha	t the	individual	will	L comply	with
and	benef	it f	rom	the	ment	al	health	n treatment	and	services	s being
reco	ommende	ed.									

- (f) Availability of appropriate community-based services and treatment settings.
  - (g) Other information considered relevant by the court.
    Section 17. This act shall take effect July 1, 2008.

Page 32 of 32

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