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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/28/2024	.	
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The Committee on Fiscal Policy (Grall) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Subsection (23) of section 394.455, Florida
Statutes, is amended to read:

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

(23) "Involuntary examination" means an examination
performed under s. 394.463, s. 397.6772, s. 397.679, s.
397.6798, or s. 397.6957 ~~s. 397.6811~~ to determine whether a



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11 person qualifies for involuntary services.

12 Section 2. Paragraph (e) is added to subsection (1) of
13 section 394.4572, Florida Statutes, to read:

14 394.4572 Screening of mental health personnel. -

15 (1)

16 (e) A physician licensed under chapter 458 or chapter 459
17 or a nurse licensed under chapter 464 who was required to
18 undergo background screening by the Department of Health as part
19 of his or her initial licensure or the renewal of licensure, and
20 who has an active and unencumbered license, is not subject to
21 background screening pursuant to this section.

22 Section 3. Paragraph (d) of subsection (3) and paragraph
23 (d) of subsection (5) of section 394.459, Florida Statutes, are
24 amended to read:

25 394.459 Rights of patients.-

26 (3) RIGHT TO EXPRESS AND INFORMED PATIENT CONSENT.-

27 (d) The administrator of a receiving or treatment facility
28 may, upon the recommendation of the patient's attending
29 physician, authorize emergency medical treatment, including a
30 surgical procedure, if such treatment is deemed lifesaving, or
31 if the situation threatens serious bodily harm to the patient,
32 and permission of the patient or the patient's guardian or
33 guardian advocate cannot be obtained.

34 (5) COMMUNICATION, ABUSE REPORTING, AND VISITS.-

35 (d) If a patient's right to communicate with outside
36 persons; receive, send, or mail sealed, unopened correspondence;
37 or receive visitors is restricted by the facility, a qualified
38 professional must record the restriction and its underlying
39 reasons in the patient's clinical file within 24 hours. The



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40 ~~notice of the restriction must immediately written notice of~~
41 ~~such restriction and the reasons for the restriction shall be~~
42 served on the patient, the patient's attorney, and the patient's
43 guardian, guardian advocate, or representative. ~~A qualified~~
44 ~~professional must document any restriction within 24 hours, and~~
45 ~~such restriction shall be recorded on the patient's clinical~~
46 ~~record with the reasons therefor.~~ The restriction of a patient's
47 right to communicate or to receive visitors shall be reviewed at
48 least every 3 days. The right to communicate or receive visitors
49 shall not be restricted as a means of punishment. Nothing in
50 this paragraph shall be construed to limit the provisions of
51 paragraph (e).

52 Section 4. Subsection (3) of section 394.4598, Florida
53 Statutes, is amended to read:

54 394.4598 Guardian advocate.—

55 (3) A facility requesting appointment of a guardian
56 advocate must, prior to the appointment, provide the prospective
57 guardian advocate with information about the duties and
58 responsibilities of guardian advocates, including the
59 information about the ethics of medical decisionmaking. Before
60 asking a guardian advocate to give consent to treatment for a
61 patient, the facility shall provide to the guardian advocate
62 sufficient information so that the guardian advocate can decide
63 whether to give express and informed consent to the treatment,
64 including information that the treatment is essential to the
65 care of the patient, and that the treatment does not present an
66 unreasonable risk of serious, hazardous, or irreversible side
67 effects. Before giving consent to treatment, the guardian
68 advocate must meet and talk with the patient and the patient's



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69 physician or psychiatric nurse practicing within the framework
70 of an established protocol with a psychiatrist in person, if at
71 all possible, and by telephone, if not. The decision of the
72 guardian advocate may be reviewed by the court, upon petition of
73 the patient's attorney, the patient's family, or the facility
74 administrator.

75 Section 5. Paragraph (d) of subsection (2) of section
76 394.4599, Florida Statutes, is amended to read:

77 394.4599 Notice.—

78 (2) INVOLUNTARY ADMISSION.—

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

82 1. Notice that the petition for:

83 a. Involuntary services ~~inpatient treatment~~ pursuant to s.
84 394.467 has been filed with the circuit court and the address of
85 such court in the county in which the individual is hospitalized
86 ~~and the address of such court;~~ or

87 b. Involuntary outpatient services pursuant to s. 394.467
88 ~~s. 394.4655~~ has been filed with the criminal county court, as
89 defined in s. 394.4655(1), ~~or the circuit court, as applicable,~~
90 ~~in the county in which the individual is hospitalized~~ and the
91 address of such court.

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

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



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

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

106 Section 6. Subsection (2) and paragraph (d) of subsection
107 (4) of section 394.461, Florida Statutes, are amended to read:

108 394.461 Designation of receiving and treatment facilities
109 and receiving systems.—The department is authorized to designate
110 and monitor receiving facilities, treatment facilities, and
111 receiving systems and may suspend or withdraw such designation
112 for failure to comply with this part and rules adopted under
113 this part. The department may issue a conditional designation
114 for up to 60 days to allow the implementation of corrective
115 measures. Unless designated by the department, facilities are
116 not permitted to hold or treat involuntary patients under this
117 part.

118 (2) TREATMENT FACILITY.—The department may designate any
119 state-owned, state-operated, or state-supported facility as a
120 state treatment facility. A civil patient shall not be admitted
121 to a state treatment facility without previously undergoing a
122 transfer evaluation. Before the close of the state's case-in-
123 chief in a court hearing for involuntary placement in a state
124 treatment facility, the state may establish that the transfer
125 evaluation was performed and the document was properly executed
126 by providing the court with a copy of the transfer evaluation.



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127 The court may not ~~shall receive and~~ consider the substantive
128 information documented in the transfer evaluation unless the
129 evaluator testifies at the hearing. Any other facility,
130 including a private facility or a federal facility, may be
131 designated as a treatment facility by the department, provided
132 that such designation is agreed to by the appropriate governing
133 body or authority of the facility.

134 (4) REPORTING REQUIREMENTS.—

135 (d) The department shall issue an annual report based on
136 the data required pursuant to this subsection. The report shall
137 include individual facilities' data, as well as statewide
138 totals. The report shall be posted on the department's website
139 ~~submitted to the Governor, the President of the Senate, and the~~
140 ~~Speaker of the House of Representatives~~.

141 Section 7. Paragraph (a) of subsection (2) and subsection
142 (3) of section 394.4615, Florida Statutes, is amended to read:

143 394.4615 Clinical records; confidentiality.—

144 (2) The clinical record shall be released when:

145 (a) The patient or the patient's guardian or legal
146 custodian authorizes the release. The guardian, ~~or~~ guardian
147 advocate, or legal custodian shall be provided access to the
148 appropriate clinical records of the patient. The patient or the
149 patient's guardian, ~~or~~ guardian advocate, or legal custodian may
150 authorize the release of information and clinical records to
151 appropriate persons to ensure the continuity of the patient's
152 health care or mental health care. A receiving facility must
153 document that, within 24 hours of admission, individuals
154 admitted on a voluntary basis have been provided with the option
155 to authorize the release of information from their clinical



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156 record to the individual's health care surrogate or proxy,
157 attorney, representative, or other known emergency contact.

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

160 (a) When a patient has communicated to a service provider a
161 specific threat to cause serious bodily injury or death to an
162 identified or a readily available person, if the service
163 provider reasonably believes, or should reasonably believe
164 according to the standards of his or her profession, that the
165 patient has the apparent intent and ability to imminently or
166 immediately carry out such threat. When such communication has
167 been made, the administrator may authorize the release of
168 sufficient information to provide adequate warning to the person
169 threatened with harm by the patient.

170 (b) When the administrator of the facility or secretary of
171 the department deems release to a qualified researcher as
172 defined in administrative rule, an aftercare treatment provider,
173 or an employee or agent of the department is necessary for
174 treatment of the patient, maintenance of adequate records,
175 compilation of treatment data, aftercare planning, or evaluation
176 of programs.

177

178 For the purpose of determining whether a person meets the
179 criteria for involuntary services ~~outpatient placement~~ or for
180 preparing the proposed services ~~treatment~~ plan pursuant to s.
181 394.4655 or s. 394.467 ~~s. 394.4655~~, the clinical record may be
182 released to the state attorney, the public defender or the
183 patient's private legal counsel, the court, and to the
184 appropriate mental health professionals, including the service



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185 provider under s. 394.4655 or s. 394.467 ~~identified in s.~~
186 ~~394.4655(7)(b)2.~~, in accordance with state and federal law.

187 Section 8. Section 394.462, Florida Statutes, is amended to
188 read:

189 394.462 Transportation.—A transportation plan shall be
190 developed and implemented by each county in collaboration with
191 the managing entity in accordance with this section. A county
192 may enter into a memorandum of understanding with the governing
193 boards of nearby counties to establish a shared transportation
194 plan. When multiple counties enter into a memorandum of
195 understanding for this purpose, the counties shall notify the
196 managing entity and provide it with a copy of the agreement. The
197 transportation plan shall describe methods of transport to a
198 facility within the designated receiving system for individuals
199 subject to involuntary examination under s. 394.463 or
200 involuntary admission under s. 397.6772, s. 397.679, s.
201 397.6798, or s. 397.6957 ~~s. 397.6811~~, and may identify
202 responsibility for other transportation to a participating
203 facility when necessary and agreed to by the facility. The plan
204 may rely on emergency medical transport services or private
205 transport companies, as appropriate. The plan shall comply with
206 the transportation provisions of this section and ss. 397.6772,
207 397.6795, ~~397.6822~~, and 397.697.

208 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

209 (a) Each county shall designate a single law enforcement
210 agency within the county, or portions thereof, to take a person
211 into custody upon the entry of an ex parte order or the
212 execution of a certificate for involuntary examination by an
213 authorized professional and to transport that person to the



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214 appropriate facility within the designated receiving system
215 pursuant to a transportation plan.

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

218 a. The jurisdiction designated by the county has contracted
219 on an annual basis with an emergency medical transport service
220 or private transport company for transportation of persons to
221 receiving facilities pursuant to this section at the sole cost
222 of the county or as otherwise provided in the transportation
223 plan developed by the county; and

224 b. The law enforcement agency and the emergency medical
225 transport service or private transport company agree that the
226 continued presence of law enforcement personnel is not necessary
227 for the safety of the person or others.

228 2. The entity providing transportation may seek
229 reimbursement for transportation expenses. The party responsible
230 for payment for such transportation is the person receiving the
231 transportation. The county shall seek reimbursement from the
232 following sources in the following order:

233 a. From a private or public third-party payor, if the
234 person receiving the transportation has applicable coverage.

235 b. From the person receiving the transportation.

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

239 (c) A company that transports a patient pursuant to this
240 subsection is considered an independent contractor and is solely
241 liable for the safe and dignified transport of the patient. Such
242 company must be insured and provide no less than \$100,000 in



243 liability insurance with respect to the transport of patients.

244 (d) Any company that contracts with a governing board of a
245 county to transport patients shall comply with the applicable
246 rules of the department to ensure the safety and dignity of
247 patients.

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

252 (f) When a member of a mental health overlay program or a
253 mobile crisis response service is a professional authorized to
254 initiate an involuntary examination pursuant to s. 394.463 or s.
255 397.675 and that professional evaluates a person and determines
256 that transportation to a receiving facility is needed, the
257 service, at its discretion, may transport the person to the
258 facility or may call on the law enforcement agency or other
259 transportation arrangement best suited to the needs of the
260 patient.

261 (g) When any law enforcement officer has custody of a
262 person based on either noncriminal or minor criminal behavior
263 that meets the statutory guidelines for involuntary examination
264 pursuant to s. 394.463, the law enforcement officer shall
265 transport the person to the appropriate facility within the
266 designated receiving system pursuant to a transportation plan.
267 Persons who meet the statutory guidelines for involuntary
268 admission pursuant to s. 397.675 may also be transported by law
269 enforcement officers to the extent resources are available and
270 as otherwise provided by law. Such persons shall be transported
271 to an appropriate facility within the designated receiving



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272 system pursuant to a transportation plan.

273 (h) When any law enforcement officer has arrested a person
274 for a felony and it appears that the person meets the statutory
275 guidelines for involuntary examination or placement under this
276 part, such person must first be processed in the same manner as
277 any other criminal suspect. The law enforcement agency shall
278 thereafter immediately notify the appropriate facility within
279 the designated receiving system pursuant to a transportation
280 plan. The receiving facility shall be responsible for promptly
281 arranging for the examination and treatment of the person. A
282 receiving facility is not required to admit a person charged
283 with a crime for whom the facility determines and documents that
284 it is unable to provide adequate security, but shall provide
285 examination and treatment to the person where he or she is held
286 or by telemedicine.

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

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

297 (k) The appropriate facility within the designated
298 receiving system pursuant to a transportation plan must accept
299 persons brought by law enforcement officers, or an emergency
300 medical transport service or a private transport company



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301 authorized by the county, for involuntary examination pursuant
302 to s. 394.463.

303 (l) The appropriate facility within the designated
304 receiving system pursuant to a transportation plan must provide
305 persons brought by law enforcement officers, or an emergency
306 medical transport service or a private transport company
307 authorized by the county, pursuant to s. 397.675, a basic
308 screening or triage sufficient to refer the person to the
309 appropriate services.

310 (m) Each law enforcement agency designated pursuant to
311 paragraph (a) shall establish a policy that reflects a single
312 set of protocols for the safe and secure transportation and
313 transfer of custody of the person. Each law enforcement agency
314 shall provide a copy of the protocols to the managing entity.

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

324 (o) This section may not be construed to limit emergency
325 examination and treatment of incapacitated persons provided in
326 accordance with s. 401.445.

327 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

328 (a) If neither the patient nor any person legally obligated
329 or responsible for the patient is able to pay for the expense of



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330 transporting a voluntary or involuntary patient to a treatment
331 facility, the transportation plan established by the governing
332 board of the county or counties must specify how the
333 hospitalized patient will be transported to, from, and between
334 facilities in a safe and dignified manner.

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

341 (c) A company that contracts with one or more counties to
342 transport patients in accordance with this section shall comply
343 with the applicable rules of the department to ensure the safety
344 and dignity of patients.

345 (d) County or municipal law enforcement and correctional
346 personnel and equipment may not be used to transport patients
347 adjudicated incapacitated or found by the court to meet the
348 criteria for involuntary services placement pursuant to s.
349 394.467, except in small rural counties where there are no cost-
350 efficient alternatives.

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

355 Section 9. Paragraphs (a) and (f) of subsection (1) and
356 subsection (5) of section 394.4625, Florida Statutes, are
357 amended to read:

358 394.4625 Voluntary admissions.—



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359 (1) AUTHORITY TO RECEIVE PATIENTS.—

360 (a) A facility may receive for observation, diagnosis, or
361 treatment any adult ~~person 18 years of age or older~~ who applies
362 by express and informed consent for admission or any minor
363 ~~person age 17 or younger~~ whose parent or legal guardian applies
364 for admission. Such person may be admitted to the facility if
365 found to show evidence of mental illness and to be suitable for
366 treatment, and:

367 1. If the person is an adult, is found, to be competent to
368 provide express and informed consent; or

369 2. If the person is a minor, the parent or legal guardian
370 provides express and informed consent and the facility performs,
371 ~~and to be suitable for treatment, such person 18 years of age or~~
372 ~~older may be admitted to the facility. A person age 17 or~~
373 ~~younger may be admitted only after~~ a clinical review to verify
374 the voluntariness of the minor's assent.

375 (f) Within 24 hours after admission of a voluntary patient,
376 the treating ~~admitting~~ physician or psychiatric nurse practicing
377 within the framework of an established protocol with a
378 psychiatrist shall document in the patient's clinical record
379 that the patient is able to give express and informed consent
380 for admission. If the patient is not able to give express and
381 informed consent for admission, the facility shall either
382 discharge the patient or transfer the patient to involuntary
383 status pursuant to subsection (5).

384 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary
385 patient, or an authorized person on the patient's behalf, makes
386 a request for discharge, the request for discharge, unless
387 freely and voluntarily rescinded, must be communicated to a



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388 physician, clinical psychologist with at least 3 years of
389 postdoctoral experience in the practice of clinical psychology,
390 or psychiatrist as quickly as possible, but not later than 12
391 hours after the request is made. If the patient meets the
392 criteria for involuntary placement, the administrator of the
393 facility must file with the court a petition for involuntary
394 placement, within 2 court working days after the request for
395 discharge is made. If the petition is not filed within 2 court
396 working days, the patient shall be discharged. Pending the
397 filing of the petition, the patient may be held and emergency
398 treatment rendered in the least restrictive manner, upon the
399 ~~written~~ order of a physician or psychiatric nurse practicing
400 within the framework of an established protocol with a
401 psychiatrist, if it is determined that such treatment is
402 necessary for the safety of the patient or others.

403 Section 10. Subsection (1), paragraphs (a), (e), (f), (g),
404 and (h) of subsection (2), and subsection (4) of section
405 394.463, Florida Statutes, are amended to read:

406 394.463 Involuntary examination.—

407 (1) CRITERIA.—A person may be taken to a receiving facility
408 for involuntary examination if there is reason to believe that
409 the person has a mental illness and because of his or her mental
410 illness:

411 (a)1. The person has refused voluntary examination after
412 conscientious explanation and disclosure of the purpose of the
413 examination; or

414 2. The person is unable to determine for himself or herself
415 whether examination is necessary; and

416 (b)1. Without care or treatment, the person is likely to



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417 suffer from neglect or refuse to care for himself or herself;
418 such neglect or refusal poses a real and present threat of
419 substantial harm to his or her well-being; and it is not
420 apparent that such harm may be avoided through the help of
421 willing, able, and responsible family members or friends or the
422 provision of other services; or

423 2. There is a substantial likelihood that without care or
424 treatment the person will cause serious bodily harm to himself
425 or herself or others in the near future, as evidenced by recent
426 behavior.

427 (2) INVOLUNTARY EXAMINATION.—

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

430 1. A circuit or county court may enter an ex parte order
431 stating that a person appears to meet the criteria for
432 involuntary examination and specifying the findings on which
433 that conclusion is based. The ex parte order for involuntary
434 examination must be based on written or oral sworn testimony
435 that includes specific facts that support the findings. If other
436 less restrictive means are not available, such as voluntary
437 appearance for outpatient evaluation, a law enforcement officer,
438 or other designated agent of the court, shall take the person
439 into custody and deliver him or her to an appropriate, or the
440 nearest, facility within the designated receiving system
441 pursuant to s. 394.462 for involuntary examination. The order of
442 the court shall be made a part of the patient's clinical record.
443 A fee may not be charged for the filing of an order under this
444 subsection. A facility accepting the patient based on this order
445 must send a copy of the order to the department within 5 working



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446 days. The order may be submitted electronically through existing
447 data systems, if available. The order shall be valid only until
448 the person is delivered to the facility or for the period
449 specified in the order itself, whichever comes first. If a time
450 limit is not specified in the order, the order is valid for 7
451 days after the date that the order was signed.

452 2. A law enforcement officer may ~~shall~~ take a person who
453 appears to meet the criteria for involuntary examination into
454 custody and deliver the person or have him or her delivered to
455 an appropriate, or the nearest, facility within the designated
456 receiving system pursuant to s. 394.462 for examination. A law
457 enforcement officer transporting a person pursuant to this
458 section subparagraph shall restrain the person in the least
459 restrictive manner available and appropriate under the
460 circumstances. If transporting a minor and the parent or legal
461 guardian of the minor is present, before departing, the law
462 enforcement officer shall provide the parent or legal guardian
463 of the minor with the name, address, and contact information for
464 the facility within the designated receiving system to which the
465 law enforcement officer is transporting the minor, subject to
466 any safety and welfare concerns for the minor. The officer shall
467 execute a written report detailing the circumstances under which
468 the person was taken into custody, which must be made a part of
469 the patient's clinical record. The report must include all
470 emergency contact information for the person that is readily
471 accessible to the law enforcement officer, including information
472 available through electronic databases maintained by the
473 Department of Law Enforcement or by the Department of Highway
474 Safety and Motor Vehicles. Such emergency contact information



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475 may be used by a receiving facility only for the purpose of
476 informing listed emergency contacts of a patient's whereabouts
477 pursuant to s. 119.0712(2)(d). Any facility accepting the
478 patient based on this report must send a copy of the report to
479 the department within 5 working days.

480 3. A physician, a physician assistant, a clinical
481 psychologist, a psychiatric nurse, an advanced practice
482 registered nurse registered under s. 464.0123, a mental health
483 counselor, a marriage and family therapist, or a clinical social
484 worker may execute a certificate stating that he or she has
485 examined a person within the preceding 48 hours and finds that
486 the person appears to meet the criteria for involuntary
487 examination and stating the observations upon which that
488 conclusion is based. If other less restrictive means, such as
489 voluntary appearance for outpatient evaluation, are not
490 available, a law enforcement officer shall take into custody the
491 person named in the certificate and deliver him or her to the
492 appropriate, or nearest, facility within the designated
493 receiving system pursuant to s. 394.462 for involuntary
494 examination. The law enforcement officer shall execute a written
495 report detailing the circumstances under which the person was
496 taken into custody and include all emergency contact information
497 required under subparagraph 2. The report must include all
498 emergency contact information for the person that is readily
499 accessible to the law enforcement officer, including information
500 available through electronic databases maintained by the
501 Department of Law Enforcement or by the Department of Highway
502 Safety and Motor Vehicles. Such emergency contact information
503 may be used by a receiving facility only for the purpose of



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504 informing listed emergency contacts of a patient's whereabouts
505 pursuant to s. 119.0712(2)(d). The report and certificate shall
506 be made a part of the patient's clinical record. Any facility
507 accepting the patient based on this certificate must send a copy
508 of the certificate to the department within 5 working days. The
509 document may be submitted electronically through existing data
510 systems, if applicable.

511
512 When sending the order, report, or certificate to the
513 department, a facility shall, at a minimum, provide information
514 about which action was taken regarding the patient under
515 paragraph (g), which information shall also be made a part of
516 the patient's clinical record.

517 (e) The department shall receive and maintain the copies of
518 ex parte orders, involuntary ~~outpatient~~ services orders issued
519 pursuant to ss. 394.4655 and 394.467 ~~s. 394.4655, involuntary~~
520 ~~inpatient placement orders issued pursuant to s. 394.467,~~
521 professional certificates, law enforcement officers' reports,
522 and reports relating to the transportation of patients. These
523 documents shall be considered part of the clinical record,
524 governed by the provisions of s. 394.4615. These documents shall
525 be provided to the institute established under s. 1004.44 by the
526 department and used by the institute to prepare annual reports
527 analyzing the data obtained from these documents, without
528 including the personal identifying information of the patient.
529 ~~identifying patients, and~~ The information in the reports may
530 include, but need not be limited to, a state level analysis of
531 involuntary examinations, including a description of demographic
532 characteristics of individuals and the geographic locations of



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533 involuntary examinations; counts of the number of involuntary
534 examinations at each receiving facility; and reporting and
535 analysis of trends for involuntary examinations within the
536 state. The report shall also include counts of and provide
537 demographic, geographic, and other relevant information about
538 individuals with a developmental disability, as defined in s.
539 393.063, or a traumatic brain injury or dementia who were taken
540 to a receiving facility for involuntary examination pursuant to
541 s. 394.463 and determined not to have a co-occurring mental
542 illness. The institute shall post the reports on its website
543 and provide copies of such reports to the department, the
544 President of the Senate, the Speaker of the House of
545 Representatives, and the minority leaders of the Senate and the
546 House of Representatives by November 30 of each year.

547 (f) A patient shall be examined by a physician or a
548 clinical psychologist, or by a psychiatric nurse performing
549 within the framework of an established protocol with a
550 psychiatrist at a facility without unnecessary delay to
551 determine if the criteria for involuntary services are met. Such
552 examination shall include, but not be limited to, consideration
553 of the patient's treatment history at the facility and any
554 information regarding the patient's condition and behavior
555 provided by knowledgeable individuals. Repeated admittance for
556 involuntary examination during a short period of time despite
557 implementation of appropriate discharge plans may be evidence
558 that criteria under subparagraph (b)1. are met. An individual's
559 basic needs being served while admitted to the facility may not
560 be considered evidence that criteria under subparagraph (b)1.
561 are met. Emergency treatment may be provided upon the order of a



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562 physician if the physician determines that such treatment is
563 necessary for the safety of the patient or others. The patient
564 may not be released by the receiving facility or its contractor
565 without the documented approval of a psychiatrist or a clinical
566 psychologist or, if the receiving facility is owned or operated
567 by a hospital, health system, or nationally accredited community
568 mental health center, the release may also be approved by a
569 psychiatric nurse performing within the framework of an
570 established protocol with a psychiatrist, or an attending
571 emergency department physician with experience in the diagnosis
572 and treatment of mental illness after completion of an
573 involuntary examination pursuant to this subsection. A
574 psychiatric nurse may not approve the release of a patient if
575 the involuntary examination was initiated by a psychiatrist
576 unless the release is approved by the initiating psychiatrist.
577 The release may be approved through telehealth.

578 (g) The examination period must be for up to 72 hours and
579 begins when a patient arrives at the receiving facility. For a
580 minor, the examination shall be initiated within 12 hours after
581 the patient's arrival at the facility. Within the examination
582 period, one of the following actions must be taken, based on the
583 individual needs of the patient:

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

587 2. The patient shall be released, subject to subparagraph
588 1., for voluntary outpatient treatment;

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



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

593 4. A petition for involuntary services shall be filed in
594 the circuit court ~~if inpatient treatment is deemed necessary~~ or
595 with the criminal county court, as defined in s. 394.4655(1), as
596 applicable. When inpatient treatment is deemed necessary, the
597 least restrictive treatment consistent with the optimum
598 improvement of the patient's condition shall be made available.
599 ~~The~~ ~~When a petition is to be filed for involuntary outpatient~~
600 ~~placement, it~~ shall be filed by one of the petitioners specified
601 in s. 394.467, and the court shall dismiss an untimely filed
602 petition s. 394.4655(4)(a). ~~A petition for involuntary inpatient~~
603 ~~placement shall be filed by the facility administrator.~~ If a
604 patient's 72-hour examination period ends on a weekend or
605 holiday, including the hours before the ordinary business hours
606 on the morning of the next working day, and the receiving
607 facility:

608 a. Intends to file a petition for involuntary services,
609 such patient may be held at the ~~a receiving~~ facility through the
610 next working day thereafter and the ~~such~~ petition ~~for~~
611 ~~involuntary services~~ must be filed no later than such date. If
612 the ~~receiving~~ facility fails to file the ~~a~~ petition by ~~for~~
613 ~~involuntary services~~ at the ordinary close of business on the
614 next working day, the patient shall be released from the
615 receiving facility following approval pursuant to paragraph (f).

616 b. Does not intend to file a petition for involuntary
617 services, the ~~a~~ receiving facility may postpone release of a
618 patient until the next working day thereafter only if a
619 qualified professional documents that adequate discharge



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620 planning and procedures in accordance with s. 394.468, and
621 approval pursuant to paragraph (f), are not possible until the
622 next working day.

623 (h) A person for whom an involuntary examination has been
624 initiated who is being evaluated or treated at a hospital for an
625 emergency medical condition specified in s. 395.002 must be
626 examined by a facility within the examination period specified
627 in paragraph (g). The examination period begins when the patient
628 arrives at the hospital and ceases when the attending physician
629 documents that the patient has an emergency medical condition.
630 If the patient is examined at a hospital providing emergency
631 medical services by a professional qualified to perform an
632 involuntary examination and is found as a result of that
633 examination not to meet the criteria for involuntary ~~outpatient~~
634 services pursuant to s. 394.467 ~~s. 394.4655(2)~~ or involuntary
635 ~~inpatient placement pursuant to s. 394.467(1)~~, the patient may
636 be offered voluntary outpatient or inpatient services ~~or~~
637 ~~placement~~, if appropriate, or released directly from the
638 hospital providing emergency medical services. The finding by
639 the professional that the patient has been examined and does not
640 meet the criteria for involuntary ~~inpatient~~ services ~~or~~
641 ~~involuntary outpatient placement~~ must be entered into the
642 patient's clinical record. This paragraph is not intended to
643 prevent a hospital providing emergency medical services from
644 appropriately transferring a patient to another hospital before
645 stabilization if the requirements of s. 395.1041(3)(c) have been
646 met.

647 (4) DATA ANALYSIS.—

648 (a) The department shall provide the data ~~Using data~~



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649 collected under paragraph (2)(a) and s. 1006.07(10), and child
650 welfare data related to involuntary examinations, to the
651 institute established under 1004.44. ~~department~~ The Agency for
652 Health Care Administration shall provide Medicaid data to the
653 institute, requested by the institute, related to involuntary
654 examination of children enrolled in Medicaid for the purpose of
655 administering the program and improving service provision for
656 such children. The department and agency shall enter into any
657 necessary agreements with the institute to provide such data.
658 The institute shall use such data to, at a minimum, analyze data
659 on both the initiation of involuntary examinations of children
660 and the initiation of involuntary examinations of students who
661 are removed from a school; identify any patterns or trends and
662 cases in which involuntary examinations are repeatedly initiated
663 on the same child or student; study root causes for such
664 patterns, trends, or repeated involuntary examinations; and make
665 recommendations to encourage the use of alternatives to
666 eliminate inappropriate initiations of such examinations.

667 (b) The institute shall analyze service data on individuals
668 who are high utilizers of crisis stabilization services provided
669 in designated receiving facilities, and shall, at a minimum,
670 identify any patterns or trends and make recommendations to
671 decrease avoidable admissions. Recommendations may be addressed
672 in the department's contracts with the behavioral health
673 managing entities and in the contracts between the Agency for
674 Health Care Administration and the Medicaid managed medical
675 assistance plans.

676 (c) The institute ~~department~~ shall publish ~~submit~~ a report
677 on its findings and recommendations on its website and submit



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678 the report to the Governor, the President of the Senate, ~~and~~ the
679 Speaker of the House of Representatives, the department and the
680 Agency for Health Care Administration by November 1 of each odd-
681 numbered year.

682 Section 11. Section 394.4655, Florida Statutes, is amended
683 to read:

684 394.4655 Involuntary outpatient services.-

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

686 (a) "Court" means a circuit court or a criminal county
687 court.

688 (b) "Criminal county court" means a county court exercising
689 its original jurisdiction in a misdemeanor case under s. 34.01.

690 (c) "Involuntary outpatient placement" means involuntary
691 outpatient services as defined in s. 394.467, F.S.

692 (2) A criminal county court may order an individual to
693 involuntary outpatient placement under s. 394.467. CRITERIA FOR
694 INVOLUNTARY OUTPATIENT SERVICES.-A person may be ordered to
695 involuntary outpatient services upon a finding of the court, by
696 clear and convincing evidence, that the person meets all of the
697 following criteria:

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

699 (b) The person has a mental illness.

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

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

705 (e) The person has:

706 1. At least twice within the immediately preceding 36



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707 ~~months been involuntarily admitted to a receiving or treatment~~
708 ~~facility as defined in s. 394.455, or has received mental health~~
709 ~~services in a forensic or correctional facility. The 36-month~~
710 ~~period does not include any period during which the person was~~
711 ~~admitted or incarcerated; or~~

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

715 ~~(f) The person is, as a result of his or her mental~~
716 ~~illness, unlikely to voluntarily participate in the recommended~~
717 ~~treatment plan and has refused voluntary services for treatment~~
718 ~~after sufficient and conscientious explanation and disclosure of~~
719 ~~why the services are necessary or is unable to determine for~~
720 ~~himself or herself whether services are necessary.~~

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

727 ~~(h) It is likely that the person will benefit from~~
728 ~~involuntary outpatient services.~~

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

732 ~~(3) INVOLUNTARY OUTPATIENT SERVICES.—~~

733 ~~(a)1. A patient who is being recommended for involuntary~~
734 ~~outpatient services by the administrator of the facility where~~
735 ~~the patient has been examined may be retained by the facility~~



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736 ~~after adherence to the notice procedures provided in s.~~
737 ~~394.4599. The recommendation must be supported by the opinion of~~
738 ~~a psychiatrist and the second opinion of a clinical psychologist~~
739 ~~or another psychiatrist, both of whom have personally examined~~
740 ~~the patient within the preceding 72 hours, that the criteria for~~
741 ~~involuntary outpatient services are met. However, if the~~
742 ~~administrator certifies that a psychiatrist or clinical~~
743 ~~psychologist is not available to provide the second opinion, the~~
744 ~~second opinion may be provided by a licensed physician who has~~
745 ~~postgraduate training and experience in diagnosis and treatment~~
746 ~~of mental illness, a physician assistant who has at least 3~~
747 ~~years' experience and is supervised by such licensed physician~~
748 ~~or a psychiatrist, a clinical social worker, or by a psychiatric~~
749 ~~nurse. Any second opinion authorized in this subparagraph may be~~
750 ~~conducted through a face-to-face examination, in person or by~~
751 ~~electronic means. Such recommendation must be entered on an~~
752 ~~involuntary outpatient services certificate that authorizes the~~
753 ~~facility to retain the patient pending completion of a hearing.~~
754 ~~The certificate must be made a part of the patient's clinical~~
755 ~~record.~~

756 ~~2. If the patient has been stabilized and no longer meets~~
757 ~~the criteria for involuntary examination pursuant to s.~~
758 ~~394.463(1), the patient must be released from the facility while~~
759 ~~awaiting the hearing for involuntary outpatient services. Before~~
760 ~~filing a petition for involuntary outpatient services, the~~
761 ~~administrator of the facility or a designated department~~
762 ~~representative must identify the service provider that will have~~
763 ~~primary responsibility for service provision under an order for~~
764 ~~involuntary outpatient services, unless the person is otherwise~~



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765 ~~participating in outpatient psychiatric treatment and is not in~~
766 ~~need of public financing for that treatment, in which case the~~
767 ~~individual, if eligible, may be ordered to involuntary treatment~~
768 ~~pursuant to the existing psychiatric treatment relationship.~~

769 ~~3. The service provider shall prepare a written proposed~~
770 ~~treatment plan in consultation with the patient or the patient's~~
771 ~~guardian advocate, if appointed, for the court's consideration~~
772 ~~for inclusion in the involuntary outpatient services order that~~
773 ~~addresses the nature and extent of the mental illness and any~~
774 ~~co-occurring substance use disorder that necessitate involuntary~~
775 ~~outpatient services. The treatment plan must specify the likely~~
776 ~~level of care, including the use of medication, and anticipated~~
777 ~~discharge criteria for terminating involuntary outpatient~~
778 ~~services. Service providers may select and supervise other~~
779 ~~individuals to implement specific aspects of the treatment plan.~~
780 ~~The services in the plan must be deemed clinically appropriate~~
781 ~~by a physician, clinical psychologist, psychiatric nurse, mental~~
782 ~~health counselor, marriage and family therapist, or clinical~~
783 ~~social worker who consults with, or is employed or contracted~~
784 ~~by, the service provider. The service provider must certify to~~
785 ~~the court in the proposed plan whether sufficient services for~~
786 ~~improvement and stabilization are currently available and~~
787 ~~whether the service provider agrees to provide those services.~~
788 ~~If the service provider certifies that the services in the~~
789 ~~proposed treatment plan are not available, the petitioner may~~
790 ~~not file the petition. The service provider must notify the~~
791 ~~managing entity if the requested services are not available. The~~
792 ~~managing entity must document such efforts to obtain the~~
793 ~~requested services.~~



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794 ~~(b) If a patient in involuntary inpatient placement meets~~
795 ~~the criteria for involuntary outpatient services, the~~
796 ~~administrator of the facility may, before the expiration of the~~
797 ~~period during which the facility is authorized to retain the~~
798 ~~patient, recommend involuntary outpatient services. The~~
799 ~~recommendation must be supported by the opinion of a~~
800 ~~psychiatrist and the second opinion of a clinical psychologist~~
801 ~~or another psychiatrist, both of whom have personally examined~~
802 ~~the patient within the preceding 72 hours, that the criteria for~~
803 ~~involuntary outpatient services are met. However, if the~~
804 ~~administrator certifies that a psychiatrist or clinical~~
805 ~~psychologist is not available to provide the second opinion, the~~
806 ~~second opinion may be provided by a licensed physician who has~~
807 ~~postgraduate training and experience in diagnosis and treatment~~
808 ~~of mental illness, a physician assistant who has at least 3~~
809 ~~years' experience and is supervised by such licensed physician~~
810 ~~or a psychiatrist, a clinical social worker, or by a psychiatric~~
811 ~~nurse. Any second opinion authorized in this subparagraph may be~~
812 ~~conducted through a face to face examination, in person or by~~
813 ~~electronic means. Such recommendation must be entered on an~~
814 ~~involuntary outpatient services certificate, and the certificate~~
815 ~~must be made a part of the patient's clinical record.~~

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



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823 ~~residing.~~

824 ~~2. The service provider that will have primary~~
825 ~~responsibility for service provision shall be identified by the~~
826 ~~designated department representative before the order for~~
827 ~~involuntary outpatient services and must, before filing a~~
828 ~~petition for involuntary outpatient services, certify to the~~
829 ~~court whether the services recommended in the patient's~~
830 ~~discharge plan are available and whether the service provider~~
831 ~~agrees to provide those services. The service provider must~~
832 ~~develop with the patient, or the patient's guardian advocate, if~~
833 ~~appointed, a treatment or service plan that addresses the needs~~
834 ~~identified in the discharge plan. The plan must be deemed to be~~
835 ~~clinically appropriate by a physician, clinical psychologist,~~
836 ~~psychiatric nurse, mental health counselor, marriage and family~~
837 ~~therapist, or clinical social worker, as defined in this~~
838 ~~chapter, who consults with, or is employed or contracted by, the~~
839 ~~service provider.~~

840 ~~3. If the service provider certifies that the services in~~
841 ~~the proposed treatment or service plan are not available, the~~
842 ~~petitioner may not file the petition. The service provider must~~
843 ~~notify the managing entity if the requested services are not~~
844 ~~available. The managing entity must document such efforts to~~
845 ~~obtain the requested services.~~

846 ~~(4) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES.—~~

847 ~~(a) A petition for involuntary outpatient services may be~~
848 ~~filed by:~~

849 ~~1. The administrator of a receiving facility; or~~

850 ~~2. The administrator of a treatment facility.~~

851 ~~(b) Each required criterion for involuntary outpatient~~



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852 ~~services must be alleged and substantiated in the petition for~~
853 ~~involuntary outpatient services. A copy of the certificate~~
854 ~~recommending involuntary outpatient services completed by a~~
855 ~~qualified professional specified in subsection (3) must be~~
856 ~~attached to the petition. A copy of the proposed treatment plan~~
857 ~~must be attached to the petition. Before the petition is filed,~~
858 ~~the service provider shall certify that the services in the~~
859 ~~proposed plan are available. If the necessary services are not~~
860 ~~available, the petition may not be filed. The service provider~~
861 ~~must notify the managing entity if the requested services are~~
862 ~~not available. The managing entity must document such efforts to~~
863 ~~obtain the requested services.~~

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

875 ~~(5) APPOINTMENT OF COUNSEL. Within 1 court working day~~
876 ~~after the filing of a petition for involuntary outpatient~~
877 ~~services, the court shall appoint the public defender to~~
878 ~~represent the person who is the subject of the petition, unless~~
879 ~~the person is otherwise represented by counsel. The clerk of the~~
880 ~~court shall immediately notify the public defender of the~~



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881 ~~appointment. The public defender shall represent the person~~
882 ~~until the petition is dismissed, the court order expires, or the~~
883 ~~patient is discharged from involuntary outpatient services. An~~
884 ~~attorney who represents the patient must be provided access to~~
885 ~~the patient, witnesses, and records relevant to the presentation~~
886 ~~of the patient's case and shall represent the interests of the~~
887 ~~patient, regardless of the source of payment to the attorney.~~

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

892 ~~(7) HEARING ON INVOLUNTARY OUTPATIENT SERVICES.—~~

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

907 ~~2. The court may appoint a magistrate to preside at the~~
908 ~~hearing. One of the professionals who executed the involuntary~~
909 ~~outpatient services certificate shall be a witness. The patient~~



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910 ~~and the patient's guardian or representative shall be informed~~
911 ~~by the court of the right to an independent expert examination.~~
912 ~~If the patient cannot afford such an examination, the court~~
913 ~~shall ensure that one is provided, as otherwise provided by law.~~
914 ~~The independent expert's report is confidential and not~~
915 ~~discoverable, unless the expert is to be called as a witness for~~
916 ~~the patient at the hearing. The court shall allow testimony from~~
917 ~~individuals, including family members, deemed by the court to be~~
918 ~~relevant under state law, regarding the person's prior history~~
919 ~~and how that prior history relates to the person's current~~
920 ~~condition. The testimony in the hearing must be given under~~
921 ~~oath, and the proceedings must be recorded. The patient may~~
922 ~~refuse to testify at the hearing.~~

923 ~~(b)1. If the court concludes that the patient meets the~~
924 ~~criteria for involuntary outpatient services pursuant to~~
925 ~~subsection (2), the court shall issue an order for involuntary~~
926 ~~outpatient services. The court order shall be for a period of up~~
927 ~~to 90 days. The order must specify the nature and extent of the~~
928 ~~patient's mental illness. The order of the court and the~~
929 ~~treatment plan must be made part of the patient's clinical~~
930 ~~record. The service provider shall discharge a patient from~~
931 ~~involuntary outpatient services when the order expires or any~~
932 ~~time the patient no longer meets the criteria for involuntary~~
933 ~~placement. Upon discharge, the service provider shall send a~~
934 ~~certificate of discharge to the court.~~

935 ~~2. The court may not order the department or the service~~
936 ~~provider to provide services if the program or service is not~~
937 ~~available in the patient's local community, if there is no space~~
938 ~~available in the program or service for the patient, or if~~



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939 ~~funding is not available for the program or service. The service~~
940 ~~provider must notify the managing entity if the requested~~
941 ~~services are not available. The managing entity must document~~
942 ~~such efforts to obtain the requested services. A copy of the~~
943 ~~order must be sent to the managing entity by the service~~
944 ~~provider within 1 working day after it is received from the~~
945 ~~court. The order may be submitted electronically through~~
946 ~~existing data systems. After the order for involuntary services~~
947 ~~is issued, the service provider and the patient may modify the~~
948 ~~treatment plan. For any material modification of the treatment~~
949 ~~plan to which the patient or, if one is appointed, the patient's~~
950 ~~guardian advocate agrees, the service provider shall send notice~~
951 ~~of the modification to the court. Any material modifications of~~
952 ~~the treatment plan which are contested by the patient or the~~
953 ~~patient's guardian advocate, if applicable, must be approved or~~
954 ~~disapproved by the court consistent with subsection (3).~~

955 ~~3. If, in the clinical judgment of a physician, the patient~~
956 ~~has failed or has refused to comply with the treatment ordered~~
957 ~~by the court, and, in the clinical judgment of the physician,~~
958 ~~efforts were made to solicit compliance and the patient may meet~~
959 ~~the criteria for involuntary examination, a person may be~~
960 ~~brought to a receiving facility pursuant to s. 394.463. If,~~
961 ~~after examination, the patient does not meet the criteria for~~
962 ~~involuntary inpatient placement pursuant to s. 394.467, the~~
963 ~~patient must be discharged from the facility. The involuntary~~
964 ~~outpatient services order shall remain in effect unless the~~
965 ~~service provider determines that the patient no longer meets the~~
966 ~~criteria for involuntary outpatient services or until the order~~
967 ~~expires. The service provider must determine whether~~



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968 ~~modifications should be made to the existing treatment plan and~~
969 ~~must attempt to continue to engage the patient in treatment. For~~
970 ~~any material modification of the treatment plan to which the~~
971 ~~patient or the patient's guardian advocate, if applicable,~~
972 ~~agrees, the service provider shall send notice of the~~
973 ~~modification to the court. Any material modifications of the~~
974 ~~treatment plan which are contested by the patient or the~~
975 ~~patient's guardian advocate, if applicable, must be approved or~~
976 ~~disapproved by the court consistent with subsection (3).~~

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

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

996 ~~(e) The administrator of the receiving facility or the~~



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997 ~~designated department representative shall provide a copy of the~~
998 ~~court order and adequate documentation of a patient's mental~~
999 ~~illness to the service provider for involuntary outpatient~~
1000 ~~services. Such documentation must include any advance directives~~
1001 ~~made by the patient, a psychiatric evaluation of the patient,~~
1002 ~~and any evaluations of the patient performed by a psychologist~~
1003 ~~or a clinical social worker.~~

1004 ~~(8) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT~~
1005 ~~SERVICES.—~~

1006 ~~(a)1. If the person continues to meet the criteria for~~
1007 ~~involuntary outpatient services, the service provider shall, at~~
1008 ~~least 10 days before the expiration of the period during which~~
1009 ~~the treatment is ordered for the person, file in the court that~~
1010 ~~issued the order for involuntary outpatient services a petition~~
1011 ~~for continued involuntary outpatient services. The court shall~~
1012 ~~immediately schedule a hearing on the petition to be held within~~
1013 ~~15 days after the petition is filed.~~

1014 ~~2. The existing involuntary outpatient services order~~
1015 ~~remains in effect until disposition on the petition for~~
1016 ~~continued involuntary outpatient services.~~

1017 ~~3. A certificate shall be attached to the petition which~~
1018 ~~includes a statement from the person's physician or clinical~~
1019 ~~psychologist justifying the request, a brief description of the~~
1020 ~~patient's treatment during the time he or she was receiving~~
1021 ~~involuntary services, and an individualized plan of continued~~
1022 ~~treatment.~~

1023 ~~4. The service provider shall develop the individualized~~
1024 ~~plan of continued treatment in consultation with the patient or~~
1025 ~~the patient's guardian advocate, if applicable. When the~~



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1026 ~~petition has been filed, the clerk of the court shall provide~~
1027 ~~copies of the certificate and the individualized plan of~~
1028 ~~continued services to the department, the patient, the patient's~~
1029 ~~guardian advocate, the state attorney, and the patient's private~~
1030 ~~counsel or the public defender.~~

1031 ~~(b) Within 1 court working day after the filing of a~~
1032 ~~petition for continued involuntary outpatient services, the~~
1033 ~~court shall appoint the public defender to represent the person~~
1034 ~~who is the subject of the petition, unless the person is~~
1035 ~~otherwise represented by counsel. The clerk of the court shall~~
1036 ~~immediately notify the public defender of such appointment. The~~
1037 ~~public defender shall represent the person until the petition is~~
1038 ~~dismissed or the court order expires or the patient is~~
1039 ~~discharged from involuntary outpatient services. Any attorney~~
1040 ~~representing the patient shall have access to the patient,~~
1041 ~~witnesses, and records relevant to the presentation of the~~
1042 ~~patient's case and shall represent the interests of the patient,~~
1043 ~~regardless of the source of payment to the attorney.~~

1044 ~~(c) Hearings on petitions for continued involuntary~~
1045 ~~outpatient services must be before the court that issued the~~
1046 ~~order for involuntary outpatient services. The court may appoint~~
1047 ~~a magistrate to preside at the hearing. The procedures for~~
1048 ~~obtaining an order pursuant to this paragraph must meet the~~
1049 ~~requirements of subsection (7), except that the time period~~
1050 ~~included in paragraph (2) (c) is not applicable in determining~~
1051 ~~the appropriateness of additional periods of involuntary~~
1052 ~~outpatient placement.~~

1053 ~~(d) Notice of the hearing must be provided as set forth in~~
1054 ~~s. 394.4599. The patient and the patient's attorney may agree to~~



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1055 ~~a period of continued outpatient services without a court~~
1056 ~~hearing.~~

1057 ~~(e) The same procedure must be repeated before the~~
1058 ~~expiration of each additional period the patient is placed in~~
1059 ~~treatment.~~

1060 ~~(f) If the patient has previously been found incompetent to~~
1061 ~~consent to treatment, the court shall consider testimony and~~
1062 ~~evidence regarding the patient's competence. Section 394.4598~~
1063 ~~governs the discharge of the guardian advocate if the patient's~~
1064 ~~competency to consent to treatment has been restored.~~

1065 Section 12. Section 394.467, Florida Statutes, is amended
1066 to read:

1067 394.467 Involuntary services inpatient placement.-

1068 (1) DEFINITIONS.-As used in this section, the term:

1069 (a) "Court" means a circuit court.

1070 (b) "Involuntary inpatient placement" means placement in a
1071 secure receiving or treatment facility providing stabilization
1072 and treatment services to a person 18 years of age or older who
1073 does not voluntarily consent to services under this chapter, or
1074 a minor who does not voluntarily assent to services under this
1075 chapter.

1076 (c) "Involuntary outpatient services" means services
1077 provided in the community to a person who does not voluntarily
1078 consent to or participate in services under this chapter.

1079 (d) "Services plan" means an individualized plan detailing
1080 the recommended behavioral health services and supports based on
1081 a thorough assessment of the needs of the patient, to safeguard
1082 and enhance the patient's health and well-being in the
1083 community.



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1084 (2) ~~(1)~~ CRITERIA FOR INVOLUNTARY SERVICES.—A person may be
1085 ordered by a court to be provided for involuntary services
1086 inpatient placement for treatment upon a finding of the court,
1087 by clear and convincing evidence, that the person meets the
1088 following criteria:

1089 (a) Involuntary outpatient services.—A person ordered to
1090 involuntary outpatient services must meet the following
1091 criteria:

1092 1. The person has a mental illness and because of his or
1093 her mental illness:

1094 a. Is unlikely to voluntarily participate in a recommended
1095 services plan and has refused voluntary services for treatment
1096 after sufficient and conscientious explanation and disclosure of
1097 why the services are necessary; or

1098 b. He or she is unable to determine for himself or herself
1099 whether services are necessary.

1100 2. The person is unlikely to survive safely in the
1101 community without supervision, based on a clinical
1102 determination.

1103 3. The person has a history of lack of compliance with
1104 treatment for mental illness.

1105 4. In view of the person's treatment history and current
1106 behavior, the person is in need of involuntary outpatient
1107 services in order to prevent a relapse or deterioration that
1108 would be likely to result in serious bodily harm to himself or
1109 herself or others, or a substantial harm to his or her well-
1110 being as set forth in s. 394.463(1).

1111 5. It is likely that the person will benefit from
1112 involuntary outpatient services.



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1113 6. All available less restrictive alternatives that would
1114 offer an opportunity for improvement of the person's condition
1115 have been deemed to be inappropriate or unavailable.

1116 (b) Involuntary inpatient placement.—A person ordered to
1117 involuntary inpatient placement must meet the following
1118 criteria:

1119 1. (a) The person ~~He or she~~ has a mental illness and because
1120 of his or her mental illness:

1121 ~~1~~.a. He or she has refused voluntary inpatient placement
1122 for treatment after sufficient and conscientious explanation and
1123 disclosure of the purpose of inpatient placement for treatment;
1124 or

1125 b. He or she is unable to determine for himself or herself
1126 whether inpatient placement is necessary; and

1127
1128 2.a. He or she is incapable of surviving alone or with the
1129 help of willing, able, and responsible family or friends,
1130 including available alternative services, and, without
1131 treatment, is likely to suffer from neglect or refuse to care
1132 for himself or herself, and such neglect or refusal poses a real
1133 and present threat of substantial harm to his or her well-being;
1134 or

1135 b. Without treatment, there ~~There~~ is a substantial
1136 likelihood that in the near future the person ~~he or she~~ will
1137 inflict serious bodily harm on self or others, as evidenced by
1138 recent behavior causing, attempting to cause, or threatening to
1139 cause such harm; and

1140
1141 c. (b)—All available less restrictive treatment alternatives



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1142 that would offer an opportunity for improvement of the person's
1143 ~~his or her~~ condition have been deemed ~~judged~~ to be inappropriate
1144 or unavailable.

1145 (3)(2) RECOMMENDATION FOR INVOLUNTARY SERVICES AND
1146 ADMISSION TO A TREATMENT FACILITY.—A patient may be recommended
1147 for involuntary inpatient placement, involuntary outpatient
1148 services, or a combination of both.

1149 (a) A patient may be retained by a facility for involuntary
1150 services or involuntarily placed in a treatment facility upon
1151 the recommendation of the administrator of the facility where
1152 the patient has been examined and after adherence to the notice
1153 and hearing procedures provided in s. 394.4599. However, if a
1154 patient who is being recommended for only involuntary outpatient
1155 services has been stabilized and no longer meets the criteria
1156 for involuntary examination pursuant to s. 394.463(1), the
1157 patient must be released from the facility while awaiting the
1158 hearing for involuntary outpatient services.

1159 (b) The recommendation must be supported by the opinion of
1160 a psychiatrist and the second opinion of a clinical psychologist
1161 with at least 3 years of clinical experience, or another
1162 psychiatrist, or a psychiatric nurse practicing within the
1163 framework of an established protocol with a psychiatrist, both
1164 of whom have personally examined the patient within the
1165 preceding 72 hours, that the criteria for involuntary services
1166 inpatient placement are met. For involuntary inpatient
1167 placement, the patient must have been examined within the
1168 preceding 72 hours. For involuntary outpatient services the
1169 patient must have been examined within the preceding 30 days.

1170 (c) If ~~However, if the administrator certifies that a~~



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1171 psychiatrist or clinical psychologist with at least 3 years of
1172 clinical experience is not available to provide a ~~the~~ second
1173 opinion, the petitioner must certify that a clinical
1174 psychologist is not available and the second opinion may be
1175 provided by a licensed physician who has postgraduate training
1176 and experience in diagnosis and treatment of mental illness, a
1177 clinical psychologist, or by a psychiatric nurse.

1178 (d) Any opinion authorized in this subsection may be
1179 conducted through a face-to-face or in-person examination, in
1180 person, or by electronic means. Recommendations for involuntary
1181 services must be ~~Such recommendation shall be entered on a~~
1182 petition for involuntary services inpatient placement
1183 certificate, which shall be made a part of the patient's
1184 clinical record. The petition must either authorize the facility
1185 to retain the patient pending completion of a hearing or
1186 authorize that authorizes the facility to retain the patient
1187 pending transfer to a treatment facility or completion of a
1188 hearing.

1189 (4) (3) PETITION FOR INVOLUNTARY SERVICES INPATIENT
1190 PLACEMENT.—

1191 (a) A petition for involuntary services may be filed by:
1192 1. The administrator of a receiving the facility;
1193 2. The administrator of a treatment facility; or
1194 3. A service provider who is treating the person being
1195 petitioned.

1196 (b) A shall file a petition for involuntary inpatient
1197 placement, or inpatient placement followed by outpatient
1198 services, must be filed in the court in the county where the
1199 patient is located.



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1200 (c) A petition for involuntary outpatient services must be
1201 filed in the county where the patient is located, unless the
1202 patient is being placed from a state treatment facility, in
1203 which case the petition must be filed in the county where the
1204 patient will reside.

1205 (d)1. The petitioner must state in the petition:

1206 a. Whether the petitioner is recommending inpatient
1207 placement, outpatient services, or both.

1208 b. The length of time recommended for each type of
1209 involuntary services.

1210 c. The reasons for the recommendation.

1211 2. If recommending involuntary outpatient services, or a
1212 combination of involuntary inpatient placement and outpatient
1213 services, the petitioner must identify the service provider that
1214 has agreed to provide services for the person under an order for
1215 involuntary outpatient services, unless the person is otherwise
1216 participating in outpatient psychiatric treatment and is not in
1217 need of public financing for that treatment, in which case the
1218 individual, if eligible, may be ordered to involuntary treatment
1219 pursuant to the existing psychiatric treatment relationship.

1220 3. If recommending an immediate order to involuntary
1221 outpatient services, the petitioner shall prepare a written
1222 proposed services plan in consultation with the patient or the
1223 patient's guardian advocate, if appointed, for the court's
1224 consideration for inclusion in the involuntary outpatient
1225 services order that addresses the nature and extent of the
1226 mental illness and any co-occurring substance use disorder that
1227 necessitate involuntary outpatient services. The services plan
1228 must specify the likely needed level of care, including the use



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1229 of medication, and anticipated discharge criteria for
1230 terminating involuntary outpatient services. The services in the
1231 plan must be deemed clinically appropriate by a physician,
1232 clinical psychologist, psychiatric nurse, mental health
1233 counselor, marriage and family therapist, or clinical social
1234 worker who consults with, or is employed or contracted by, the
1235 service provider. If the services in the proposed services plan
1236 are not available, the petitioner may not file the petition. The
1237 petitioner must notify the managing entity if the requested
1238 services are not available. The managing entity must document
1239 such efforts to obtain the requested service. The service
1240 provider who accepts the patient for involuntary outpatient
1241 services is responsible for the development of a comprehensive
1242 treatment plan.

1243 (e) Each required criterion for the recommended involuntary
1244 services must be alleged and substantiated in the petition. A
1245 copy of the recommended services plan, if applicable, must be
1246 attached to the petition. The court must accept petitions and
1247 other documentation with electronic signatures.

1248 (f) When the petition has been filed ~~Upon filing,~~ the clerk
1249 of the court shall provide copies of the petition and, if
1250 applicable, the recommended services plan to the department, the
1251 managing entity, the patient, the patient's guardian or
1252 representative, ~~and~~ the state attorney, and the public defender
1253 or the patient's private counsel ~~of the judicial circuit in~~
1254 ~~which the patient is located.~~ A fee may not be charged for the
1255 filing of a petition under this subsection.

1256 (5)(4) APPOINTMENT OF COUNSEL.—Within 1 court working day
1257 after the filing of a petition for involuntary services



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1258 ~~inpatient placement~~, the court shall appoint the public defender
1259 to represent the person who is the subject of the petition,
1260 unless the person is otherwise represented by counsel or
1261 ineligible. The clerk of the court shall immediately notify the
1262 public defender of such appointment. The public defender shall
1263 represent the person until the petition is dismissed, the court
1264 order expires, or the patient is discharged from involuntary
1265 services. Any attorney who represents ~~representing~~ the patient
1266 shall be provided ~~have~~ access to the patient, witnesses, and
1267 records relevant to the presentation of the patient's case and
1268 shall represent the interests of the patient, regardless of the
1269 source of payment to the attorney.

1270 (6) ~~(5)~~ CONTINUANCE OF HEARING.—The patient and the state
1271 are independently is entitled, with the concurrence of the
1272 patient's counsel, to seek at least one continuance of the
1273 hearing for up to 4 weeks. The patient must be granted a request
1274 for an initial continuance of up to 7 calendar days. The patient
1275 may request additional continuances for up to 21 additional
1276 calendar days in total, which shall only be granted by a showing
1277 of good cause and due diligence by the patient and patient's
1278 counsel before requesting the continuance. The state may request
1279 one continuance of up to 7 calendar days, which shall only be
1280 granted by a showing of good cause and due diligence by the
1281 state before requesting the continuance. The state's failure to
1282 timely review any readily available document or failure to
1283 attempt to contact a known witness does not warrant a
1284 continuance.

1285 (7) ~~(6)~~ HEARING ON INVOLUNTARY SERVICES ~~INPATIENT~~
1286 ~~PLACEMENT~~.—



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1287 (a)1. The court shall hold a ~~the~~ hearing on ~~the~~ involuntary
1288 services petition ~~inpatient placement~~ within 5 court working
1289 days ~~after the filing of the petition,~~ unless a continuance is
1290 granted.

1291 2. The court must hold any hearing on involuntary
1292 outpatient services in the county where the petition is filed. A
1293 hearing on involuntary inpatient placement, or a combination of
1294 involuntary inpatient placement and involuntary outpatient
1295 services, ~~Except for good cause documented in the court file,~~
1296 the hearing must be held in the county or the facility, as
1297 appropriate, where the patient is located, ~~except for good cause~~
1298 documented in the court file.

1299 3. A hearing on involuntary services must be as convenient
1300 to the patient as is consistent with orderly procedure, and
1301 shall be conducted in physical settings not likely to be
1302 injurious to the patient's condition. If the court finds that
1303 the patient's attendance at the hearing is not consistent with
1304 the best interests of the patient, ~~or the patient knowingly,~~
1305 intelligently, and voluntarily waives his or her right to be
1306 present, and ~~if~~ the patient's counsel does not object, the court
1307 may waive the ~~attendance presence~~ of the patient from all or any
1308 portion of the hearing. The state attorney for the circuit in
1309 which the patient is located shall represent the state, rather
1310 than the ~~petitioner,~~ as the real party in interest in the
1311 proceeding. The facility shall make the respondent's clinical
1312 records available to the state attorney and the respondent's
1313 attorney so that the state can evaluate and prepare its case.
1314 However, these records shall remain confidential, and the state
1315 attorney may not use any record obtained under this part for



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1316 criminal investigation or prosecution purposes, or for any
1317 purpose other than the patient's civil commitment under this
1318 chapter petitioning facility administrator, as the real party in
1319 interest in the proceeding. (b)3. The court may appoint a
1320 magistrate to preside at the hearing. Upon a finding of good
1321 cause, the court may permit all witnesses, including, but not
1322 limited to, medical professionals who are or have been involved
1323 with the patient's treatment, to remotely attend and testify at
1324 the hearing under oath via audio-video teleconference. A witness
1325 intending to remotely attend and testify must provide the
1326 parties with all relevant documents by the close of business on
1327 the day before the hearing. One of the professionals who
1328 executed the ~~petition for involuntary services inpatient~~
1329 ~~placement~~ certificate shall be a witness. The patient and the
1330 patient's guardian or representative shall be informed by the
1331 court of the right to an independent expert examination. If the
1332 patient cannot afford such an examination, the court shall
1333 ensure that one is provided, as otherwise provided for by law.
1334 The independent expert's report is confidential and not
1335 discoverable, unless the expert is to be called as a witness for
1336 the patient at the hearing. The court shall allow testimony from
1337 persons, including family members, deemed by the court to be
1338 relevant under state law, regarding the person's prior history
1339 and how that prior history relates to the person's current
1340 condition. The testimony in the hearing must be given under
1341 oath, and the proceedings must be recorded. The patient may
1342 refuse to testify at the hearing.

1343 (c)(b) At the hearing, the court shall consider testimony
1344 and evidence regarding the patient's competence to consent to



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1345 services and treatment. If the court finds that the patient is
1346 incompetent to consent to treatment, it shall appoint a guardian
1347 advocate as provided in s. 394.4598.

1348 (8) ORDERS OF THE COURT.—

1349 (a)1. If the court concludes that the patient meets the
1350 criteria for involuntary services, the court may order a patient
1351 to involuntary inpatient placement, involuntary outpatient
1352 services, or a combination of involuntary services depending on
1353 the criteria met and which type of involuntary services best
1354 meet the needs of the patient. However, if the court orders the
1355 patient to involuntary outpatient services, the court may not
1356 order the department or the service provider to provide services
1357 if the program or service is not available in the patient's
1358 local community, if there is no space available in the program
1359 or service for the patient, or if funding is not available for
1360 the program or service. The petitioner must notify the managing
1361 entity if the requested services are not available. The managing
1362 entity must document such efforts to obtain the requested
1363 services. A copy of the order must be sent to the managing
1364 entity by the service provider within 1 working day after it is
1365 received from the court.

1366 2. The order must specify the nature and extent of the
1367 patient's mental illness.

1368 3.a. An order for only involuntary outpatient services
1369 shall be for a period of up to 90 days.

1370 b. An order for involuntary inpatient placement, or a
1371 combination of inpatient placement and outpatient services, may
1372 be up to 6 months.

1373 4. An order for a combination of involuntary services shall



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1374 specify the length of time the patient shall be ordered for
1375 involuntary inpatient placement and involuntary outpatient
1376 services.

1377 5. The order of the court and the patient's services plan,
1378 if applicable, must be made part of the patient's clinical
1379 record.

1380 (b) If the court orders a patient into involuntary
1381 inpatient placement, the court ~~it~~ may order that the patient be
1382 transferred to a treatment facility, ~~or,~~ if the patient is at a
1383 treatment facility, that the patient be retained there or be
1384 treated at any other appropriate facility, or that the patient
1385 receive services, ~~on an involuntary basis, for up to 90 days.~~
1386 ~~However, any order for involuntary mental health services in a~~
1387 ~~treatment facility may be for up to 6 months. The order shall~~
1388 ~~specify the nature and extent of the patient's mental illness.~~
1389 The court may not order an individual with a developmental
1390 disability as defined in s. 393.063 or a traumatic brain injury
1391 or dementia who lacks a co-occurring mental illness to be
1392 involuntarily placed in a state treatment facility. ~~The facility~~
1393 ~~shall discharge a patient any time the patient no longer meets~~
1394 ~~the criteria for involuntary inpatient placement, unless the~~
1395 ~~patient has transferred to voluntary status.~~

1396 (c) If at any time before the conclusion of a ~~the~~ hearing
1397 on involuntary services, ~~inpatient placement~~ it appears to the
1398 court that the patient ~~person does not meet the criteria for~~
1399 ~~involuntary inpatient placement under this section, but instead~~
1400 ~~meets the criteria for involuntary outpatient services, the~~
1401 ~~court may order the person evaluated for involuntary outpatient~~
1402 ~~services pursuant to s. 394.4655. The petition and hearing~~



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1403 ~~procedures set forth in s. 394.4655 shall apply. If the person~~
1404 ~~instead meets the criteria for involuntary assessment,~~
1405 ~~protective custody, or involuntary admission or treatment~~
1406 pursuant to s. 397.675, then the court may order the person to
1407 be admitted for involuntary assessment ~~for a period of 5 days~~
1408 pursuant to s. 397.6757 ~~s. 397.6811~~. Thereafter, all proceedings
1409 are governed by chapter 397.

1410 ~~(d) At the hearing on involuntary inpatient placement, the~~
1411 ~~court shall consider testimony and evidence regarding the~~
1412 ~~patient's competence to consent to treatment. If the court finds~~
1413 ~~that the patient is incompetent to consent to treatment, it~~
1414 ~~shall appoint a guardian advocate as provided in s. 394.4598.~~

1415 ~~(d)(e)~~ The administrator of the petitioning facility or the
1416 designated department representative shall provide a copy of the
1417 court order and adequate documentation of a patient's mental
1418 illness to the service provider for involuntary outpatient
1419 services or the administrator of a treatment facility if the
1420 patient is ordered for involuntary inpatient placement, ~~whether~~
1421 ~~by civil or criminal court~~. The documentation must include any
1422 advance directives made by the patient, a psychiatric evaluation
1423 of the patient, and any evaluations of the patient performed by
1424 a psychiatric nurse, a clinical psychologist, a marriage and
1425 family therapist, a mental health counselor, or a clinical
1426 social worker. The administrator of a treatment facility may
1427 refuse admission to any patient directed to its facilities on an
1428 involuntary basis, whether by civil or criminal court order, who
1429 is not accompanied by adequate orders and documentation.

1430 (9) SERVICE PLAN MODIFICATION—After the order for
1431 involuntary outpatient services is issued, the service provider



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1432 and the patient may modify the services plan. For any material
1433 modification of the services plan to which the patient or, if
1434 one is appointed, the patient's guardian advocate agrees, the
1435 service provider shall send notice of the modification to the
1436 court. Any material modifications of the services plan which are
1437 contested by the patient or the patient's guardian advocate, if
1438 applicable, must be approved or disapproved by the court
1439 consistent with subsection (4).

1440 (10) NONCOMPLIANCE WITH INVOLUNTARY OUTPATIENT SERVICES.—
1441 If, in the clinical judgment of a physician, a patient receiving
1442 involuntary outpatient services has failed or has refused to
1443 comply with the services plan ordered by the court, and efforts
1444 were made to solicit compliance, the service provider must
1445 report such noncompliance to the court. The involuntary
1446 outpatient services order shall remain in effect unless the
1447 service provider determines that the patient no longer meets the
1448 criteria for involuntary outpatient services or until the order
1449 expires. The service provider must determine whether
1450 modifications should be made to the existing services plan and
1451 must attempt to continue to engage the patient in treatment. For
1452 any material modification of the services plan to which the
1453 patient or the patient's guardian advocate, if applicable,
1454 agrees, the service provider shall send notice of the
1455 modification to the court. Any material modifications of the
1456 services plan which are contested by the patient or the
1457 patient's guardian advocate, if applicable, must be approved or
1458 disapproved by the court consistent with subsection (4).

1459 (11)-(7) PROCEDURE FOR CONTINUED INVOLUNTARY SERVICES
1460 INPATIENT PLACEMENT.—



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1461 (a) A petition for continued involuntary services shall be
1462 filed if the patient continues to meets the criteria for
1463 involuntary services.

1464 (b)1. If a patient receiving involuntary outpatient
1465 services continues to meet the criteria for involuntary
1466 outpatient services, the service provider shall file in the
1467 court that issued the initial order for involuntary outpatient
1468 services a petition for continued involuntary outpatient
1469 services.

1470 2. If a patient in involuntary inpatient placement

1471 ~~(a) Hearings on petitions for continued involuntary~~
1472 ~~inpatient placement of an individual placed at any treatment~~
1473 ~~facility are administrative hearings and must be conducted in~~
1474 ~~accordance with s. 120.57(1), except that any order entered by~~
1475 ~~the administrative law judge is final and subject to judicial~~
1476 ~~review in accordance with s. 120.68. Orders concerning patients~~
1477 ~~committed after successfully pleading not guilty by reason of~~
1478 ~~insanity are governed by s. 916.15.~~

1479 ~~(b) If the patient continues to meet the criteria for~~
1480 ~~involuntary inpatient placement and is being treated at a~~
1481 ~~treatment-receiving facility, the administrator shall, before~~
1482 ~~the expiration of the period the treatment-receiving facility is~~
1483 ~~authorized to retain the patient, file in the court that issued~~
1484 ~~the initial order for involuntary inpatient placement, a~~
1485 ~~petition requesting authorization for continued involuntary~~
1486 ~~inpatient placement.~~

1487 3. Hearings on petitions for continued involuntary
1488 inpatient placement of an individual placed at any treatment
1489 facility are administrative hearings and must be conducted in



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1490 accordance with s. 120.57(1), except that any order entered by
1491 the judge is final and subject to judicial review in accordance
1492 with s. 120.68. Orders concerning patients committed after
1493 successfully pleading not guilty by reason of insanity are
1494 governed by s. 916.15.

1495 4. The court shall immediately schedule a hearing on the
1496 petition to be held within 15 days after the petition is filed.

1497 5. The existing involuntary services order shall remain in
1498 effect until disposition on the petition for continued
1499 involuntary services.

1500 (c) The ~~petition request~~ must be accompanied by a statement
1501 from the patient's physician, psychiatrist, psychiatric nurse,
1502 or clinical psychologist justifying the request, a brief
1503 description of the patient's treatment during the time he or she
1504 was receiving involuntary services involuntarily placed, and an
1505 individualized plan of continued treatment- developed in
1506 consultation with the patient or the patient's guardian
1507 advocate, if applicable. When the petition has been filed, the
1508 clerk of the court shall provide copies of the petition and the
1509 individualized plan of continued services to the department, the
1510 patient, the patient's guardian advocate, the state attorney,
1511 and the patient's private counsel or the public defender.

1512 (d) The court shall appoint counsel to represent the person
1513 who is the subject of the petition for continued involuntary
1514 services in accordance to the provisions set forth in subsection
1515 (5), unless the person is otherwise represented by counsel or
1516 ineligible.

1517 (e) Hearings on petitions for continued involuntary
1518 outpatient services must be before the court that issued the



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1519 order for involuntary outpatient services. However, the patient
1520 may agree to a period of continued outpatient services without a
1521 court hearing.

1522 (f) Hearings on petitions for continued involuntary
1523 inpatient placement in receiving facilities must be held in the
1524 county or the facility, as appropriate, where the patient is
1525 located.

1526 (g) The court may appoint a magistrate to preside at the
1527 hearing. The procedures for obtaining an order pursuant to this
1528 paragraph must meet the requirements of subsection (7).

1529 (h) Notice of the hearing must be provided as set forth
1530 provided in s. 394.4599.

1531 (i) If a patient's attendance at the hearing is voluntarily
1532 waived, the ~~administrative law~~ judge must determine that the
1533 patient knowingly, intelligently, and voluntarily waived his or
1534 her right to be present, ~~waiver is knowing and voluntary~~ before
1535 waiving the presence of the patient from all or a portion of the
1536 hearing. Alternatively, if at the hearing the ~~administrative law~~
1537 judge finds that attendance at the hearing is not consistent
1538 with the best interests of the patient, the ~~administrative law~~
1539 judge may waive the presence of the patient from all or any
1540 portion of the hearing, unless the patient, through counsel,
1541 objects to the waiver of presence. The testimony in the hearing
1542 must be under oath, and the proceedings must be recorded.

1543 ~~(c) Unless the patient is otherwise represented or is~~
1544 ~~ineligible, he or she shall be represented at the hearing on the~~
1545 ~~petition for continued involuntary inpatient placement by the~~
1546 ~~public defender of the circuit in which the facility is located.~~

1547 (k) ~~(d)~~ If at a hearing it is shown that the patient



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1548 continues to meet the criteria for involuntary services
1549 ~~inpatient placement~~, the court ~~administrative law judge~~ shall
1550 issue an sign the order for continued involuntary outpatient
1551 services ~~inpatient placement~~ for up to 90 days or. ~~However, any~~
1552 ~~order for~~ involuntary inpatient placement, or ~~mental health~~
1553 ~~services in~~ a combination of involuntary services treatment
1554 ~~facility may be~~ for up to 6 months. The same procedure shall be
1555 repeated before the expiration of each additional period the
1556 patient is retained.

1557 (1) If the patient has been ordered to undergo involuntary
1558 services and has previously been found incompetent to consent to
1559 treatment, the court shall consider testimony and evidence
1560 regarding the patient's competence. If the patient's competency
1561 to consent to treatment is restored, the discharge of the
1562 guardian advocate shall be governed by s. 394.4598. If the
1563 patient has been ordered to undergo involuntary inpatient
1564 placement only and the patient's competency to consent to
1565 treatment is restored, the administrative law judge may issue a
1566 recommended order, to the court that found the patient
1567 incompetent to consent to treatment, that the patient's
1568 competence be restored and that any guardian advocate previously
1569 appointed be discharged.

1570 (m) (e) If continued involuntary inpatient placement is
1571 necessary for a patient in involuntary inpatient placement who
1572 was admitted while serving a criminal sentence, but his or her
1573 sentence is about to expire, or for a minor involuntarily
1574 placed, but who is about to reach the age of 18, the
1575 administrator shall petition the administrative law judge for an
1576 order authorizing continued involuntary inpatient placement.



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1577 The procedure required in this subsection must be followed
1578 before the expiration of each additional period the patient is
1579 involuntarily receiving services.

1580 (12) ~~(8)~~ RETURN TO FACILITY.—If a patient has been ordered
1581 to undergo involuntary inpatient placement ~~involuntarily~~ held at
1582 a treatment facility under this part leaves the facility without
1583 the administrator's authorization, the administrator may
1584 authorize a search for the patient and his or her return to the
1585 facility. The administrator may request the assistance of a law
1586 enforcement agency in this regard.

1587 (13) DISCHARGE—The patient shall be discharged upon
1588 expiration of the court order or at any time the patient no
1589 longer meets the criteria for involuntary services, unless the
1590 patient has transferred to voluntary status. Upon discharge, the
1591 service provider or facility shall send a certificate of
1592 discharge to the court.

1593 Section 13. Subsection (2) of section 394.468, Florida
1594 Statutes, is amended and subsection (3) is added to that section
1595 to read:

1596 394.468 Admission and discharge procedures.—

1597 (2) Discharge planning and procedures for any patient's
1598 release from a receiving facility or treatment facility must
1599 include and document the patient's needs, and actions to address
1600 such needs, for consideration of, at a minimum:

1601 (a) Follow-up behavioral health appointments;

1602 (b) Information on how to obtain prescribed medications;

1603 and

1604 (c) Information pertaining to:

1605 1. Available living arrangements;



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1606 2. Transportation; and

1607 (d) Referral to:

1608 1. Care coordination services. The patient must be referred
1609 for care coordination services if the patient meets the criteria
1610 as a member of a priority population as determined by the
1611 department under s. 394.9082(3)(c) and is in need of such
1612 services.

1613 ~~2.3.~~ Recovery support opportunities under s.
1614 394.4573(2)(1), including, but not limited to, connection to a
1615 peer specialist.

1616 (3) During the discharge transition process and while the
1617 patient is present unless determined inappropriate by a
1618 physician or psychiatric nurse practicing within the framework
1619 of an established protocol with a psychiatrist, a receiving
1620 facility shall coordinate, face-to-face or through electronic
1621 means, discharge plans to a less restrictive community
1622 behavioral health provider, a peer specialist, a case manager,
1623 or a care coordination service. The transition process must, at
1624 a minimum, include all of the following criteria:

1625 (a) Implementation of policies and procedures outlining
1626 strategies for how the receiving facility will comprehensively
1627 address the needs of patients who demonstrate a high use of
1628 receiving facility services to avoid or reduce future use of
1629 crisis stabilization services. For any such patient, policies
1630 and procedures must include, at a minimum, a review of the
1631 effectiveness of previous discharge plans created by the
1632 facility for the patient, and the new discharge plan must
1633 address problems experienced with implementation of previous
1634 discharge plans.



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1635 (b) Developing and including in discharge paperwork a
1636 personalized crisis prevention plan that identifies stressors,
1637 early warning signs or symptoms, and strategies to deal with
1638 crisis.

1639 (c) Requiring a staff member to seek to engage a family
1640 member, legal guardian, legal representative, or natural support
1641 in discharge planning and meet face to face or through
1642 electronic means to review the discharge instructions, including
1643 prescribed medications, follow-up appointments, and any other
1644 recommended services or follow-up resources, and document the
1645 outcome of such meeting.

1646 (d) When the recommended level of care at discharge is not
1647 immediately available to the patient, the receiving facility
1648 must, at a minimum, initiate a referral to an appropriate
1649 provider to meet the needs of the patient to continue care until
1650 the recommended level of care is available.

1651 Section 14. Section 394.4915, Florida Statutes, is created
1652 to read:

1653 394.4915 Office of Children's Behavioral Health Ombudsman.-
1654 The Office of Children's Behavioral Health Ombudsman is
1655 established within the department for the purpose of being a
1656 central point to receive complaints on behalf of children and
1657 adolescents with behavioral health disorders receiving state-
1658 funded services and use such information to improve the child
1659 and adolescent mental health treatment and support system. The
1660 department and managing entities shall include information about
1661 and contact information for the office placed prominently on
1662 their websites on easily accessible web pages related to
1663 children and adolescent behavioral health services. To the



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1664 extent permitted by available resources, the office shall, at a
1665 minimum:

1666 (1) Receive and direct to the appropriate contact within
1667 the department, the Agency for Health Care Administration, or
1668 the appropriate organizations providing behavioral health
1669 services complaints from children and adolescents and their
1670 families about the child and adolescent mental health treatment
1671 and support system.

1672 (2) Maintain records of complaints received and the actions
1673 taken.

1674 (3) Be a resource to identify and explain relevant policies
1675 or procedures to children, adolescents, and their families about
1676 the child and adolescent mental health treatment and support
1677 system.

1678 (4) Provide recommendations to the department to address
1679 systemic problems within the child and adolescent mental health
1680 treatment and support system that are leading to complaints. The
1681 department shall include an analysis of complaints and
1682 recommendations in the report required under s. 394.4573.

1683 (5) Engage in functions that may improve the child and
1684 adolescent mental health treatment and support system.

1685 Section 15. Subsection (3) of section 394.495, Florida
1686 Statutes, is amended to read:

1687 394.495 Child and adolescent mental health system of care;
1688 programs and services.—

1689 (3) Assessments must be performed by:

1690 (a) A clinical psychologist, clinical social worker,
1691 physician, psychiatric nurse, or psychiatrist, as those terms
1692 are defined in s. 394.455 ~~professional as defined in s.~~



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1693 ~~394.455(5), (7), (33), (36), or (37);~~

1694 (b) A professional licensed under chapter 491; or

1695 (c) A person who is under the direct supervision of a

1696 clinical psychologist, clinical social worker, physician,

1697 psychiatric nurse, or psychiatrist, as those terms are defined

1698 in s. 394.455, ~~qualified professional as defined in s.~~

1699 ~~394.455(5), (7), (33), (36), or (37)~~ or a professional licensed

1700 under chapter 491.

1701 Section 16. Subsection (5) of section 394.496, Florida
1702 Statutes, is amended to read:

1703 394.496 Service planning.—

1704 (5) A clinical psychologist, clinical social worker,

1705 physician, psychiatric nurse, or psychiatrist, as those terms

1706 are defined in s. 394.455, ~~professional as defined in s.~~

1707 ~~394.455(5), (7), (33), (36), or (37)~~ or a professional licensed

1708 under chapter 491 must be included among those persons

1709 developing the services plan.

1710 Section 17. Paragraph (a) of subsection (2) of section
1711 394.499, Florida Statutes, is amended to read:

1712 394.499 Integrated children's crisis stabilization

1713 unit/juvenile addictions receiving facility services.—

1714 (2) Children eligible to receive integrated children's

1715 crisis stabilization unit/juvenile addictions receiving facility

1716 services include:

1717 (a) A minor whose parent makes ~~person under 18 years of age~~

1718 ~~for whom~~ voluntary application based on the parent's express and

1719 informed consent, and the requirements of s. 394.4625(1)(a) are

1720 met ~~is made by his or her guardian, if such person is found to~~

1721 ~~show evidence of mental illness and to be suitable for treatment~~



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1722 ~~pursuant to s. 394.4625. A person under 18 years of age may be~~
1723 ~~admitted for integrated facility services only after a hearing~~
1724 ~~to verify that the consent to admission is voluntary.~~

1725 Section 18. Paragraphs (a) and (d) of subsection (1) of
1726 section 394.875, Florida Statutes, are amended to read:

1727 394.875 Crisis stabilization units, residential treatment
1728 facilities, and residential treatment centers for children and
1729 adolescents; authorized services; license required.—

1730 (1)(a) The purpose of a crisis stabilization unit is to
1731 stabilize and redirect a client to the most appropriate and
1732 least restrictive community setting available, consistent with
1733 the client's needs. Crisis stabilization units may screen,
1734 assess, and admit for stabilization persons who present
1735 themselves to the unit and persons who are brought to the unit
1736 under s. 394.463. Clients may be provided 24-hour observation,
1737 medication prescribed by a physician, or psychiatrist, or
1738 psychiatric nurse practicing within the framework of an
1739 established protocol with a psychiatrist, and other appropriate
1740 services. Crisis stabilization units shall provide services
1741 regardless of the client's ability to pay ~~and shall be limited~~
1742 ~~in size to a maximum of 30 beds.~~

1743 ~~(d) The department is directed to implement a demonstration~~
1744 ~~project in circuit 18 to test the impact of expanding beds~~
1745 ~~authorized in crisis stabilization units from 30 to 50 beds.~~
1746 ~~Specifically, the department is directed to authorize existing~~
1747 ~~public or private crisis stabilization units in circuit 18 to~~
1748 ~~expand bed capacity to a maximum of 50 beds and to assess the~~
1749 ~~impact such expansion would have on the availability of crisis~~
1750 ~~stabilization services to clients.~~



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1751 Section 19. Section 394.90826, Florida Statutes, is created
1752 to read:

1753 394.90826 Behavioral Health Interagency Collaboration.—

1754 (1) The department and the Agency for Health Care
1755 Administration shall jointly establish behavioral health
1756 interagency collaboratives throughout the state with the goal of
1757 identifying and addressing ongoing challenges within the
1758 behavioral health system at the local level to improve the
1759 accessibility, availability, and quality of behavioral health
1760 services. The objectives of the regional collaboratives are to:

1761 a. Facilitate enhanced interagency communication and
1762 collaboration.

1763 b. Develop and promote regional strategies tailored to
1764 address community-level challenges in the behavioral health
1765 system.

1766 (2) The regional collaborative membership shall at a
1767 minimum be composed of representatives from the following,
1768 serving the region:

1769 a. Department of Children and Families;

1770 b. Agency for Health Care Administration;

1771 c. Agency for Persons with Disabilities;

1772 d. Department of Elder Affairs;

1773 e. Department of Health;

1774 f. Department of Education;

1775 g. School districts;

1776 h. Area Agencies on Aging;

1777 i. Community-based care lead agencies, as defined in s.
1778 409.986(3)(d);

1779 j. Managing entities, as defined in s. 394.9082;



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- 1780 k. Behavioral health services providers;
1781 l. Hospitals;
1782 m. Medicaid Managed Medical Assistance Plans;
1783 n. Police departments; and
1784 o. Sheriffs' Offices.

1785 (3) Each regional collaborative shall define the objectives
1786 of that collaborative based upon the specific needs of the
1787 region and local communities located within the region, to
1788 achieve the specified goals.

1789 (4) The department shall define the region to be served by
1790 each collaborative and shall be responsible for facilitating
1791 meetings.

1792 (5) All entities represented on the regional collaboratives
1793 shall provide assistance as appropriate and reasonably necessary
1794 to fulfill the goals of the regional collaboratives.

1795 Section 20. Subsection (6) of section 394.9085, Florida
1796 Statutes, is amended to read:

1797 394.9085 Behavioral provider liability.—

1798 (6) For purposes of this section, the terms “detoxification
1799 ~~services,~~” “addictions receiving facility,” and “receiving
1800 facility” have the same meanings as those provided in ss.
1801 397.311(26)(a)4. ~~397.311(26)(a)3.~~, 397.311(26)(a)1., and
1802 394.455(41) ~~394.455(40)~~, respectively.

1803 Section 21. Subsection (3) of section 397.305, Florida
1804 Statutes, is amended to read:

1805 397.305 Legislative findings, intent, and purpose.—

1806 (3) It is the purpose of this chapter to provide for a
1807 comprehensive continuum of accessible and quality substance
1808 abuse prevention, intervention, clinical treatment, and recovery



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1809 support services in the most appropriate and least restrictive
1810 environment which promotes long-term recovery while protecting
1811 and respecting the rights of individuals, primarily through
1812 community-based private not-for-profit providers working with
1813 local governmental programs involving a wide range of agencies
1814 from both the public and private sectors.

1815 Section 22. Subsections (19) and (23) of section 397.311,
1816 Florida Statutes, are amended to read:

1817 397.311 Definitions.—As used in this chapter, except part
1818 VIII, the term:

1819 (19) "Impaired" or "substance abuse impaired" means having
1820 a substance use disorder or a condition involving the use of
1821 alcoholic beverages, illicit or prescription drugs, or any
1822 psychoactive or mood-altering substance in such a manner as to
1823 induce mental, emotional, or physical problems or ~~and~~ cause
1824 socially dysfunctional behavior.

1825 (23) "Involuntary treatment services" means an array of
1826 behavioral health services that may be ordered by the court for
1827 persons with substance abuse impairment or co-occurring
1828 substance abuse impairment and mental health disorders.

1829 Section 23. Subsection (6) is added to section 397.401,
1830 Florida Statutes, to read:

1831 397.401 License required; penalty; injunction; rules
1832 waivers.—

1833 (6) A service provider operating an addictions receiving
1834 facility or providing detoxification on a nonhospital inpatient
1835 basis may not exceed its licensed capacity by more than 10
1836 percent and may not exceed their licensed capacity for more than
1837 3 consecutive working days or for more than 7 days in 1 month.



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1838 Section 24. Paragraph (i) is added to subsection (1) of
1839 section 397.4073, Florida Statutes, to read:

1840 397.4073 Background checks of service provider personnel.—

1841 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
1842 EXCEPTIONS.—

1843 (i) A physician licensed under chapter 458 or chapter 459
1844 or a nurse licensed under chapter 464 who was required to
1845 undergo background screening by the Department of Health as part
1846 of his or her initial licensure or the renewal of licensure, and
1847 who has an active and unencumbered license, is not subject to
1848 background screening pursuant to this section.

1849 Section 25. Subsection (8) of section 397.501, Florida
1850 Statutes, is amended to read:

1851 397.501 Rights of individuals.—Individuals receiving
1852 substance abuse services from any service provider are
1853 guaranteed protection of the rights specified in this section,
1854 unless otherwise expressly provided, and service providers must
1855 ensure the protection of such rights.

1856 (8) RIGHT TO COUNSEL.—Each individual must be informed that
1857 he or she has the right to be represented by counsel in any
1858 judicial involuntary proceeding for involuntary assessment,
1859 stabilization, or treatment services and that he or she, or if
1860 the individual is a minor his or her parent, legal guardian, or
1861 legal custodian, may apply immediately to the court to have an
1862 attorney appointed if he or she cannot afford one.

1863 Section 26. Section 397.581, Florida Statutes, is amended
1864 to read:

1865 397.581 Unlawful activities relating to assessment and
1866 treatment; penalties.—



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1867 (1) A person may not knowingly and willfully:
1868 (a) Furnish ~~furnishing~~ false information for the purpose of
1869 obtaining emergency or other involuntary admission of another
1870 person ~~for any person is a misdemeanor of the first degree,~~
1871 ~~punishable as provided in s. 775.082 and by a fine not exceeding~~
1872 ~~\$5,000.~~
1873 (b) ~~(2)~~ Cause or otherwise secure, or conspire with or
1874 assist another to cause or secure ~~Causing or otherwise securing,~~
1875 ~~or conspiring with or assisting another to cause or secure,~~
1876 ~~without reason for believing a person to be impaired,~~ any
1877 emergency or other involuntary procedure of another ~~for the~~
1878 person under false pretenses ~~is a misdemeanor of the first~~
1879 ~~degree, punishable as provided in s. 775.082 and by a fine not~~
1880 ~~exceeding \$5,000.~~
1881 (c) ~~(3)~~ Cause, or conspire with or assist another to cause,
1882 without lawful justification ~~Causing, or conspiring with or~~
1883 ~~assisting another to cause,~~ the denial to any person of any
1884 right accorded pursuant to this chapter.
1885 (2) A person who violates subsection (1) commits ~~is~~ a
1886 misdemeanor of the first degree, punishable as provided in s.
1887 775.082 and by a fine not exceeding \$5,000.
1888 Section 27. Section 397.675, Florida Statutes, is amended
1889 to read:
1890 397.675 Criteria for involuntary admissions, including
1891 protective custody, emergency admission, and other involuntary
1892 assessment, involuntary treatment, and alternative involuntary
1893 assessment for minors, for purposes of assessment and
1894 stabilization, and for involuntary treatment.—A person meets the
1895 criteria for involuntary admission if there is good faith reason



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1896 to believe that the person is substance abuse impaired or has a
1897 substance use disorder and a co-occurring mental health disorder
1898 and, because of such impairment or disorder:

1899 (1) Has lost the power of self-control with respect to
1900 substance abuse; and

1901 (2) (a) Is in need of substance abuse services and, by
1902 reason of substance abuse impairment, his or her judgment has
1903 been so impaired that he or she is incapable of appreciating his
1904 or her need for such services and of making a rational decision
1905 in that regard, although mere refusal to receive such services
1906 does not constitute evidence of lack of judgment with respect to
1907 his or her need for such services; or

1908 (b) Without care or treatment, is likely to suffer from
1909 neglect or refuse to care for himself or herself; that such
1910 neglect or refusal poses a real and present threat of
1911 substantial harm to his or her well-being; and that it is not
1912 apparent that such harm may be avoided through the help of
1913 willing, able, and responsible family members or friends or the
1914 provision of other services, or there is substantial likelihood
1915 that the person has inflicted, or threatened to or attempted to
1916 inflict, or, unless admitted, is likely to inflict, physical
1917 harm on himself, herself, or another.

1918 Section 28. Subsection (1) of section 397.6751, Florida
1919 Statutes, is amended to read:

1920 397.6751 Service provider responsibilities regarding
1921 involuntary admissions.—

1922 (1) It is the responsibility of the service provider to:

1923 (a) Ensure that a person who is admitted to a licensed
1924 service component meets the admission criteria specified in s.



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1925 397.675;

1926 (b) Ascertain whether the medical and behavioral conditions
1927 of the person, as presented, are beyond the safe management
1928 capabilities of the service provider;

1929 (c) Provide for the admission of the person to the service
1930 component that represents the most appropriate and least
1931 restrictive available setting that is responsive to the person's
1932 treatment needs;

1933 (d) Verify that the admission of the person to the service
1934 component does not result in a census in excess of its licensed
1935 service capacity;

1936 (e) Determine whether the cost of services is within the
1937 financial means of the person or those who are financially
1938 responsible for the person's care; and

1939 (f) Take all necessary measures to ensure that each
1940 individual in treatment is provided with a safe environment, and
1941 to ensure that each individual whose medical condition or
1942 behavioral problem becomes such that he or she cannot be safely
1943 managed by the service component is discharged and referred to a
1944 more appropriate setting for care.

1945 Section 29. Section 397.681, Florida Statutes, is amended
1946 to read:

1947 397.681 Involuntary petitions; general provisions; court
1948 jurisdiction and right to counsel.—

1949 (1) JURISDICTION.—The courts have jurisdiction of
1950 ~~involuntary assessment and stabilization petitions and~~
1951 involuntary treatment petitions for substance abuse impaired
1952 persons, and such petitions must be filed with the clerk of the
1953 court in the county where the person is located. The clerk of



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1954 the court may not charge a fee for the filing of a petition
1955 under this section. The chief judge may appoint a general or
1956 special magistrate to preside over all or part of the
1957 proceedings. The alleged impaired person is named as the
1958 respondent.

1959 (2) RIGHT TO COUNSEL.— A respondent has the right to
1960 counsel at every stage of a judicial proceeding relating to a
1961 petition for his or her ~~involuntary assessment and a petition~~
1962 ~~for his or her~~ involuntary treatment for substance abuse
1963 impairment, but the respondent may waive that right if the
1964 respondent is present and the court finds that such waiver is
1965 made knowingly, intelligently, and voluntarily. A respondent who
1966 desires counsel and is unable to afford private counsel has the
1967 right to court-appointed counsel and to the benefits of s.
1968 57.081. If the court believes that the respondent needs or
1969 desires the assistance of counsel, the court shall appoint such
1970 counsel for the respondent without regard to the respondent's
1971 wishes. If the respondent is a minor not otherwise represented
1972 in the proceeding, the court shall immediately appoint a
1973 guardian ad litem to act on the minor's behalf.

1974 Section 30. Section 397.693, Florida Statutes, is
1975 renumbered as 397.68111, Florida Statutes, and amended to read:

1976 397.68111 ~~397.693~~ Involuntary treatment.—A person may be
1977 the subject of a petition for court-ordered involuntary
1978 treatment pursuant to this part, if that person:

1979 (1) Reasonably appears to meet ~~meets~~ the criteria for
1980 involuntary admission provided in s. 397.675; ~~and:~~

1981 (2) ~~(1)~~ Has been placed under protective custody pursuant to
1982 s. 397.677 within the previous 10 days;



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1983 ~~(3)-(2)~~ Has been subject to an emergency admission pursuant
1984 to s. 397.679 within the previous 10 days; or
1985 ~~(4)-(3)~~ Has been assessed by a qualified professional within
1986 30 ~~5~~ days;
1987 ~~(4)~~ ~~Has been subject to involuntary assessment and~~
1988 ~~stabilization pursuant to s. 397.6818 within the previous 12~~
1989 ~~days; or~~
1990 ~~(5)~~ ~~Has been subject to alternative involuntary admission~~
1991 ~~pursuant to s. 397.6822 within the previous 12 days.~~
1992 Section 31. Section 397.695, Florida Statutes, is
1993 renumbered as section 397.68112, Florida Statutes, and amended
1994 to read:
1995 397.68112 ~~397.695~~ Involuntary services; persons who may
1996 petition.—
1997 (1) If the respondent is an adult, a petition for
1998 involuntary treatment services may be filed by the respondent's
1999 spouse or legal guardian, any relative, a service provider, or
2000 an adult who has direct personal knowledge of the respondent's
2001 substance abuse impairment and his or her prior course of
2002 assessment and treatment.
2003 (2) If the respondent is a minor, a petition for
2004 involuntary treatment services may be filed by a parent, legal
2005 guardian, or service provider.
2006 (3) The court may prohibit, or a law enforcement agency may
2007 wave, any service of process fees if a petitioner is determined
2008 to be indigent.
2009 Section 32. Section 397.6951, Florida Statutes, is
2010 renumbered as 397.68141, Florida Statutes, and amended to read:
2011 397.68141 ~~397.6951~~ Contents of petition for involuntary



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2012 treatment services.—A petition for involuntary services must
2013 contain the name of the respondent; the name of the petitioner
2014 ~~or petitioners~~; the relationship between the respondent and the
2015 petitioner; the name of the respondent's attorney, if known; ~~the~~
2016 ~~findings and recommendations of the assessment performed by the~~
2017 ~~qualified professional~~; and the factual allegations presented by
2018 the petitioner establishing the need for involuntary ~~outpatient~~
2019 services for substance abuse impairment. The factual allegations
2020 must demonstrate:

2021 (1) The reason for the petitioner's belief that the
2022 respondent is substance abuse impaired;

2023 (2) The reason for the petitioner's belief that because of
2024 such impairment the respondent has lost the power of self-
2025 control with respect to substance abuse; and

2026 (3) (a) The reason the petitioner believes that the
2027 respondent has inflicted or is likely to inflict physical harm
2028 on himself or herself or others unless the court orders the
2029 involuntary services; or

2030 (b) The reason the petitioner believes that the
2031 respondent's refusal to voluntarily receive care is based on
2032 judgment so impaired by reason of substance abuse that the
2033 respondent is incapable of appreciating his or her need for care
2034 and of making a rational decision regarding that need for care.

2035 (4) The petition may be accompanied by a certificate or
2036 report of a qualified professional who examined the respondent
2037 within 30 days before the petition was filed. The certificate or
2038 report must include the qualified professional's findings
2039 relating to his or her assessment of the patient and his or her
2040 treatment recommendations. If the respondent was not assessed



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2041 before the filing of a treatment petition or refused to submit
2042 to an evaluation, the lack of assessment or refusal must be
2043 noted in the petition.

2044 (5) If there is an emergency, the petition must also
2045 describe the respondent's exigent circumstances and include a
2046 request for an ex parte assessment and stabilization order that
2047 must be executed pursuant to s. 397.68151.

2048 Section 33. Section 397.6955, Florida Statutes, is
2049 renumbered as section 397.68151, Florida Statutes, and amended
2050 to read:

2051 397.68151 ~~397.6955~~ Duties of court upon filing of petition
2052 for involuntary services.—

2053 (1) Upon the filing of a petition for involuntary services
2054 for a substance abuse impaired person with the clerk of the
2055 court, the court shall immediately determine whether the
2056 respondent is represented by an attorney or whether the
2057 appointment of counsel for the respondent is appropriate. If the
2058 court appoints counsel for the person, the clerk of the court
2059 shall immediately notify the office of criminal conflict and
2060 civil regional counsel, created pursuant to s. 27.511, of the
2061 appointment. The office of criminal conflict and civil regional
2062 counsel shall represent the person until the petition is
2063 dismissed, the court order expires, ~~or~~ the person is discharged
2064 from involuntary treatment services, or the office is otherwise
2065 discharged by the court. An attorney that represents the person
2066 named in the petition shall have access to the person,
2067 witnesses, and records relevant to the presentation of the
2068 person's case and shall represent the interests of the person,
2069 regardless of the source of payment to the attorney.



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2070 (2) The court shall schedule a hearing to be held on the
2071 petition within 10 court working ~~5~~ days unless a continuance is
2072 granted. The court may appoint a magistrate to preside at the
2073 hearing.

2074 (3) A copy of the petition and notice of the hearing must
2075 be provided to the respondent; the respondent's parent,
2076 guardian, or legal custodian, in the case of a minor; the
2077 respondent's attorney, if known; the petitioner; the
2078 respondent's spouse or guardian, if applicable; and such other
2079 persons as the court may direct. If the respondent is a minor, a
2080 copy of the petition and notice of the hearing must be
2081 personally delivered to the respondent. The clerk ~~court~~ shall
2082 also issue a summons to the person whose admission is sought and
2083 unless a circuit court's chief judge authorizes disinterested
2084 private process servers to serve parties under this chapter, a
2085 law enforcement agency must effect such service on the person
2086 whose admission is sought for the initial treatment hearing.

2087 Section 34. Section 397.6818, Florida Statutes, is amended
2088 to read:

2089 397.6818 Court determination.—

2090 (1) When the petitioner asserts that emergency
2091 circumstances exist, or when upon review of the petition the
2092 court determines that an emergency exists, the court may rely
2093 solely on the contents of the petition and, without the
2094 appointment of an attorney, enter an ex parte order for the
2095 respondent's involuntary assessment and stabilization which must
2096 be executed during the period when the hearing on the petition
2097 for treatment is pending.

2098 (2) The court may further order a law enforcement officer



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2099 or another designated agent of the court to:
2100 (a) Take the respondent into custody and deliver him or her
2101 for evaluation to either the nearest appropriate licensed
2102 service provider or a licensed service provider designated by
2103 the court.
2104 (b) Serve the respondent with the notice of hearing and a
2105 copy of the petition.
2106 (3) The service provider may not hold the respondent for
2107 longer than 72 hours of observation, unless:
2108 (a) The service provider seeks additional time under s.
2109 397.6957(1)(c) and the court, after a hearing, grants that
2110 motion;
2111 (b) The respondent shows signs of withdrawal, or a need to
2112 be either detoxified or treated for a medical condition, which
2113 shall extend the amount of time the respondent may be held for
2114 observation until the issue is resolved but no later than the
2115 scheduled hearing date, absent a court-approved extension; or
2116 (c) The original or extended observation period ends on a
2117 weekend or holiday, including the hours before the ordinary
2118 business hours of the following workday morning, in which case
2119 the provider may hold the respondent until the next court
2120 working day.
2121 (4) If the ex parte order was not executed by the initial
2122 hearing date, it shall be deemed void. However, should the
2123 respondent not appear at the hearing for any reason, including
2124 lack of service, and upon reviewing the petition, testimony, and
2125 evidence presented, the court reasonably believes the respondent
2126 meets this chapter's commitment criteria and that a substance
2127 abuse emergency exists, the court may issue or reissue an ex



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2128 parte assessment and stabilization order that is valid for 90
2129 days. If the respondent's location is known at the time of the
2130 hearing, the court:

2131 (a) Shall continue the case for no more than 10 court
2132 working days; and

2133 (b) May order a law enforcement officer or another
2134 designated agent of the court to:

2135 1. Take the respondent into custody and deliver him or her
2136 for evaluation to either the nearest appropriate licensed
2137 service provider or a licensed service provider designated by
2138 the court; and

2139 2. If a hearing date is set, serve the respondent with
2140 notice of the rescheduled hearing and a copy of the involuntary
2141 treatment petition if the respondent has not already been
2142 served.

2143
2144 Otherwise, the petitioner must inform the court that the
2145 respondent has been assessed so that the court may schedule a
2146 hearing as soon as is practicable. However, if the respondent
2147 has not been assessed within 90 days, the court must dismiss the
2148 case. At the hearing initiated in accordance with s.
2149 397.6811(1), the court shall hear all relevant testimony. The
2150 respondent must be present unless the court has reason to
2151 believe that his or her presence is likely to be injurious to
2152 him or her, in which event the court shall appoint a guardian
2153 advocate to represent the respondent. The respondent has the
2154 right to examination by a court-appointed qualified
2155 professional. After hearing all the evidence, the court shall
2156 determine whether there is a reasonable basis to believe the



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2157 ~~respondent meets the involuntary admission criteria of s.~~
2158 ~~397.675.~~

2159 ~~(1) Based on its determination, the court shall either~~
2160 ~~dismiss the petition or immediately enter an order authorizing~~
2161 ~~the involuntary assessment and stabilization of the respondent;~~
2162 ~~or, if in the course of the hearing the court has reason to~~
2163 ~~believe that the respondent, due to mental illness other than or~~
2164 ~~in addition to substance abuse impairment, is likely to injure~~
2165 ~~himself or herself or another if allowed to remain at liberty,~~
2166 ~~the court may initiate involuntary proceedings under the~~
2167 ~~provisions of part I of chapter 394.~~

2168 ~~(2) If the court enters an order authorizing involuntary~~
2169 ~~assessment and stabilization, the order shall include the~~
2170 ~~court's findings with respect to the availability and~~
2171 ~~appropriateness of the least restrictive alternatives and the~~
2172 ~~need for the appointment of an attorney to represent the~~
2173 ~~respondent, and may designate the specific licensed service~~
2174 ~~provider to perform the involuntary assessment and stabilization~~
2175 ~~of the respondent. The respondent may choose the licensed~~
2176 ~~service provider to deliver the involuntary assessment where~~
2177 ~~possible and appropriate.~~

2178 ~~(3) If the court finds it necessary, it may order the~~
2179 ~~sheriff to take the respondent into custody and deliver him or~~
2180 ~~her to the licensed service provider specified in the court~~
2181 ~~order or, if none is specified, to the nearest appropriate~~
2182 ~~licensed service provider for involuntary assessment.~~

2183 ~~(4) The order is valid only for the period specified in the~~
2184 ~~order or, if a period is not specified, for 7 days after the~~
2185 ~~order is signed.~~



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2186 Section 35. Section 397.6957, Florida Statutes, is amended
2187 to read:

2188 397.6957 Hearing on petition for involuntary treatment
2189 services.—

2190 (1) (a) The respondent must be present at a hearing on a
2191 petition for involuntary treatment services, unless the court
2192 finds that he or she knowingly, intelligently, and voluntarily
2193 waives his or her right to be present or, upon receiving proof
2194 of service and evaluating the circumstances of the case, that
2195 his or her presence is inconsistent with his or her best
2196 interests or is likely to be injurious to self or others. The
2197 court shall hear and review all relevant evidence, including
2198 testimony from individuals such as family members familiar with
2199 the respondent's prior history and how it relates to his or her
2200 current condition, and the review of results of the assessment
2201 completed by the qualified professional in connection with this
2202 chapter. The court may also order drug tests. Upon a finding of
2203 good cause, the court may permit all witnesses, including, but
2204 not limited to, medical professionals who are or have been
2205 involved with the respondent's treatment, to remotely attend and
2206 testify at the hearing under oath via audio-video
2207 teleconference. A witness intending to remotely attend and
2208 testify must provide the parties with all relevant documents by
2209 the close of business on the day before the hearing the
2210 respondent's protective custody, emergency admission,
2211 involuntary assessment, or alternative involuntary admission.
2212 ~~The respondent must be present unless the court finds that his~~
2213 ~~or her presence is likely to be injurious to himself or herself~~
2214 ~~or others, in which event the court must appoint a guardian~~



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2215 ~~advocate to act in behalf of the respondent throughout the~~
2216 ~~proceedings.~~

2217 (b) A respondent may not be involuntarily ordered into
2218 treatment under this chapter without a clinical assessment being
2219 performed, unless he or she is present in court and expressly
2220 waives the assessment. In nonemergency situations, if the
2221 respondent was not, or had previously refused to be, assessed by
2222 a qualified professional and, based on the petition, testimony,
2223 and evidence presented, it reasonably appears that the
2224 respondent qualifies for involuntary treatment services, the
2225 court shall issue an involuntary assessment and stabilization
2226 order to determine the appropriate level of treatment the
2227 respondent requires. Additionally, in cases where an assessment
2228 was attached to the petition, the respondent may request, or the
2229 court on its own motion may order, an independent assessment by
2230 a court-appointed or otherwise agreed upon qualified
2231 professional. If an assessment order is issued, it is valid for
2232 90 days, and if the respondent is present or there is either
2233 proof of service or his or her location is known, the
2234 involuntary treatment hearing shall be continued for no more
2235 than 10 court working days. Otherwise, the petitioner must
2236 inform the court that the respondent has been assessed so that
2237 the court may schedule a hearing as soon as is practicable. The
2238 assessment must occur before the new hearing date, and if there
2239 is evidence indicating that the respondent will not voluntarily
2240 appear at the forthcoming hearing or is a danger to self or
2241 others, the court may enter a preliminary order committing the
2242 respondent to an appropriate treatment facility for further
2243 evaluation until the date of the rescheduled hearing. However,



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2244 if after 90 days the respondent remains unassessed, the court
2245 shall dismiss the case.

2246 (c)1. The respondent's assessment by a qualified
2247 professional must occur within 72 hours after his or her arrival
2248 at a licensed service provider unless the respondent shows signs
2249 of withdrawal or a need to be either detoxified or treated for a
2250 medical condition, which shall extend the amount of time the
2251 respondent may be held for observation until such issue is
2252 resolved but no later than the scheduled hearing date, absent a
2253 court-approved extension. If the respondent is a minor, such
2254 assessment must be initiated within the first 12 hours of the
2255 minor's admission to the facility. The service provider may also
2256 move to extend the 72 hours of observation by petitioning the
2257 court in writing for additional time. The service provider must
2258 furnish copies of such motion to all parties in accordance with
2259 applicable confidentiality requirements, and after a hearing,
2260 the court may grant additional time. If the court grants the
2261 service provider's petition, the service provider may continue
2262 to hold the respondent, and if the original or extended
2263 observation period ends on a weekend or holiday, including the
2264 hours before the ordinary business hours of the following
2265 workday morning, the provider may hold the respondent until the
2266 next court working day.

2267 2. No later than the ordinary close of business on the day
2268 before the hearing, the qualified professional shall transmit,
2269 in accordance with any applicable confidentiality requirements,
2270 his or her clinical assessment to the clerk of the court, who
2271 shall enter it into the court file. The report must contain a
2272 recommendation on the level of substance abuse treatment the



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2273 respondent requires, if any, and the relevant information on
2274 which the qualified professional's findings are based. This
2275 document must further note whether the respondent has any co-
2276 occurring mental health or other treatment needs. For adults
2277 subject to an involuntary assessment, the report's filing with
2278 the court satisfies s. 397.6758 if it also contains the
2279 respondent's admission and discharge information. The qualified
2280 professional's failure to include a treatment recommendation,
2281 much like a recommendation of no treatment, shall result in the
2282 petition's dismissal.

2283 (2) The petitioner has the burden of proving by clear and
2284 convincing evidence that:

2285 (a) The respondent is substance abuse impaired and has a
2286 history of lack of compliance with treatment for substance
2287 abuse; and

2288 (b) Because of such impairment the respondent is unlikely
2289 to voluntarily participate in the recommended services or is
2290 unable to determine for himself or herself whether services are
2291 necessary and:

2292 1. Without services, the respondent is likely to suffer
2293 from neglect or refuse to care for himself or herself; that such
2294 neglect or refusal poses a real and present threat of
2295 substantial harm to his or her well-being; and that there is a
2296 substantial likelihood that without services the respondent will
2297 cause serious bodily harm to himself, herself, or another in the
2298 near future, as evidenced by recent behavior; or

2299 2. The respondent's refusal to voluntarily receive care is
2300 based on judgment so impaired by reason of substance abuse that
2301 the respondent is incapable of appreciating his or her need for



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2302 care and of making a rational decision regarding that need for
2303 care.

2304 ~~(3) One of the qualified professionals who executed the~~
2305 ~~involuntary services certificate must be a witness. The court~~
2306 ~~shall allow testimony from individuals, including family~~
2307 ~~members, deemed by the court to be relevant under state law,~~
2308 ~~regarding the respondent's prior history and how that prior~~
2309 ~~history relates to the person's current condition. The Testimony~~
2310 in the hearing must be taken under oath, and the proceedings
2311 must be recorded. The respondent patient may refuse to testify
2312 at the hearing.

2313 (4) If at any point during the hearing the court has reason
2314 to believe that the respondent, due to mental illness other than
2315 or in addition to substance abuse impairment, meets the
2316 involuntary commitment provisions of part I of chapter 394, the
2317 court may initiate involuntary examination proceedings under
2318 such provisions.

2319 (5) ~~(4)~~ At the conclusion of the hearing the court shall
2320 either dismiss the petition or order the respondent to receive
2321 involuntary treatment services from his or her chosen licensed
2322 service provider if possible and appropriate. Any treatment
2323 order must include findings regarding the respondent's need for
2324 treatment and the appropriateness of other less restrictive
2325 alternatives.

2326 Section 36. Section 397.697, Florida Statutes, is amended
2327 to read:

2328 397.697 Court determination; effect of court order for
2329 involuntary services.—

2330 (1) (a) When the court finds that the conditions for



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2331 involuntary treatment services have been proved by clear and
2332 convincing evidence, it may order the respondent to receive
2333 involuntary treatment services from a publicly funded licensed
2334 service provider for a period not to exceed 90 days. The court
2335 may also order a respondent to undergo treatment through a
2336 privately funded licensed service provider if the respondent has
2337 the ability to pay for the treatment, or if any person on the
2338 respondent's behalf voluntarily demonstrates a willingness and
2339 an ability to pay for the treatment. If the court finds it
2340 necessary, it may direct the sheriff to take the respondent into
2341 custody and deliver him or her to the licensed service provider
2342 specified in the court order, or to the nearest appropriate
2343 licensed service provider, for involuntary treatment services.
2344 When the conditions justifying involuntary treatment services no
2345 longer exist, the individual must be released as provided in s.
2346 397.6971. When the conditions justifying involuntary treatment
2347 services are expected to exist after 90 days of treatment
2348 services, a renewal of the involuntary services order may be
2349 requested pursuant to s. 397.6975 before the end of the 90-day
2350 period.

2351 (b) To qualify for involuntary outpatient treatment, an
2352 individual must be supported by a social worker or case manager
2353 of a licensed service provider, or a willing, able, and
2354 responsible individual appointed by the court who shall inform
2355 the court and parties if the respondent fails to comply with his
2356 or her outpatient program. In addition, unless the respondent
2357 has been involuntarily ordered into inpatient treatment under
2358 this chapter at least twice during the last 36 months, or
2359 demonstrates the ability to substantially comply with the



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2360 outpatient treatment while waiting for residential placement to
2361 become available, he or she must receive an assessment from a
2362 qualified professional or licensed physician expressly
2363 recommending outpatient services, such services must be
2364 available in the county in which the respondent is located, and
2365 it must appear likely that the respondent will follow a
2366 prescribed outpatient care plan.

2367 (2) In all cases resulting in an order for involuntary
2368 treatment services, the court shall retain jurisdiction over the
2369 case and the parties for the entry of such further orders as the
2370 circumstances may require, including, but not limited to,
2371 monitoring compliance with treatment, changing the treatment
2372 modality, or initiating contempt of court proceedings for
2373 violating any valid order issued pursuant to this chapter.

2374 Hearings under this section may be set by motion of the parties
2375 or under the court's own authority, and the motion and notice of
2376 hearing for these ancillary proceedings, which include, but are
2377 not limited to, civil contempt, must be served in accordance
2378 with relevant court procedural rules. The court's requirements
2379 for notification of proposed release must be included in the
2380 original order.

2381 (3) An involuntary treatment services order also authorizes
2382 the licensed service provider to require the individual to
2383 receive treatment services that will benefit him or her,
2384 including treatment services at any licensable service component
2385 of a licensed service provider.

2386 (4) If the court orders involuntary treatment services, a
2387 copy of the order must be sent to the managing entity within 1
2388 working day after it is received from the court. Documents may



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2389 be submitted electronically through ~~through~~ existing data
2390 systems, if applicable. The institute established under 1004.44,
2391 shall also receive and maintain copies of the involuntary
2392 assessment and treatment orders issued pursuant to ss.
2393 397.68151, 397.6818 and 397.6957, the qualified professional
2394 assessments, the professional certificates, and the law
2395 enforcement officers' protective custody reports. The institute
2396 established under 1004.44, shall use such documents to prepare
2397 annual reports analyzing the data the documents contain, without
2398 including patients' personal identifying information, and the
2399 institute shall post such reports on its website and provide
2400 copies of the reports to the department, the President of the
2401 Senate, and the Speaker of the House of Representatives by
2402 December 31 of each year.

2403 Section 37. Section 397.6971, Florida Statutes, is amended
2404 to read:

2405 397.6971 Early release from involuntary services.—

2406 (1) At any time before the end of the 90-day involuntary
2407 treatment services period, or before the end of any extension
2408 granted pursuant to s. 397.6975, an individual receiving
2409 involuntary treatment services may be determined eligible for
2410 discharge to the most appropriate referral or disposition for
2411 the individual when any of the following apply:

2412 (a) The individual no longer meets the criteria for
2413 involuntary admission and has given his or her informed consent
2414 to be transferred to voluntary treatment status.

2415 (b) If the individual was admitted on the grounds of
2416 likelihood of infliction of physical harm upon himself or
2417 herself or others, such likelihood no longer exists.



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2418 (c) If the individual was admitted on the grounds of need
2419 for assessment and stabilization or treatment, accompanied by
2420 inability to make a determination respecting such need:

- 2421 1. Such inability no longer exists; or
2422 2. It is evident that further treatment will not bring
2423 about further significant improvements in the individual's
2424 condition.

2425 (d) The individual ~~is~~ no longer needs treatment ~~in need of~~
2426 services.

2427 (e) The director of the service provider determines that
2428 the individual is beyond the safe management capabilities of the
2429 provider.

2430 (2) Whenever a qualified professional determines that an
2431 individual admitted for involuntary treatment services qualifies
2432 for early release under subsection (1), the service provider
2433 shall immediately discharge the individual and must notify all
2434 persons specified by the court in the original treatment order.

2435 Section 38. Section 397.6975, Florida Statutes, is amended
2436 to read:

2437 397.6975 Extension of involuntary treatment services
2438 period.—

2439 (1) Whenever a service provider believes that an individual
2440 who is nearing the scheduled date of his or her release from
2441 involuntary treatment services continues to meet the criteria
2442 for involuntary services in s. 397.68111 or s. 397.6957 ~~s.~~
2443 ~~397.693~~, a petition for renewal of the involuntary treatment
2444 services order must ~~may~~ be filed with the court ~~at least 10 days~~
2445 before the expiration of the court-ordered services period. The
2446 petition may be filed by the service provider or by the person



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2447 who filed the petition for the initial treatment order if the
2448 petition is accompanied by supporting documentation from the
2449 service provider. The court shall immediately schedule a hearing
2450 within 10 court working days to be held not more than 15 days
2451 after filing of the petition ~~and~~ the court shall provide the
2452 copy of the petition for renewal and the notice of the hearing
2453 to all parties and counsel to the proceeding. The hearing is
2454 conducted pursuant to ss. 397.6957 and 397.697 and must be held
2455 before the circuit court unless referred to a magistrate ~~s.~~
2456 397.6957.

2457 (2) If the court finds that the petition for renewal of the
2458 involuntary treatment services order should be granted, it may
2459 order the respondent to receive involuntary treatment services
2460 for a period not to exceed an additional 90 days. When the
2461 conditions justifying involuntary treatment services no longer
2462 exist, the individual must be released as provided in s.
2463 397.6971. When the conditions justifying involuntary services
2464 continue to exist after an additional 90 days of service, a new
2465 petition requesting renewal of the involuntary treatment
2466 services order may be filed pursuant to this section.

2467 ~~(3) Within 1 court working day after the filing of a~~
2468 ~~petition for continued involuntary services, the court shall~~
2469 ~~appoint the office of criminal conflict and civil regional~~
2470 ~~counsel to represent the respondent, unless the respondent is~~
2471 ~~otherwise represented by counsel. The clerk of the court shall~~
2472 ~~immediately notify the office of criminal conflict and civil~~
2473 ~~regional counsel of such appointment. The office of criminal~~
2474 ~~conflict and civil regional counsel shall represent the~~
2475 ~~respondent until the petition is dismissed or the court order~~



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2476 ~~expires or the respondent is discharged from involuntary~~
2477 ~~services. Any attorney representing the respondent shall have~~
2478 ~~access to the respondent, witnesses, and records relevant to the~~
2479 ~~presentation of the respondent's case and shall represent the~~
2480 ~~interests of the respondent, regardless of the source of payment~~
2481 ~~to the attorney.~~

2482 ~~(4) Hearings on petitions for continued involuntary~~
2483 ~~services shall be before the circuit court. The court may~~
2484 ~~appoint a magistrate to preside at the hearing. The procedures~~
2485 ~~for obtaining an order pursuant to this section shall be in~~
2486 ~~accordance with s. 397.697.~~

2487 ~~(5) Notice of hearing shall be provided to the respondent~~
2488 ~~or his or her counsel. The respondent and the respondent's~~
2489 ~~counsel may agree to a period of continued involuntary services~~
2490 ~~without a court hearing.~~

2491 ~~(6) The same procedure shall be repeated before the~~
2492 ~~expiration of each additional period of involuntary services.~~

2493 ~~(7) If the respondent has previously been found incompetent~~
2494 ~~to consent to treatment, the court shall consider testimony and~~
2495 ~~evidence regarding the respondent's competence.~~

2496 Section 39. Section 397.6977, Florida Statutes, is amended
2497 to read:

2498 397.6977 Disposition of individual upon completion of
2499 involuntary services.-

2500 (1) At the conclusion of the 90-day period of court-ordered
2501 involuntary services, the respondent is automatically discharged
2502 unless a motion for renewal of the involuntary services order
2503 has been filed with the court pursuant to s. 397.6975.

2504 (2) Discharge planning and procedures for any respondent's



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2505 release from involuntary treatment services must include and
2506 document the respondent's needs, and actions to address such
2507 needs, for, at a minimum:

2508 (a) Follow-up behavioral health appointments.

2509 (b) Information on how to obtain prescribed medications.

2510 (c) Information pertaining to available living arrangements
2511 and transportation.

2512 (d) Referral to recovery support opportunities, including,
2513 but not limited to, connection to a peer specialist.

2514 Section 40. Section 397.6811, Florida Statutes, is
2515 repealed.

2516 Section 41. Section 397.6814, Florida Statutes, is
2517 repealed.

2518 Section 42. Section 397.6815, Florida Statutes, is
2519 repealed.

2520 Section 43. Section 397.6819, Florida Statutes, is
2521 repealed.

2522 Section 44. Section 397.6821, Florida Statutes, is
2523 repealed.

2524 Section 45. Section 397.6822, Florida Statutes, is
2525 repealed.

2526 Section 46. Section 397.6978, Florida Statutes, is
2527 repealed.

2528 Section 47. Subsection (2) of section 916.13, Florida
2529 Statutes, is amended to read:

2530 916.13 Involuntary commitment of defendant adjudicated
2531 incompetent.—

2532 (2) A defendant who has been charged with a felony and who
2533 has been adjudicated incompetent to proceed due to mental



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2534 illness, and who meets the criteria for involuntary commitment
2535 under this chapter, may be committed to the department, and the
2536 department shall retain and treat the defendant.

2537 (a) Immediately after receipt of a completed copy of the
2538 court commitment order containing all documentation required by
2539 the applicable Florida Rules of Criminal Procedure, the
2540 department shall request all medical information relating to the
2541 defendant from the jail. The jail shall provide the department
2542 with all medical information relating to the defendant within 3
2543 business days after receipt of the department's request or at
2544 the time the defendant enters the physical custody of the
2545 department, whichever is earlier.

2546 (b) Within 60 days after the date of admission and at the
2547 end of any period of extended commitment, or at any time the
2548 administrator or his or her designee determines that the
2549 defendant has regained competency to proceed or no longer meets
2550 the criteria for continued commitment, the administrator or
2551 designee shall file a report with the court pursuant to the
2552 applicable Florida Rules of Criminal Procedure.

2553 (c)1. If the department determines at any time that a
2554 defendant will not or is unlikely to regain competency to
2555 proceed, the department shall, within 30 days after the
2556 determination, complete and submit a competency evaluation
2557 report to the circuit court to determine if the defendant meets
2558 the criteria for involuntary civil commitment under s. 394.467.
2559 A qualified professional, as defined in s. 394.455, must sign
2560 the competency evaluation report for the circuit court under
2561 penalty of perjury. A copy of the report shall be provided, at a
2562 minimum, to the court, state attorney, and counsel for the



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2563 defendant before initiating any transfer of the defendant back
2564 to the committing jurisdiction.

2565 2. For purposes of this paragraph, the term "competency
2566 evaluation report to the circuit court" means a report by the
2567 department regarding a defendant's incompetence to proceed in a
2568 criminal proceeding due to mental illness as set forth in this
2569 section. The report shall include, at a minimum, the following
2570 regarding the defendant:

2571 a. A description of mental, emotional, and behavioral
2572 disturbances.

2573 b. An explanation to support the opinion of incompetence to
2574 proceed.

2575 c. The rationale to support why the defendant is unlikely
2576 to gain competence to proceed in the foreseeable future.

2577 d. A clinical opinion regarding whether the defendant no
2578 longer meets the criteria for involuntary forensic commitment
2579 pursuant to this section.

2580 e. A recommendation on whether the defendant meets the
2581 criteria for involuntary services pursuant to s. 394.467.

2582 (d) ~~(e)~~ The defendant must be transported, in accordance
2583 with s. 916.107, to the committing court's jurisdiction within 7
2584 days after ~~of~~ notification that the defendant is competent to
2585 proceed or no longer meets the criteria for continued
2586 commitment. A determination on the issue of competency must be
2587 made at a hearing within 30 days of the notification. If the
2588 defendant is receiving psychotropic medication at a mental
2589 health facility at the time he or she is discharged and
2590 transferred to the jail, the administering of such medication
2591 must continue unless the jail physician documents the need to



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2592 change or discontinue it. To ensure continuity of care, the
2593 referring mental health facility must transfer the patient with
2594 up to 30 days of medications and assist in discharge planning
2595 with medical teams at the receiving county jail. The jail and
2596 department physicians shall collaborate to ensure that
2597 medication changes do not adversely affect the defendant's
2598 mental health status or his or her ability to continue with
2599 court proceedings; however, the final authority regarding the
2600 administering of medication to an inmate in jail rests with the
2601 jail physician. Notwithstanding this paragraph, a defendant who
2602 meets the criteria for involuntary examination pursuant to s.
2603 394.463 as determined by an independent clinical opinion shall
2604 appear remotely for the hearing. Court witnesses may appear
2605 remotely.

2606 Section 48. Subsection (6) of section 40.29, Florida
2607 Statutes, is amended to read:

2608 40.29 Payment of due-process costs; reimbursement for
2609 petitions and orders.-

2610 (6) Subject to legislative appropriation, the clerk of the
2611 circuit court may, on a quarterly basis, submit to the Justice
2612 Administrative Commission a certified request for reimbursement
2613 for petitions and orders filed under ss. 394.459, 394.463,
2614 394.467, and 394.917, ~~and 397.6814,~~ at the rate of \$40 per
2615 petition or order. Such request for reimbursement shall be
2616 submitted in the form and manner prescribed by the Justice
2617 Administrative Commission pursuant to s. 28.35(2)(i).

2618 Section 49. Paragraph (b) of subsection (1) of section
2619 409.972, Florida Statutes, is amended to read:

2620 409.972 Mandatory and voluntary enrollment.-



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2621 (1) The following Medicaid-eligible persons are exempt from
2622 mandatory managed care enrollment required by s. 409.965, and
2623 may voluntarily choose to participate in the managed medical
2624 assistance program:

2625 (b) Medicaid recipients residing in residential commitment
2626 facilities operated through the Department of Juvenile Justice
2627 or a treatment facility as defined in s. 394.455 ~~s. 394.455(49)~~.

2628 Section 50. Paragraph (e) of subsection (4) of section
2629 464.012, Florida Statutes, is amended to read:

2630 464.012 Licensure of advanced practice registered nurses;
2631 fees; controlled substance prescribing.—

2632 (4) In addition to the general functions specified in
2633 subsection (3), an advanced practice registered nurse may
2634 perform the following acts within his or her specialty:

2635 (e) A psychiatric nurse, who meets the requirements in s.
2636 394.455(37) ~~s. 394.455(36)~~, within the framework of an
2637 established protocol with a psychiatrist, may prescribe
2638 psychotropic controlled substances for the treatment of mental
2639 disorders.

2640 Section 51. Subsection (7) of section 744.2007, Florida
2641 Statutes, is amended to read:

2642 744.2007 Powers and duties.—

2643 (7) A public guardian may not commit a ward to a treatment
2644 facility, as defined in s. 394.455 ~~s. 394.455(49)~~, without an
2645 involuntary placement proceeding as provided by law.

2646 Section 52. Subsection (3) of section 916.107, Florida
2647 Statutes, is amended to read:

2648 916.107 Rights of forensic clients.—

2649 (3) RIGHT TO EXPRESS AND INFORMED CONSENT.—



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2650 (a) A forensic client shall be asked to give express and
2651 informed written consent for treatment. If a client refuses such
2652 treatment as is deemed necessary and essential by the client's
2653 multidisciplinary treatment team for the appropriate care of the
2654 client, such treatment may be provided under the following
2655 circumstances:

2656 1. In an emergency situation in which there is immediate
2657 danger to the safety of the client or others, such treatment may
2658 be provided upon the ~~written~~ order of a physician for up to 48
2659 hours, excluding weekends and legal holidays. If, after the 48-
2660 hour period, the client has not given express and informed
2661 consent to the treatment initially refused, the administrator or
2662 designee of the civil or forensic facility shall, within 48
2663 hours, excluding weekends and legal holidays, petition the
2664 committing court or the circuit court serving the county in
2665 which the facility is located, at the option of the facility
2666 administrator or designee, for an order authorizing the
2667 continued treatment of the client. In the interim, the need for
2668 treatment shall be reviewed every 48 hours and may be continued
2669 without the consent of the client upon the continued ~~written~~
2670 order of a physician who has determined that the emergency
2671 situation continues to present a danger to the safety of the
2672 client or others.

2673 2. In a situation other than an emergency situation, the
2674 administrator or designee of the facility shall petition the
2675 court for an order authorizing necessary and essential treatment
2676 for the client.

2677 a. If the client has been receiving psychotropic medication
2678 at the jail at the time of transfer to the forensic or civil



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2679 facility and lacks the capacity to make an informed decision
2680 regarding mental health treatment at the time of admission, the
2681 admitting physician shall order continued administration of
2682 psychotropic medication if, in the clinical judgment of the
2683 physician, abrupt cessation of that psychotropic medication
2684 could pose a risk to the health or safety of the client while a
2685 court order to medicate is pursued. The administrator or
2686 designee of the forensic or civil facility shall, within 5 days
2687 after a client's admission, excluding weekends and legal
2688 holidays, petition the committing court or the circuit court
2689 serving the county in which the facility is located, at the
2690 option of the facility administrator or designee, for an order
2691 authorizing the continued treatment of a client with
2692 psychotropic medication. The jail physician shall provide a
2693 current psychotropic medication order at the time of transfer to
2694 the forensic or civil facility or upon request of the admitting
2695 physician after the client is evaluated.

2696 b. The court order shall allow such treatment for up to 90
2697 days after the date that the order was entered. Unless the court
2698 is notified in writing that the client has provided express and
2699 informed written consent or that the client has been discharged
2700 by the committing court, the administrator or designee of the
2701 facility shall, before the expiration of the initial 90-day
2702 order, petition the court for an order authorizing the
2703 continuation of treatment for an additional 90 days. This
2704 procedure shall be repeated until the client provides consent or
2705 is discharged by the committing court.

2706 3. At the hearing on the issue of whether the court should
2707 enter an order authorizing treatment for which a client was



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2708 unable to or refused to give express and informed consent, the
2709 court shall determine by clear and convincing evidence that the
2710 client has mental illness, intellectual disability, or autism,
2711 that the treatment not consented to is essential to the care of
2712 the client, and that the treatment not consented to is not
2713 experimental and does not present an unreasonable risk of
2714 serious, hazardous, or irreversible side effects. In arriving at
2715 the substitute judgment decision, the court must consider at
2716 least the following factors:

- 2717 a. The client's expressed preference regarding treatment;
- 2718 b. The probability of adverse side effects;
- 2719 c. The prognosis without treatment; and
- 2720 d. The prognosis with treatment.

2721
2722 The hearing shall be as convenient to the client as may be
2723 consistent with orderly procedure and shall be conducted in
2724 physical settings not likely to be injurious to the client's
2725 condition. The court may appoint a general or special magistrate
2726 to preside at the hearing. The client or the client's guardian,
2727 and the representative, shall be provided with a copy of the
2728 petition and the date, time, and location of the hearing. The
2729 client has the right to have an attorney represent him or her at
2730 the hearing, and, if the client is indigent, the court shall
2731 appoint the office of the public defender to represent the
2732 client at the hearing. The client may testify or not, as he or
2733 she chooses, and has the right to cross-examine witnesses and
2734 may present his or her own witnesses.

2735 (b) In addition to the provisions of paragraph (a), in the
2736 case of surgical procedures requiring the use of a general



2737 anesthetic or electroconvulsive treatment or nonpsychiatric
2738 medical procedures, and prior to performing the procedure,
2739 written permission shall be obtained from the client, if the
2740 client is legally competent, from the parent or guardian of a
2741 minor client, or from the guardian of an incompetent client. The
2742 administrator or designee of the forensic facility or a
2743 designated representative may, with the concurrence of the
2744 client's attending physician, authorize emergency surgical or
2745 nonpsychiatric medical treatment if such treatment is deemed
2746 lifesaving or for a situation threatening serious bodily harm to
2747 the client and permission of the client or the client's guardian
2748 could not be obtained before provision of the needed treatment.

2749 Section 53. For the 2024-2025 fiscal year, the sum of
2750 \$50,000,000 of recurring funds from the General Revenue Fund are
2751 provided to the Department of Children and Families to implement
2752 the provisions of this act.

2753 Section 54. This act shall take effect July 1, 2024.

2754
2755 ===== T I T L E A M E N D M E N T =====

2756 And the title is amended as follows:

2757 Delete everything before the enacting clause
2758 and insert:

2759 A bill to be entitled
2760 An act relating to mental health and substance abuse;
2761 amending s. 394.455, F.S.; conforming a cross-
2762 reference to changes made by the act; amending s.
2763 394.4572, F.S.; providing an exception to background
2764 screening requirements for certain licensed physicians
2765 and nurses; amending s. 394.459, F.S.; specifying a



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2766 timeframe for recording restrictions in a patient's
2767 clinical file; requiring that such recorded
2768 restriction be immediately served on certain parties;
2769 conforming a provision to changes made by the act;
2770 amending s. 394.4598, F.S.; authorizing certain
2771 psychiatric nurses to consult with guardian advocates
2772 for purposes of obtaining consent for treatment;
2773 amending s. 394.4599, F.S.; revising written notice
2774 requirements relating to filing petitions for
2775 involuntary services; amending s. 394.461, F.S.;;
2776 authorizing the state to establish that a transfer
2777 evaluation was performed by providing the court with a
2778 copy of the evaluation before the close of the state's
2779 case-in-chief; prohibiting the court from considering
2780 substantive information in the transfer evaluation;
2781 providing an exception; revising reporting
2782 requirements; amending s. 394.4615, F.S.; allowing a
2783 patient's legal custodian to authorize release of the
2784 patient's clinical records; conforming provisions to
2785 changes made by the act; amending s. 394.462, F.S.;;
2786 authorizing a county to include alternative funding
2787 arrangements for transporting individuals to
2788 designated receiving facilities in the county's
2789 transportation plan; conforming provisions to changes
2790 made by the act; amending s. 394.4625, F.S.;; revising
2791 requirements relating to voluntary admissions to a
2792 facility for examination and treatment; requiring
2793 certain treating psychiatric nurses to document
2794 specified information in a patient's clinical record



2795 within a specified timeframe of his or her voluntary
2796 admission for mental health treatment; requiring
2797 clinical psychologists who make determinations of
2798 involuntary placement at certain mental health
2799 facilities to have specified clinical experience;
2800 authorizing certain psychiatric nurses to order
2801 emergency treatment for certain patients; conforming
2802 provisions to changes made by the act; amending s.
2803 394.463, F.S.; authorizing, rather than requiring, law
2804 enforcement officers to take certain persons into
2805 custody for involuntary examinations; requiring a law
2806 enforcement officer to provide a parent or legal
2807 guardian of a minor being transported to certain
2808 facilities with specified facility information;
2809 providing an exception; requiring written reports by
2810 law enforcement officers to contain certain
2811 information;; requiring a certain institute to collect
2812 and analyze certain documents and use them to prepare
2813 annual reports; providing requirements for such
2814 reports; requiring the institute to post such reports
2815 on its website; providing a due date for the annual
2816 reports; requiring the department to post a specified
2817 report on its website; revising requirements for
2818 releasing a patient from a receiving facility;
2819 revising requirements for petitions for involuntary
2820 services; requiring the department and the Agency for
2821 Health Care Administration to analyze certain data,
2822 identify patterns and trends, and make recommendations
2823 to decrease avoidable admissions; authorizing



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2824 recommendations to be addressed in a specified manner;
2825 requiring the department to publish a specified report
2826 on its website and submit such report to the Governor
2827 and Legislature by a certain date; amending s.
2828 394.4655, F.S.; defining the term "involuntary
2829 outpatient placement"; authorizing a specified court
2830 to order an individual to involuntary outpatient
2831 treatment; removing provisions relating to criteria,
2832 retention of a patient, and petition for involuntary
2833 outpatient services and court proceedings relating to
2834 involuntary outpatient services; amending s. 394.467,
2835 F.S.; providing definitions; revising requirements for
2836 ordering a person for involuntary services and
2837 treatment, petitions for involuntary service,
2838 appointment of counsel, and continuances of hearings,
2839 respectively; requiring clinical psychologists to have
2840 specified clinical experience in order to recommend
2841 involuntary services; authorizing certain psychiatric
2842 nurses to recommend involuntary services for mental
2843 health treatment; revising the conditions under which
2844 a court may waive the requirement for a patient to be
2845 present at an involuntary inpatient placement hearing;
2846 authorizing the court to permit witnesses to attend
2847 and testify remotely at the hearing through specified
2848 means; providing requirements for a witness to attend
2849 and testify remotely; requiring facilities to make
2850 certain clinical records available to a state attorney
2851 within a specified timeframe; specifying that such
2852 records remain confidential and may not be used for



2853 certain purposes; requiring the court to allow certain
2854 testimony from specified persons; revising the length
2855 of time a court may require a patient to receive
2856 services; requiring facilities to discharge patients
2857 when they no longer meet the criteria for involuntary
2858 inpatient treatment; prohibiting courts from ordering
2859 individuals with developmental disabilities to be
2860 involuntarily placed in a state treatment facility;
2861 requiring courts to refer such individuals, and
2862 authorizing courts to refer certain other individuals,
2863 to specified agencies for evaluation and services;
2864 providing requirements for service plan modifications,
2865 noncompliance with involuntary outpatient services,
2866 and discharge, respectively; revising requirements for
2867 the procedure for continued involuntary services and
2868 return to facilities, respectively; amending s.
2869 394.468, F.S.; revising requirements for discharge
2870 planning and procedures; providing requirements for
2871 the discharge transition process; creating s.
2872 394.4915, F.S.; establishing the Office of Children's
2873 Behavioral Health Ombudsman within the Department of
2874 Children and Families for a specified purpose;
2875 providing responsibilities of the office; requiring
2876 the department and managing entities to include
2877 specified information in a specified manner on their
2878 websites; amending ss. 394.495 and 394.496, F.S.;
2879 conforming provisions to changes made by the act;
2880 amending s. 394.499, F.S.; revising eligibility
2881 requirements for children's crisis stabilization



2882 unit/juvenile addictions receiving facility services;
2883 amending s. 394.875, F.S.; removing a limitation on
2884 the size of a crisis stabilization unit; removing a
2885 requirement for the department to implement a certain
2886 demonstration project; amending s. 394.9085, F.S.;
2887 conforming a cross-reference to changes made by the
2888 act; amending s. 397.305, F.S.; revising the purpose
2889 to include the most appropriate environment for
2890 substance abuse services; amending s. 397.311, F.S.;
2891 revising definitions; amending s. 397.401, F.S.;
2892 prohibiting certain service providers from exceeding
2893 their licensed capacity by more than a specified
2894 percentage or for more than a specified number of
2895 days; amending s. 397.4073, F.S.; providing an
2896 exception to background screening requirements for
2897 certain licensed physicians and nurses; amending s.
2898 397.501, F.S.; revising notice requirements for the
2899 right to counsel; amending s. 397.581, F.S.; revising
2900 actions that constitute unlawful activities relating
2901 to assessment and treatment; providing penalties;
2902 amending s. 397.675, F.S.; revising the criteria for
2903 involuntary admissions for purposes of assessment and
2904 stabilization, and for involuntary treatment; amending
2905 s. 397.6751, F.S.; revising service provider
2906 responsibilities relating to involuntary admissions;
2907 amending s. 397.681, F.S.; revising where involuntary
2908 treatment petitions for substance abuse impaired
2909 persons may be filed; specifying requirements for the
2910 court to allow a waiver of the respondent's right to



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2911 counsel relating to petitions for involuntary
2912 treatment; revising the circumstances under which
2913 courts are required to appoint counsel for respondents
2914 without regard to respondents' wishes; renumbering and
2915 amending s. 397.693, F.S.; revising the circumstances
2916 under which a person may be the subject of court-
2917 ordered involuntary treatment; renumbering and
2918 amending s. 397.695, F.S.; authorizing the court or
2919 clerk of the court to waive or prohibit any service of
2920 process fees for petitioners determined to be
2921 indigent; renumbering and amending s. 397.6951, F.S.;
2922 revising the information required to be included in a
2923 petition for involuntary treatment services;
2924 authorizing a petitioner to include a certificate or
2925 report of a qualified professional with such petition;
2926 requiring such certificate or report to contain
2927 certain information; requiring that certain additional
2928 information be included if an emergency exists;
2929 renumbering and amending s. 397.6955, F.S.; revising
2930 when the office of criminal conflict and civil
2931 regional counsel represents a person in the filing of
2932 a petition for involuntary services and when a hearing
2933 must be held on such petition; requiring a law
2934 enforcement agency to effect service for initial
2935 treatment hearings; providing an exception; amending
2936 s. 397.6818, F.S.; authorizing the court to take
2937 certain actions and issue certain orders regarding a
2938 respondent's involuntary assessment if emergency
2939 circumstances exist; providing a specified timeframe



2940 for taking such actions; amending s. 397.6957, F.S.;

2941 expanding the exemption from the requirement that a

2942 respondent be present at a hearing on a petition for

2943 involuntary treatment services; authorizing the court

2944 to order drug tests and to permit witnesses to attend

2945 and testify remotely at the hearing through certain

2946 means; removing a provision requiring the court to

2947 appoint a guardian advocate under certain

2948 circumstances; prohibiting a respondent from being

2949 involuntarily ordered into treatment unless certain

2950 requirements are met; providing requirements relating

2951 to involuntary assessment and stabilization orders;

2952 providing requirements relating to involuntary

2953 treatment hearings; requiring that the assessment of a

2954 respondent occur before a specified time unless

2955 certain requirements are met; authorizing service

2956 providers to petition the court in writing for an

2957 extension of the observation period; providing service

2958 requirements for such petitions; authorizing the

2959 service provider to continue to hold the respondent if

2960 the court grants the petition; requiring a qualified

2961 professional to transmit his or her report to the

2962 clerk of the court within a specified timeframe;

2963 requiring the clerk of the court to enter the report

2964 into the court file; providing requirements for the

2965 report; providing that the report's filing satisfies

2966 the requirements for release of certain individuals if

2967 it contains admission and discharge information;

2968 providing for the petition's dismissal under certain



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2969 circumstances; authorizing the court to order certain
2970 persons to take a respondent into custody and
2971 transport him or her to or from certain service
2972 providers and the court; revising the petitioner's
2973 burden of proof in the hearing; authorizing the court
2974 to initiate involuntary proceedings and have the
2975 respondent evaluated by the Agency for Persons with
2976 Disabilities under certain circumstances; requiring
2977 that, if a treatment order is issued, it must include
2978 certain findings; amending s. 397.697, F.S.; requiring
2979 that an individual meet certain requirements to
2980 qualify for involuntary outpatient treatment; revising
2981 the jurisdiction of the court with respect to certain
2982 orders entered in a case; specifying that certain
2983 hearings may be set by either the motion of a party or
2984 under the court's own authority; requiring a certain
2985 institute to receive and maintain copies of certain
2986 documents and use them to prepare annual reports;
2987 providing requirements for such reports; requiring the
2988 institute to post such reports on its website;
2989 amending s. 397.6971, F.S.; conforming provisions to
2990 changes made by the act; amending s. 397.6975, F.S.;
2991 authorizing certain entities to file a petition for
2992 renewal of an involuntary treatment services order;
2993 revising the timeframe during which the court is
2994 required to schedule a hearing; amending s. 397.6977,
2995 F.S.; providing requirements for discharge planning
2996 and procedures for a respondent's release from
2997 involuntary treatment services; repealing ss.



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2998 397.6811, 397.6814, 397.6815, 397.6819, 397.6821,
2999 397.6822, and 397.6978, F.S., relating to involuntary
3000 assessment and stabilization and the appointment of
3001 guardian advocates, respectively; amending s. 916.13,
3002 F.S.; requiring the Department of Children and
3003 Families to complete and submit a competency
3004 evaluation report to the circuit court to determine if
3005 a defendant adjudicated incompetent to proceed meets
3006 the criteria for involuntary civil commitment if it is
3007 determined that the defendant will not or is unlikely
3008 to regain competency; defining the term "competency
3009 evaluation report to the circuit court"; requiring a
3010 qualified professional to sign such report under
3011 penalty of perjury; providing requirements for such
3012 report; authorizing a defendant who meets the criteria
3013 for involuntary examination and court witnesses to
3014 appear remotely for a hearing; amending ss. 40.29,
3015 409.972, 464.012, 744.2007, and 916.107, F.S.;
3016 conforming provisions to changes made by the act;
3017 providing an appropriation; providing an effective
3018 date.