By the Committee on Health Policy; and Senator Sobel

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A bill to be entitled

An act relating to mental health treatment; amending s. 916.107, F.S.; authorizing forensic and civil facilities to order the continuation of psychotherapeutics for individuals receiving such medications in the jail before admission; amending s. 916.13, F.S.; providing timeframes within which competency hearings must be held; amending s. 916.145, F.S.; revising the time for dismissal of certain charges for defendants that remain incompetent to proceed to trial; amending s. 916.15, F.S.; providing a timeframe within which commitment hearings must be held; amending s. 985.19, F.S.; standardizing the protocols, procedures, diagnostic criteria, and information and findings that must be included in an expert's competency evaluation report; 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 (a) of subsection (3) of section 916.107, Florida Statutes, is amended to read:

916.107 Rights of forensic clients.-

- (3) RIGHT TO EXPRESS AND INFORMED CONSENT.
- (a) A forensic client shall be asked to give express and informed written consent for treatment. If a client refuses such treatment as is deemed necessary and essential by the client's multidisciplinary treatment team for the appropriate care of the client, such treatment may be provided under the following

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circumstances:

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- 1. In an emergency situation in which there is immediate danger to the safety of the client or others, such treatment may be provided upon the written order of a physician for a period not to exceed 48 hours, excluding weekends and legal holidays. If, after the 48-hour period, the client has not given express and informed consent to the treatment initially refused, the administrator or designee of the civil or forensic facility shall, within 48 hours, excluding weekends and legal holidays, petition the committing court or the circuit court serving the county in which the facility is located, at the option of the facility administrator or designee, for an order authorizing the continued treatment of the client. In the interim, the need for treatment shall be reviewed every 48 hours and may be continued without the consent of the client upon the continued written order of a physician who has determined that the emergency situation continues to present a danger to the safety of the client or others.
- 2. In a situation other than an emergency situation, the administrator or designee of the facility shall petition the court for an order authorizing necessary and essential treatment for the client.
- a. If the client has been receiving psychotherapeutic medications at the jail at the time of transfer to the forensic or civil facility and lacks the capacity to make an informed decision regarding mental health treatment at the time of admission, the admitting physician may order continued administration of psychotherapeutic medications if, in the clinical judgment of the physician, abrupt cessation of

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psychotherapeutic medications could pose a risk to the health or safety of the client during the time a court order to medicate is pursued. The administrator or designee of the civil or forensic facility shall, within 5 days after admission, excluding weekends and legal holidays, petition the committing court or the circuit court serving the county in which the facility is located, at the option of the facility administrator or designee, for an order authorizing the continued treatment of a client. The jail physician shall provide a current psychotherapeutic medication order at the time of transfer to the forensic or civil facility or upon request of the admitting physician after the client is evaluated.

<u>b.</u> The <u>court</u> order shall allow such treatment for <u>up to a period not to exceed</u> 90 days <u>after</u> <u>following</u> the date of the entry of the order. Unless the court is notified in writing that the client has provided express and informed consent in writing or that the client has been discharged by the committing court, the administrator or designee shall, <u>before prior to</u> the expiration of the initial 90-day order, petition the court for an order authorizing the continuation of treatment for another <u>90 days 90-day period</u>. This procedure shall be repeated until the client provides consent or is discharged by the committing court.

3. At the hearing on the issue of whether the court should enter an order authorizing treatment for which a client was unable to or refused to give express and informed consent, the court shall determine by clear and convincing evidence that the client has mental illness, retardation, or autism, that the treatment not consented to is essential to the care of the

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client, and that the treatment not consented to is not experimental and does not present an unreasonable risk of serious, hazardous, or irreversible side effects. In arriving at the substitute judgment decision, the court must consider at least the following factors:

- a. The client's expressed preference regarding treatment;
- b. The probability of adverse side effects;
- c. The prognosis without treatment; and
- d. The prognosis with treatment.

The hearing shall be as convenient to the client as may be consistent with orderly procedure and shall be conducted in physical settings not likely to be injurious to the client's condition. The court may appoint a general or special magistrate to preside at the hearing. The client or the client's guardian, and the representative, shall be provided with a copy of the petition and the date, time, and location of the hearing. The client has the right to have an attorney represent him or her at the hearing, and, if the client is indigent, the court shall appoint the office of the public defender to represent the client at the hearing. The client may testify or not, as he or she chooses, and has the right to cross-examine witnesses and may present his or her own witnesses.

Section 2. Subsection (2) of section 916.13, Florida Statutes, is amended to read:

- 916.13 Involuntary commitment of defendant adjudicated incompetent.—
- (2) A defendant who has been charged with a felony and who has been adjudicated incompetent to proceed due to mental

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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.

- (a) Within 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 has shall have determined that the defendant has regained competency to proceed or no longer meets the criteria for continued commitment, the administrator or designee shall file a report with the court pursuant to the applicable Florida Rules of Criminal Procedure.
- (b) A competency hearing must be held within 30 days after the court receives notification that the defendant is competent to proceed or no longer meets the criteria for continued commitment.

Section 3. Section 916.145, Florida Statutes, is amended to read:

(Substantial rewording of section.

See s. 916.145, F.S., for present text.)

916.145 Dismissal of charges.-

- (1) The charges against any defendant adjudicated incompetent to proceed due to mental illness shall be dismissed without prejudice to the state if the defendant remains incompetent to proceed:
 - (a) 3 years after such determination; or
- 142 (b) 5 years after such determination if the charge related to commitment is:
 - 1. Arson;
 - 2. Sexual Battery;

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146 3. Robbery; 147 4. Kidnapping; 5. Aggravated child abuse; 148 149 6. Aggravated abuse of an elderly person or disabled adult; 150 7. Aggravated assault with a deadly weapon; 8. Murder; 151 152 9. Manslaughter; 153 10. Aggravated manslaughter of an elderly person or 154 disabled adult; 155 11. Aggravated manslaughter of a child; 156 12. Unlawful throwing, placing or discharging of a 157 destructive device or bomb; 13. Armed burglary; 158 159 14. Aggravated battery; or 160 15. Aggravated stalking. 161 162 Unless the court, in an order, specifies reasons for believing 163 that the defendant will become competent to proceed, and 164 specifies a reasonable time within which the defendant is 165 expected to become competent. 166 (2) Nothing in this section of law shall be construed to 167 prohibit the state from refiling dismissed charges, should the 168 defendant be declared to be competent to proceed in the future. 169 Section 4. Subsection (5) is added to section 916.15, 170 Florida Statutes, to read: 171 916.15 Involuntary commitment of defendant adjudicated not 172 guilty by reason of insanity.-173 (5) The commitment hearing must be held within 30 days 174 after the court receives notification that the defendant no

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longer meets the criteria for continued commitment.

Section 5. Subsection (1) of section 985.19, Florida Statutes, is amended to read:

985.19 Incompetency in juvenile delinquency cases.-

- (1) If, at any time prior to or during a delinquency case, the court has reason to believe that the child named in the petition may be incompetent to proceed with the hearing, the court on its own motion may, or on the motion of the child's attorney or state attorney must, stay all proceedings and order an evaluation of the child's mental condition.
- (a) Any motion questioning the child's competency to proceed must be served upon the child's attorney, the state attorney, the attorneys representing the Department of Juvenile Justice, and the attorneys representing the Department of Children and Families Family Services. Thereafter, any motion, notice of hearing, order, or other legal pleading relating to the child's competency to proceed with the hearing must be served upon the child's attorney, the state attorney, the attorneys representing the Department of Juvenile Justice, and the attorneys representing the Department of Children and Families Family Services.
- (b) All determinations of competency <u>must</u> shall be made at a hearing, with findings of fact based on an evaluation of the child's mental condition made by <u>at least</u> not less than two <u>but</u> not nor more than three experts appointed by the court. The basis for the determination of incompetency must be specifically stated in the evaluation. In addition, a recommendation as to whether residential or nonresidential treatment or training is required must be included in the evaluation. Experts appointed

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by the court to determine the mental condition of a child shall be allowed reasonable fees for services rendered. State employees may be paid expenses pursuant to s. 112.061. The fees shall be taxed as costs in the case.

- (c) A child is competent to proceed if the child has sufficient present ability to consult with counsel with a reasonable degree of rational understanding and the child has a rational and factual understanding of the present proceedings. The expert's competency evaluation report must specifically state the basis for the determination of the child's mental condition and must include written findings that:
 - 1. Identify the specific matters referred for evaluation.
 - 2. Identify the sources of information used by the expert.
- 3. Describe the procedures, techniques, and diagnostic tests used in the examination to determine the basis of the child's mental condition.
 - 4. Address the child's capacity to:
 - a. Appreciate the charges or allegations against the child.
- b. Appreciate the range and nature of possible penalties that may be imposed in the proceedings against the child, if applicable.
 - c. Understand the adversarial nature of the legal process.
- $\underline{\text{d. Disclose to counsel facts pertinent to the proceedings}}$ at issue.
 - e. Display appropriate courtroom behavior.
 - f. Testify relevantly.
- 5. Present the factual basis for the expert's clinical findings and opinions of the child's mental condition. The expert's factual basis of his or her clinical findings and

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opinions must be supported by the diagnostic criteria found in
the most recent edition of the Diagnostic and Statistical Manual
of Mental Disorders (DSM) published by the American Psychiatric
Association and must be presented in a separate section of the
report entitled "summary of findings." This section must
include:

- a. The day, month, year, and length of time of the face-to-face diagnostic clinical interview to determine the child's mental condition.
- b. A statement that identifies the DSM clinical name and associated diagnostic code for the specific mental disorder that forms the basis of the child's incompetency.
- c. A statement of how the child would benefit from competency restoration services in the community or in a secure residential treatment facility.
- d. An assessment of the probable duration of the treatment to restore competence and the probability that the child will attain competence to proceed in the foreseeable future.
- <u>e. A description of recommended treatment or education</u> appropriate for the mental disorder.
- 6. If the evaluator determines the child to be incompetent to proceed to trial, the evaluator must report on the mental disorder that forms the basis of the incompetency.
- (d) (e) All court orders determining incompetency must include specific written findings by the court as to the nature of the incompetency and whether the child requires secure or nonsecure treatment or training environment environments.
- $\underline{\text{(e)}}$ For $\underline{\text{competency}}$ incompetency evaluations related to mental illness, the Department of Children and $\underline{\text{Family}}$

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Services shall maintain and annually provide the courts with a list of available mental health professionals who have completed a training program approved by the Department of Children and Families Family Services to perform the evaluations.

- <u>(f) (e)</u> For <u>competency</u> incompetency evaluations related to mental retardation or autism, the court shall order the Agency for Persons with Disabilities to examine the child to determine if the child meets the definition of "retardation" or "autism" in s. 393.063 and, <u>provide a clinical opinion as to if so</u>, whether the child is competent to proceed with delinquency proceedings.
- (f) A child is competent to proceed if the child has sufficient present ability to consult with counsel with a reasonable degree of rational understanding and the child has a rational and factual understanding of the present proceedings. The report must address the child's capacity to:
 - 1. Appreciate the charges or allegations against the child.
- 2. Appreciate the range and nature of possible penalties that may be imposed in the proceedings against the child, if applicable.
 - 3. Understand the adversarial nature of the legal process.
- 4. Disclose to counsel facts pertinent to the proceedings at issue.
 - 5. Display appropriate courtroom behavior.
 - 6. Testify relevantly.
- (g) Immediately upon the filing of the court order finding a child incompetent to proceed, the clerk of the court shall notify the Department of Children and Family Services and the Agency for Persons with Disabilities and fax or hand

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deliver to the department and to the agency a referral packet that includes, at a minimum, the court order, the charging documents, the petition, and the court-appointed evaluator's reports.

(h) After placement of the child in the appropriate setting, the Department of Children and <u>Families</u> <u>Family Services</u> in consultation with the Agency for Persons with Disabilities, as appropriate, must, within 30 days after placement of the child, prepare and submit to the court a treatment or training plan for the child's restoration of competency. A copy of the plan must be served upon the child's attorney, the state attorney, and the attorneys representing the Department of Juvenile Justice.

Section 6. This act shall take effect July 1, 2013.