

Amendment No.1

COMMITTEE/SUBCOMMITTEE ACTION

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WITHDRAWN	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

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

3 Representative Maney offered the following:

4
 5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:
 7 Section 1. Subsection (23) of section 394.455, Florida
 8 Statutes, is amended to read:

9 394.455 Definitions.—As used in this part, the term:

10 (23) "Involuntary examination" means an examination
 11 performed under s. 394.463, s. 397.6772, s. 397.679, s.
 12 397.6798, or s. 397.6957 ~~s. 397.6811~~ to determine whether a
 13 person qualifies for involuntary services.

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

16 394.4572 Screening of mental health personnel. —

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17 (1)

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

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

27 394.459 Rights of patients.—

28 (3) RIGHT TO EXPRESS AND INFORMED PATIENT CONSENT.—

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

36 (5) COMMUNICATION, ABUSE REPORTING, AND VISITS.—

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

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

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

56 394.4598 Guardian advocate.—

57 (3) A facility requesting appointment of a guardian
58 advocate must, prior to the appointment, provide the prospective
59 guardian advocate with information about the duties and
60 responsibilities of guardian advocates, including the
61 information about the ethics of medical decisionmaking. Before
62 asking a guardian advocate to give consent to treatment for a
63 patient, the facility shall provide to the guardian advocate
64 sufficient information so that the guardian advocate can decide
65 whether to give express and informed consent to the treatment,
66 including information that the treatment is essential to the

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67 care of the patient, and that the treatment does not present an
68 unreasonable risk of serious, hazardous, or irreversible side
69 effects. Before giving consent to treatment, the guardian
70 advocate must meet and talk with the patient and the patient's
71 physician or psychiatric nurse practicing within the framework
72 of an established protocol with a psychiatrist in person, if at
73 all possible, and by telephone, if not. The decision of the
74 guardian advocate may be reviewed by the court, upon petition of
75 the patient's attorney, the patient's family, or the facility
76 administrator.

77
78 Section 5. Paragraph (d) of subsection (2) of section
79 394.4599, Florida Statutes, is amended to read:

80 394.4599 Notice.—

81 (2) INVOLUNTARY ADMISSION.—

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

85 1. Notice that the petition for:

86 a. Involuntary services ~~inpatient treatment~~ pursuant to s.
87 394.467 has been filed with the circuit court and the address of
88 such court ~~in the county in which the individual is hospitalized~~
89 ~~and the address of such court;~~ or

90 b. Involuntary outpatient services pursuant to s. 394.467
91 ~~s. 394.4655~~ has been filed with the criminal county court, as

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92 defined in s. 394.4655(1), ~~or the circuit court, as applicable,~~
93 ~~in the county in which the individual is hospitalized~~ and the
94 address of such court.

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

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

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

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

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

111 394.461 Designation of receiving and treatment facilities
112 and receiving systems.—The department is authorized to designate
113 and monitor receiving facilities, treatment facilities, and
114 receiving systems and may suspend or withdraw such designation
115 for failure to comply with this part and rules adopted under
116 this part. The department may issue a conditional designation

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117 for up to 60 days to allow the implementation of corrective
118 measures. Unless designated by the department, facilities are
119 not permitted to hold or treat involuntary patients under this
120 part.

121 (2) TREATMENT FACILITY.—The department may designate any
122 state-owned, state-operated, or state-supported facility as a
123 state treatment facility. A civil patient shall not be admitted
124 to a state treatment facility without previously undergoing a
125 transfer evaluation. Before the close of the state's case-in-
126 chief in a court hearing for involuntary placement ~~in a state~~
127 ~~treatment facility~~, the state may establish that the transfer
128 evaluation was performed and the document was properly executed
129 by providing the court with a copy of the transfer evaluation.
130 The court may not shall receive and consider the substantive
131 information documented in the transfer evaluation unless the
132 evaluator testifies at the hearing. Any other facility,
133 including a private facility or a federal facility, may be
134 designated as a treatment facility by the department, provided
135 that such designation is agreed to by the appropriate governing
136 body or authority of the facility.

137 (4) REPORTING REQUIREMENTS.—

138 (d) The department shall issue an annual report based on
139 the data required pursuant to this subsection. The report shall
140 include individual facilities' data, as well as statewide
141 totals. The report shall be posted on the department's website

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142 ~~submitted to the Governor, the President of the Senate, and the~~
143 ~~Speaker of the House of Representatives.~~

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

146 394.4615 Clinical records; confidentiality.—

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

148 (a) The patient or the patient's guardian or legal
149 custodian authorizes the release. The guardian, ~~or~~ guardian
150 advocate, or legal custodian shall be provided access to the
151 appropriate clinical records of the patient. The patient or the
152 patient's guardian, ~~or~~ guardian advocate, or legal custodian may
153 authorize the release of information and clinical records to
154 appropriate persons to ensure the continuity of the patient's
155 health care or mental health care. A receiving facility must
156 document that, within 24 hours of admission, individuals
157 admitted on a voluntary basis have been provided with the option
158 to authorize the release of information from their clinical
159 record to the individual's health care surrogate or proxy,
160 attorney, representative, or other known emergency contact.

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

163 (a) When a patient has communicated to a service provider
164 a specific threat to cause serious bodily injury or death to an
165 identified or a readily available person, if the service
166 provider reasonably believes, or should reasonably believe

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167 according to the standards of his or her profession, that the
168 patient has the apparent intent and ability to imminently or
169 immediately carry out such threat. When such communication has
170 been made, the administrator may authorize the release of
171 sufficient information to provide adequate warning to the person
172 threatened with harm by the patient.

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

180
181 For the purpose of determining whether a person meets the
182 criteria for involuntary services ~~outpatient placement~~ or for
183 preparing the proposed services ~~treatment~~ plan pursuant to s.
184 394.4655 or s. 394.467 ~~s. 394.4655~~, the clinical record may be
185 released to the state attorney, the public defender or the
186 patient's private legal counsel, the court, and to the
187 appropriate mental health professionals, including the service
188 provider under s. 394.4655 or s. 394.467 ~~identified in s.~~
189 ~~394.4655(7)(b)2.~~, in accordance with state and federal law.

190 Section 8. Section 394.462, Florida Statutes, is amended
191 to read:

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192 394.462 Transportation.—A transportation plan shall be
193 developed and implemented by each county in collaboration with
194 the managing entity in accordance with this section. A county
195 may enter into a memorandum of understanding with the governing
196 boards of nearby counties to establish a shared transportation
197 plan. When multiple counties enter into a memorandum of
198 understanding for this purpose, the counties shall notify the
199 managing entity and provide it with a copy of the agreement. The
200 transportation plan shall describe methods of transport to a
201 facility within the designated receiving system for individuals
202 subject to involuntary examination under s. 394.463 or
203 involuntary admission under s. 397.6772, s. 397.679, s.
204 397.6798, or s. 397.6957 ~~s. 397.6811~~, and may identify
205 responsibility for other transportation to a participating
206 facility when necessary and agreed to by the facility. The plan
207 may rely on emergency medical transport services or private
208 transport companies, as appropriate. The plan shall comply with
209 the transportation provisions of this section and ss. 397.6772,
210 397.6795, ~~397.6822~~, and 397.697.

211 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

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

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217 appropriate facility within the designated receiving system
218 pursuant to a transportation plan.

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

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

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

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

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

238 b. From the person receiving the transportation.

239 c. From a financial settlement for medical care,
240 treatment, hospitalization, or transportation payable or
241 accruing to the injured party.

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242 (c) A company that transports a patient pursuant to this
243 subsection is considered an independent contractor and is solely
244 liable for the safe and dignified transport of the patient. Such
245 company must be insured and provide no less than \$100,000 in
246 liability insurance with respect to the transport of patients.

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

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

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

264 (g) When any law enforcement officer has custody of a
265 person based on either noncriminal or minor criminal behavior
266 that meets the statutory guidelines for involuntary examination

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267 pursuant to s. 394.463, the law enforcement officer shall
268 transport the person to the appropriate facility within the
269 designated receiving system pursuant to a transportation plan.
270 Persons who meet the statutory guidelines for involuntary
271 admission pursuant to s. 397.675 may also be transported by law
272 enforcement officers to the extent resources are available and
273 as otherwise provided by law. Such persons shall be transported
274 to an appropriate facility within the designated receiving
275 system pursuant to a transportation plan.

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

289 (i) If the appropriate law enforcement officer believes
290 that a person has an emergency medical condition as defined in
291 s. 395.002, the person may be first transported to a hospital

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292 for emergency medical treatment, regardless of whether the
293 hospital is a designated receiving facility.

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

299 (k) The appropriate facility within the designated
300 receiving system pursuant to a transportation plan must accept
301 persons brought by law enforcement officers, or an emergency
302 medical transport service or a private transport company
303 authorized by the county, for involuntary examination pursuant
304 to s. 394.463.

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

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

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

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

329 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

330 (a) If neither the patient nor any person legally
331 obligated or responsible for the patient is able to pay for the
332 expense of transporting a voluntary or involuntary patient to a
333 treatment facility, the transportation plan established by the
334 governing board of the county or counties must specify how the
335 hospitalized patient will be transported to, from, and between
336 facilities in a safe and dignified manner.

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

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341 in liability insurance with respect to the transport of
342 patients.

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

347 (d) County or municipal law enforcement and correctional
348 personnel and equipment may not be used to transport patients
349 adjudicated incapacitated or found by the court to meet the
350 criteria for involuntary services placement pursuant to s.
351 394.467, except in small rural counties where there are no cost-
352 efficient alternatives.

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

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

360 394.4625 Voluntary admissions.—

361 (1) AUTHORITY TO RECEIVE PATIENTS.—

362 (a) A facility may receive for observation, diagnosis, or
363 treatment any adult ~~person 18 years of age or older~~ who applies
364 by express and informed consent for admission or any minor
365 ~~person age 17 or younger~~ whose parent or legal guardian applies

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366 for admission. Such person may be admitted to the facility if
367 found to show evidence of mental illness and to be suitable for
368 treatment, and:

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

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

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

386 (5) TRANSFER TO INVOLUNTARY STATUS.—When a voluntary
387 patient, or an authorized person on the patient's behalf, makes
388 a request for discharge, the request for discharge, unless
389 freely and voluntarily rescinded, must be communicated to a
390 physician, clinical psychologist with at least 3 years of

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

405 Section 10. Subsection (1), paragraphs (a), (e), (f), (g),
406 and (h) of subsection (2), and subsection (4) of section
407 394.463, Florida Statutes, are amended to read:

408 394.463 Involuntary examination.—

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

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

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

418 (b)1. Without care or treatment, the person is likely to
419 suffer from neglect or refuse to care for himself or herself;
420 such neglect or refusal poses a real and present threat of
421 substantial harm to his or her well-being; and it is not
422 apparent that such harm may be avoided through the help of
423 willing, able, and responsible family members or friends or the
424 provision of other services; or

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

429 (2) INVOLUNTARY EXAMINATION.—

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

432 1. A circuit or county court may enter an ex parte order
433 stating that a person appears to meet the criteria for
434 involuntary examination and specifying the findings on which
435 that conclusion is based. The ex parte order for involuntary
436 examination must be based on written or oral sworn testimony
437 that includes specific facts that support the findings. If other
438 less restrictive means are not available, such as voluntary
439 appearance for outpatient evaluation, a law enforcement officer,
440 or other designated agent of the court, shall take the person

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441 into custody and deliver him or her to an appropriate, or the
442 nearest, facility within the designated receiving system
443 pursuant to s. 394.462 for involuntary examination. The order of
444 the court shall be made a part of the patient's clinical record.
445 A fee may not be charged for the filing of an order under this
446 subsection. A facility accepting the patient based on this order
447 must send a copy of the order to the department within 5 working
448 days. The order may be submitted electronically through existing
449 data systems, if available. The order shall be valid only until
450 the person is delivered to the facility or for the period
451 specified in the order itself, whichever comes first. If a time
452 limit is not specified in the order, the order is valid for 7
453 days after the date that the order was signed.

454 2. A law enforcement officer may ~~shall~~ take a person who
455 appears to meet the criteria for involuntary examination into
456 custody and deliver the person or have him or her delivered to
457 an appropriate, or the nearest, facility within the designated
458 receiving system pursuant to s. 394.462 for examination. A law
459 enforcement officer transporting a person pursuant to this
460 section ~~subparagraph~~ shall restrain the person in the least
461 restrictive manner available and appropriate under the
462 circumstances. If transporting a minor and the parent or legal
463 guardian of the minor is present, before departing, the law
464 enforcement officer shall provide the parent or legal guardian
465 of the minor with the name, address, and contact information for

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466 the facility within the designated receiving system to which the
467 law enforcement officer is transporting the minor, subject to
468 any safety and welfare concerns for the minor. The officer shall
469 execute a written report detailing the circumstances under which
470 the person was taken into custody, which must be made a part of
471 the patient's clinical record. The report must include all
472 emergency contact information for the person that is readily
473 accessible to the law enforcement officer, including information
474 available through electronic databases maintained by the
475 Department of Law Enforcement or by the Department of Highway
476 Safety and Motor Vehicles. Such emergency contact information
477 may be used by a receiving facility only for the purpose of
478 informing listed emergency contacts of a patient's whereabouts
479 pursuant to s. 119.0712(2)(d). Any facility accepting the
480 patient based on this report must send a copy of the report to
481 the department within 5 working days.

482 3. A physician, a physician assistant, a clinical
483 psychologist, a psychiatric nurse, an advanced practice
484 registered nurse registered under s. 464.0123, a mental health
485 counselor, a marriage and family therapist, or a clinical social
486 worker may execute a certificate stating that he or she has
487 examined a person within the preceding 48 hours and finds that
488 the person appears to meet the criteria for involuntary
489 examination and stating the observations upon which that
490 conclusion is based. If other less restrictive means, such as

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491 voluntary appearance for outpatient evaluation, are not
492 available, a law enforcement officer shall take into custody the
493 person named in the certificate and deliver him or her to the
494 appropriate, or nearest, facility within the designated
495 receiving system pursuant to s. 394.462 for involuntary
496 examination. The law enforcement officer shall execute a written
497 report detailing the circumstances under which the person was
498 taken into custody and include all emergency contact information
499 required under subparagraph 2. The report must include all
500 emergency contact information for the person that is readily
501 accessible to the law enforcement officer, including information
502 available through electronic databases maintained by the
503 Department of Law Enforcement or by the Department of Highway
504 Safety and Motor Vehicles. Such emergency contact information
505 may be used by a receiving facility only for the purpose of
506 informing listed emergency contacts of a patient's whereabouts
507 pursuant to s. 119.0712(2)(d). The report and certificate shall
508 be made a part of the patient's clinical record. Any facility
509 accepting the patient based on this certificate must send a copy
510 of the certificate to the department within 5 working days. The
511 document may be submitted electronically through existing data
512 systems, if applicable.

513
514 When sending the order, report, or certificate to the
515 department, a facility shall, at a minimum, provide information

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516 about which action was taken regarding the patient under
517 paragraph (g), which information shall also be made a part of
518 the patient's clinical record.

519 (e) The department shall receive and maintain the copies
520 of ex parte orders, involuntary ~~outpatient~~ services orders
521 issued pursuant to ss. 394.4655 and 394.467 ~~s. 394.4655,~~
522 ~~involuntary inpatient placement orders issued pursuant to s.~~
523 ~~394.467,~~ professional certificates, law enforcement officers'
524 reports, and reports relating to the transportation of patients.
525 These documents shall be considered part of the clinical record,
526 governed by the provisions of s. 394.4615. These documents shall
527 be provided to the institute established under s. 1004.44 by the
528 department and used by the institute to prepare annual reports
529 analyzing the data obtained from these documents, without
530 including the personal identifying information of the patient.
531 ~~identifying patients, and~~ The information in the reports may
532 include, but need not be limited to, a state level analysis of
533 involuntary examinations, including a description of demographic
534 characteristics of individuals and the geographic locations of
535 involuntary examinations; counts of the number of involuntary
536 examinations at each receiving facility; and reporting and
537 analysis of trends for involuntary examinations within the
538 state. The report shall also include counts of and provide
539 demographic, geographic, and other relevant information about
540 individuals with a developmental disability, as defined in s.

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541 393.063, or a traumatic brain injury or dementia who were taken
542 to a receiving facility for involuntary examination pursuant to
543 s. 394.463 and determined not to have a co-occurring mental
544 illness. The institute shall post the reports on its website
545 and provide copies of such reports to the department, the
546 President of the Senate, the Speaker of the House of
547 Representatives, and the minority leaders of the Senate and the
548 House of Representatives by November 30 of each year.

549 (f) A patient shall be examined by a physician or a
550 clinical psychologist, or by a psychiatric nurse performing
551 within the framework of an established protocol with a
552 psychiatrist at a facility without unnecessary delay to
553 determine if the criteria for involuntary services are met.
554 Emergency treatment may be provided upon the order of a
555 physician if the physician determines that such treatment is
556 necessary for the safety of the patient or others. The patient
557 may not be released by the receiving facility or its contractor
558 without the documented approval of a psychiatrist or a clinical
559 psychologist or, if the receiving facility is owned or operated
560 by a hospital, health system, or nationally accredited community
561 mental health center, the release may also be approved by a
562 psychiatric nurse performing within the framework of an
563 established protocol with a psychiatrist, or an attending
564 emergency department physician with experience in the diagnosis
565 and treatment of mental illness after completion of an

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566 involuntary examination pursuant to this subsection. A
567 psychiatric nurse may not approve the release of a patient if
568 the involuntary examination was initiated by a psychiatrist
569 unless the release is approved by the initiating psychiatrist.
570 The release may be approved through telehealth.

571 (g) The examination period must be for up to 72 hours and
572 begins when a patient arrives at the receiving facility. For a
573 minor, the examination shall be initiated within 12 hours after
574 the patient's arrival at the facility. Within the examination
575 period, one of the following actions must be taken, based on the
576 individual needs of the patient:

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

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

582 3. The patient, unless he or she is charged with a crime,
583 shall be asked to give express and informed consent to placement
584 as a voluntary patient and, if such consent is given, the
585 patient shall be admitted as a voluntary patient; or

586 4. A petition for involuntary services shall be filed in
587 the circuit court ~~if inpatient treatment is deemed necessary~~ or
588 with the criminal county court, as defined in s. 394.4655(1), as
589 applicable. When inpatient treatment is deemed necessary, the
590 least restrictive treatment consistent with the optimum

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591 improvement of the patient's condition shall be made available.
592 ~~The~~ ~~When a petition is to be filed for involuntary outpatient~~
593 ~~placement,~~ ~~it~~ shall be filed by one of the petitioners specified
594 in s. 394.467, and the court shall dismiss an untimely filed
595 petition s. 394.4655(4) (a). ~~A petition for involuntary inpatient~~
596 ~~placement shall be filed by the facility administrator.~~ If a
597 patient's 72-hour examination period ends on a weekend or
598 holiday, including the hours before the ordinary business hours
599 on the morning of the next working day, and the receiving
600 facility:

601 a. Intends to file a petition for involuntary services,
602 such patient may be held at the ~~a receiving~~ facility through the
603 next working day thereafter and the ~~such~~ petition ~~for~~
604 ~~involuntary services~~ must be filed no later than such date. If
605 the ~~receiving~~ facility fails to file the ~~a~~ petition by ~~for~~
606 ~~involuntary services~~ at the ordinary close of business on the
607 next working day, the patient shall be released from the
608 receiving facility following approval pursuant to paragraph (f).

609 b. Does not intend to file a petition for involuntary
610 services, the ~~a~~ receiving facility may postpone release of a
611 patient until the next working day thereafter only if a
612 qualified professional documents that adequate discharge
613 planning and procedures in accordance with s. 394.468, and
614 approval pursuant to paragraph (f), are not possible until the
615 next working day.

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

640 (4) DATA ANALYSIS.—

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

660 (b) The institute shall analyze service data on
661 individuals who are high utilizers of crisis stabilization
662 services provided in designated receiving facilities, and shall,
663 at a minimum, identify any patterns or trends and make
664 recommendations to decrease avoidable admissions.
665 Recommendations may be addressed in the department's contracts

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666 with the behavioral health managing entities and in the
667 contracts between the Agency for Health Care Administration and
668 the Medicaid managed medical assistance plans.

669 (c) The institute ~~department~~ shall publish ~~submit~~ a report
670 on its findings and recommendations on its website and submit
671 the report to the Governor, the President of the Senate, ~~and~~ the
672 Speaker of the House of Representatives, the department and the
673 Agency for Health Care Administration by November 1 of each odd-
674 numbered year.

675 Section 11. Section 394.4655, Florida Statutes, is amended
676 to read:

677 394.4655 Involuntary outpatient services.—

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

679 (a) "Court" means a circuit court or a criminal county
680 court.

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

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

686 (2) A criminal county court may order an individual to
687 involuntary outpatient placement under s. 394.467. ~~CRITERIA FOR~~
688 ~~INVOLUNTARY OUTPATIENT SERVICES.—A person may be ordered to~~
689 ~~involuntary outpatient services upon a finding of the court, by~~

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690 ~~clear and convincing evidence, that the person meets all of the~~
691 ~~following criteria:~~

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

693 ~~(b) The person has a mental illness.~~

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

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

699 ~~(e) The person has:~~

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

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

709 ~~(f) The person is, as a result of his or her mental~~
710 ~~illness, unlikely to voluntarily participate in the recommended~~
711 ~~treatment plan and has refused voluntary services for treatment~~
712 ~~after sufficient and conscientious explanation and disclosure of~~
713 ~~why the services are necessary or is unable to determine for~~
714 ~~himself or herself whether services are necessary.~~

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

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

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

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

727 ~~(a)1. A patient who is being recommended for involuntary~~
728 ~~outpatient services by the administrator of the facility where~~
729 ~~the patient has been examined may be retained by the facility~~
730 ~~after adherence to the notice procedures provided in s.~~
731 ~~394.4599. The recommendation must be supported by the opinion of~~
732 ~~a psychiatrist and the second opinion of a clinical psychologist~~
733 ~~or another psychiatrist, both of whom have personally examined~~
734 ~~the patient within the preceding 72 hours, that the criteria for~~
735 ~~involuntary outpatient services are met. However, if the~~
736 ~~administrator certifies that a psychiatrist or clinical~~
737 ~~psychologist is not available to provide the second opinion, the~~
738 ~~second opinion may be provided by a licensed physician who has~~
739 ~~postgraduate training and experience in diagnosis and treatment.~~

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740 ~~of mental illness, a physician assistant who has at least 3~~
741 ~~years' experience and is supervised by such licensed physician~~
742 ~~or a psychiatrist, a clinical social worker, or by a psychiatric~~
743 ~~nurse. Any second opinion authorized in this subparagraph may be~~
744 ~~conducted through a face-to-face examination, in person or by~~
745 ~~electronic means. Such recommendation must be entered on an~~
746 ~~involuntary outpatient services certificate that authorizes the~~
747 ~~facility to retain the patient pending completion of a hearing.~~
748 ~~The certificate must be made a part of the patient's clinical~~
749 ~~record.~~

750 ~~2. If the patient has been stabilized and no longer meets~~
751 ~~the criteria for involuntary examination pursuant to s.~~
752 ~~394.463(1), the patient must be released from the facility while~~
753 ~~awaiting the hearing for involuntary outpatient services. Before~~
754 ~~filing a petition for involuntary outpatient services, the~~
755 ~~administrator of the facility or a designated department~~
756 ~~representative must identify the service provider that will have~~
757 ~~primary responsibility for service provision under an order for~~
758 ~~involuntary outpatient services, unless the person is otherwise~~
759 ~~participating in outpatient psychiatric treatment and is not in~~
760 ~~need of public financing for that treatment, in which case the~~
761 ~~individual, if eligible, may be ordered to involuntary treatment~~
762 ~~pursuant to the existing psychiatric treatment relationship.~~

763 ~~3. The service provider shall prepare a written proposed~~
764 ~~treatment plan in consultation with the patient or the patient's~~

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

788 ~~(b) If a patient in involuntary inpatient placement meets~~
789 ~~the criteria for involuntary outpatient services, the~~

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

810 ~~(c)1. The administrator of the treatment facility shall~~
811 ~~provide a copy of the involuntary outpatient services~~
812 ~~certificate and a copy of the state mental health discharge form~~
813 ~~to the managing entity in the county where the patient will be~~
814 ~~residing. For persons who are leaving a state mental health~~

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815 ~~treatment facility, the petition for involuntary outpatient~~
816 ~~services must be filed in the county where the patient will be~~
817 ~~residing.~~

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

834 ~~3. If the service provider certifies that the services in~~
835 ~~the proposed treatment or service plan are not available, the~~
836 ~~petitioner may not file the petition. The service provider must~~
837 ~~notify the managing entity if the requested services are not~~
838 ~~available. The managing entity must document such efforts to~~
839 ~~obtain the requested services.~~

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840 ~~(4) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES.—~~
841 ~~(a) A petition for involuntary outpatient services may be~~
842 ~~filed by:~~
843 ~~1. The administrator of a receiving facility; or~~
844 ~~2. The administrator of a treatment facility.~~
845 ~~(b) Each required criterion for involuntary outpatient~~
846 ~~services must be alleged and substantiated in the petition for~~
847 ~~involuntary outpatient services. A copy of the certificate~~
848 ~~recommending involuntary outpatient services completed by a~~
849 ~~qualified professional specified in subsection (3) must be~~
850 ~~attached to the petition. A copy of the proposed treatment plan~~
851 ~~must be attached to the petition. Before the petition is filed,~~
852 ~~the service provider shall certify that the services in the~~
853 ~~proposed plan are available. If the necessary services are not~~
854 ~~available, the petition may not be filed. The service provider~~
855 ~~must notify the managing entity if the requested services are~~
856 ~~not available. The managing entity must document such efforts to~~
857 ~~obtain the requested services.~~
858 ~~(c) The petition for involuntary outpatient services must~~
859 ~~be filed in the county where the patient is located, unless the~~
860 ~~patient is being placed from a state treatment facility, in~~
861 ~~which case the petition must be filed in the county where the~~
862 ~~patient will reside. When the petition has been filed, the clerk~~
863 ~~of the court shall provide copies of the petition and the~~
864 ~~proposed treatment plan to the department, the managing entity,~~

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865 ~~the patient, the patient's guardian or representative, the state~~
866 ~~attorney, and the public defender or the patient's private~~
867 ~~counsel. A fee may not be charged for filing a petition under~~
868 ~~this subsection.~~

869 ~~(5) APPOINTMENT OF COUNSEL. Within 1 court working day~~
870 ~~after the filing of a petition for involuntary outpatient~~
871 ~~services, the court shall appoint the public defender to~~
872 ~~represent the person who is the subject of the petition, unless~~
873 ~~the person is otherwise represented by counsel. The clerk of the~~
874 ~~court shall immediately notify the public defender of the~~
875 ~~appointment. The public defender shall represent the person~~
876 ~~until the petition is dismissed, the court order expires, or the~~
877 ~~patient is discharged from involuntary outpatient services. An~~
878 ~~attorney who represents the patient must be provided access to~~
879 ~~the patient, witnesses, and records relevant to the presentation~~
880 ~~of the patient's case and shall represent the interests of the~~
881 ~~patient, regardless of the source of payment to the attorney.~~

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

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

887 ~~(a)1. The court shall hold the hearing on involuntary~~
888 ~~outpatient services within 5 working days after the filing of~~
889 ~~the petition, unless a continuance is granted. The hearing must~~

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

901 ~~2. The court may appoint a magistrate to preside at the~~
902 ~~hearing. One of the professionals who executed the involuntary~~
903 ~~outpatient services certificate shall be a witness. The patient~~
904 ~~and the patient's guardian or representative shall be informed~~
905 ~~by the court of the right to an independent expert examination.~~
906 ~~If the patient cannot afford such an examination, the court~~
907 ~~shall ensure that one is provided, as otherwise provided by law.~~
908 ~~The independent expert's report is confidential and not~~
909 ~~discoverable, unless the expert is to be called as a witness for~~
910 ~~the patient at the hearing. The court shall allow testimony from~~
911 ~~individuals, including family members, deemed by the court to be~~
912 ~~relevant under state law, regarding the person's prior history~~
913 ~~and how that prior history relates to the person's current~~
914 ~~condition. The testimony in the hearing must be given under~~

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915 ~~oath, and the proceedings must be recorded. The patient may~~
916 ~~refuse to testify at the hearing.~~

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

929 ~~2. The court may not order the department or the service~~
930 ~~provider to provide services if the program or service is not~~
931 ~~available in the patient's local community, if there is no space~~
932 ~~available in the program or service for the patient, or if~~
933 ~~funding is not available for the program or service. The service~~
934 ~~provider must notify the managing entity if the requested~~
935 ~~services are not available. The managing entity must document~~
936 ~~such efforts to obtain the requested services. A copy of the~~
937 ~~order must be sent to the managing entity by the service~~
938 ~~provider within 1 working day after it is received from the~~
939 ~~court. The order may be submitted electronically through~~

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940 ~~existing data systems. After the order for involuntary services~~
941 ~~is issued, the service provider and the patient may modify the~~
942 ~~treatment plan. For any material modification of the treatment~~
943 ~~plan to which the patient or, if one is appointed, the patient's~~
944 ~~guardian advocate agrees, the service provider shall send notice~~
945 ~~of the modification to the court. Any material modifications of~~
946 ~~the treatment plan which are contested by the patient or the~~
947 ~~patient's guardian advocate, if applicable, must be approved or~~
948 ~~disapproved by the court consistent with subsection (3).~~

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

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965 ~~to which the patient or the patient's guardian advocate, if~~
966 ~~applicable, agrees, the service provider shall send notice of~~
967 ~~the modification to the court. Any material modifications of the~~
968 ~~treatment plan which are contested by the patient or the~~
969 ~~patient's guardian advocate, if applicable, must be approved or~~
970 ~~disapproved by the court consistent with subsection (3).~~

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

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

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990 ~~(c) The administrator of the receiving facility or the~~
991 ~~designated department representative shall provide a copy of the~~
992 ~~court order and adequate documentation of a patient's mental~~
993 ~~illness to the service provider for involuntary outpatient~~
994 ~~services. Such documentation must include any advance directives~~
995 ~~made by the patient, a psychiatric evaluation of the patient,~~
996 ~~and any evaluations of the patient performed by a psychologist~~
997 ~~or a clinical social worker.~~

998 ~~(8) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT~~
999 ~~SERVICES.—~~

1000 ~~(a)1. If the person continues to meet the criteria for~~
1001 ~~involuntary outpatient services, the service provider shall, at~~
1002 ~~least 10 days before the expiration of the period during which~~
1003 ~~the treatment is ordered for the person, file in the court that~~
1004 ~~issued the order for involuntary outpatient services a petition~~
1005 ~~for continued involuntary outpatient services. The court shall~~
1006 ~~immediately schedule a hearing on the petition to be held within~~
1007 ~~15 days after the petition is filed.~~

1008 ~~2. The existing involuntary outpatient services order~~
1009 ~~remains in effect until disposition on the petition for~~
1010 ~~continued involuntary outpatient services.~~

1011 ~~3. A certificate shall be attached to the petition which~~
1012 ~~includes a statement from the person's physician or clinical~~
1013 ~~psychologist justifying the request, a brief description of the~~
1014 ~~patient's treatment during the time he or she was receiving~~

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1015 ~~involuntary services, and an individualized plan of continued~~
1016 ~~treatment.~~

1017 ~~4. The service provider shall develop the individualized~~
1018 ~~plan of continued treatment in consultation with the patient or~~
1019 ~~the patient's guardian advocate, if applicable. When the~~
1020 ~~petition has been filed, the clerk of the court shall provide~~
1021 ~~copies of the certificate and the individualized plan of~~
1022 ~~continued services to the department, the patient, the patient's~~
1023 ~~guardian advocate, the state attorney, and the patient's private~~
1024 ~~counsel or the public defender.~~

1025 ~~(b) Within 1 court working day after the filing of a~~
1026 ~~petition for continued involuntary outpatient services, the~~
1027 ~~court shall appoint the public defender to represent the person~~
1028 ~~who is the subject of the petition, unless the person is~~
1029 ~~otherwise represented by counsel. The clerk of the court shall~~
1030 ~~immediately notify the public defender of such appointment. The~~
1031 ~~public defender shall represent the person until the petition is~~
1032 ~~dismissed or the court order expires or the patient is~~
1033 ~~discharged from involuntary outpatient services. Any attorney~~
1034 ~~representing the patient shall have access to the patient,~~
1035 ~~witnesses, and records relevant to the presentation of the~~
1036 ~~patient's case and shall represent the interests of the patient,~~
1037 ~~regardless of the source of payment to the attorney.~~

1038 ~~(c) Hearings on petitions for continued involuntary~~
1039 ~~outpatient services must be before the court that issued the~~

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1040 ~~order for involuntary outpatient services. The court may appoint~~
1041 ~~a magistrate to preside at the hearing. The procedures for~~
1042 ~~obtaining an order pursuant to this paragraph must meet the~~
1043 ~~requirements of subsection (7), except that the time period~~
1044 ~~included in paragraph (2) (c) is not applicable in determining~~
1045 ~~the appropriateness of additional periods of involuntary~~
1046 ~~outpatient placement.~~

1047 ~~(d) Notice of the hearing must be provided as set forth in~~
1048 ~~s. 394.4599. The patient and the patient's attorney may agree to~~
1049 ~~a period of continued outpatient services without a court~~
1050 ~~hearing.~~

1051 ~~(e) The same procedure must be repeated before the~~
1052 ~~expiration of each additional period the patient is placed in~~
1053 ~~treatment.~~

1054 ~~(f) If the patient has previously been found incompetent~~
1055 ~~to consent to treatment, the court shall consider testimony and~~
1056 ~~evidence regarding the patient's competence. Section 394.4598~~
1057 ~~governs the discharge of the guardian advocate if the patient's~~
1058 ~~competency to consent to treatment has been restored.~~

1059 Section 12. Section 394.467, Florida Statutes, is amended
1060 to read:

1061 394.467 Involuntary services ~~inpatient placement.~~-

1062 (1) DEFINITIONS.-As used in this section, the term:

1063 (a) "Court" means a circuit court.

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1064 (b) "Involuntary inpatient placement" means placement in a
1065 secure receiving or treatment facility providing stabilization
1066 and treatment services to a person 18 years of age or older who
1067 does not voluntarily consent to services under this chapter, or
1068 a minor who does not voluntarily assent to services under this
1069 chapter.

1070 (c) "Involuntary outpatient services" means services
1071 provided in the community to a person who does not voluntarily
1072 consent to or participate in services under this chapter.

1073 (d) "Services plan" means an individualized plan detailing
1074 the recommended behavioral health services and supports based on
1075 a thorough assessment of the needs of the patient, to safeguard
1076 and enhance the patient's health and well-being in the
1077 community.

1078 (2)-(1) CRITERIA FOR INVOLUNTARY SERVICES.-A person may be
1079 ordered by a court to be provided for involuntary services
1080 inpatient placement for treatment upon a finding of the court,
1081 by clear and convincing evidence, that the person meets the
1082 following criteria:

1083 (a) Involuntary outpatient services.-A person ordered to
1084 involuntary outpatient services must meet the following
1085 criteria:

1086 1. The person has a mental illness and because of his or
1087 her mental illness:

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1088 a. Is unlikely to voluntarily participate in a
1089 recommended services plan and has refused voluntary services for
1090 treatment after sufficient and conscientious explanation and
1091 disclosure of why the services are necessary; or

1092 b. He or she is unable to determine for himself or
1093 herself whether services are necessary.

1094 2. The person is unlikely to survive safely in the
1095 community without supervision, based on a clinical
1096 determination.

1097 3. The person has a history of lack of compliance with
1098 treatment for mental illness.

1099 4. In view of the person's treatment history and current
1100 behavior, the person is in need of involuntary outpatient
1101 services in order to prevent a relapse or deterioration that
1102 would be likely to result in serious bodily harm to himself or
1103 herself or others, or a substantial harm to his or her well-
1104 being as set forth in s. 394.463(1).

1105 5. It is likely that the person will benefit from
1106 involuntary outpatient services.

1107 6. All available less restrictive alternatives that would
1108 offer an opportunity for improvement of the person's condition
1109 have been deemed to be inappropriate or unavailable.

1110 (b) Involuntary inpatient placement.—A person ordered to
1111 involuntary inpatient placement must meet the following
1112 criteria:

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1113 1.(a) The person ~~He or she~~ has a mental illness and
1114 because of his or her mental illness:

1115 ~~1.a.~~ He or she has refused voluntary inpatient placement
1116 for treatment after sufficient and conscientious explanation and
1117 disclosure of the purpose of inpatient placement for treatment;
1118 or

1119 b. He or she is unable to determine for himself or herself
1120 whether inpatient placement is necessary; and

1121
1122 2.a. He or she is incapable of surviving alone or with the
1123 help of willing, able, and responsible family or friends,
1124 including available alternative services, and, without
1125 treatment, is likely to suffer from neglect or refuse to care
1126 for himself or herself, and such neglect or refusal poses a real
1127 and present threat of substantial harm to his or her well-being;
1128 or

1129 b. Without treatment, there ~~There~~ is a substantial
1130 likelihood that in the near future the person ~~he or she~~ will
1131 inflict serious bodily harm on self or others, as evidenced by
1132 recent behavior causing, attempting to cause, or threatening to
1133 cause such harm; and

1134
1135 ~~c.(b)~~ All available less restrictive treatment
1136 alternatives that would offer an opportunity for improvement of

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1137 the person's ~~his or her~~ condition have been deemed ~~judged~~ to be
1138 inappropriate or unavailable.

1139 ~~(3)-(2)~~ RECOMMENDATION FOR INVOLUNTARY SERVICES AND
1140 ADMISSION TO A TREATMENT FACILITY.—A patient may be recommended
1141 for involuntary inpatient placement, involuntary outpatient
1142 services, or a combination of both.

1143 (a) A patient may be retained by a facility for
1144 involuntary services ~~or involuntarily placed in a treatment~~
1145 ~~facility~~ upon the recommendation of the administrator of the
1146 facility where the patient has been examined and after adherence
1147 to the notice and hearing procedures provided in s. 394.4599.
1148 However, if a patient who is being recommended for only
1149 involuntary outpatient services has been stabilized and no
1150 longer meets the criteria for involuntary examination pursuant
1151 to s. 394.463(1), the patient must be released from the facility
1152 while awaiting the hearing for involuntary outpatient services.

1153 (b) The recommendation must be supported by the opinion of
1154 a psychiatrist and the second opinion of a clinical psychologist
1155 with at least 3 years of clinical experience, ~~or another~~
1156 psychiatrist, or a psychiatric nurse practicing within the
1157 framework of an established protocol with a psychiatrist, both
1158 of whom have personally examined the patient ~~within the~~
1159 ~~preceding 72 hours, that the criteria for involuntary services~~
1160 ~~inpatient placement are met.~~ For involuntary inpatient
1161 placement, the patient must have been examined within the

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1162 preceding 72 hours. For involuntary outpatient services the
1163 patient must have been examined within the preceding 30 days.

1164 (c) If However, if the administrator certifies that a
1165 psychiatrist or clinical psychologist with at least 3 years of
1166 clinical experience is not available to provide a the second
1167 opinion, the petitioner must certify that a clinical
1168 psychologist is not available and the second opinion may be
1169 provided by a licensed physician who has postgraduate training
1170 and experience in diagnosis and treatment of mental illness, a
1171 clinical psychologist, or by a psychiatric nurse.

1172 (d) Any opinion authorized in this subsection may be
1173 conducted through a face-to-face or in-person examination, in
1174 person, or by electronic means. Recommendations for involuntary
1175 services must be Such recommendation shall be entered on a
1176 petition for involuntary services inpatient placement
1177 certificate, which shall be made a part of the patient's
1178 clinical record. The petition must either authorize the facility
1179 to retain the patient pending completion of a hearing or
1180 authorize that authorizes the facility to retain the patient
1181 pending transfer to a treatment facility or completion of a
1182 hearing.

1183 (4)-(3) PETITION FOR INVOLUNTARY SERVICES INPATIENT
1184 PLACEMENT.-

1185 (a) A petition for involuntary services may be filed by:

1186 1. The administrator of a receiving the facility;

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1187 2. The administrator of a treatment facility; or

1188 3. A service provider who is treating the person being
1189 petitioned.

1190 (b) A ~~shall file a~~ petition for involuntary inpatient
1191 placement, or inpatient placement followed by outpatient
1192 services, must be filed in the court in the county where the
1193 patient is located.

1194 (c) A petition for involuntary outpatient services must be
1195 filed in the county where the patient is located, unless the
1196 patient is being placed from a state treatment facility, in
1197 which case the petition must be filed in the county where the
1198 patient will reside.

1199 (d)1. The petitioner must state in the petition:

1200 a. Whether the petitioner is recommending inpatient
1201 placement, outpatient services, or both.

1202 b. The length of time recommended for each type of
1203 involuntary services.

1204 c. The reasons for the recommendation.

1205 2. If recommending involuntary outpatient services, or a
1206 combination of involuntary inpatient placement and outpatient
1207 services, the petitioner must identify the service provider that
1208 has agreed to provide services for the person under an order for
1209 involuntary outpatient services, unless the person is otherwise
1210 participating in outpatient psychiatric treatment and is not in
1211 need of public financing for that treatment, in which case the

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1212 individual, if eligible, may be ordered to involuntary treatment
1213 pursuant to the existing psychiatric treatment relationship.
1214 3. If recommending an immediate order to involuntary
1215 outpatient services, the petitioner shall prepare a written
1216 proposed services plan in consultation with the patient or the
1217 patient's guardian advocate, if appointed, for the court's
1218 consideration for inclusion in the involuntary outpatient
1219 services order that addresses the nature and extent of the
1220 mental illness and any co-occurring substance use disorder that
1221 necessitate involuntary outpatient services. The services plan
1222 must specify the likely needed level of care, including the use
1223 of medication, and anticipated discharge criteria for
1224 terminating involuntary outpatient services. The services in the
1225 plan must be deemed clinically appropriate by a physician,
1226 clinical psychologist, psychiatric nurse, mental health
1227 counselor, marriage and family therapist, or clinical social
1228 worker who consults with, or is employed or contracted by, the
1229 service provider. If the services in the proposed services plan
1230 are not available, the petitioner may not file the petition. The
1231 petitioner must notify the managing entity if the requested
1232 services are not available. The managing entity must document
1233 such efforts to obtain the requested service. The service
1234 provider who accepts the patient for involuntary outpatient
1235 services is responsible for the development of a comprehensive
1236 treatment plan.

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1237 (e) Each required criterion for the recommended
1238 involuntary services must be alleged and substantiated in the
1239 petition. A copy of the recommended services plan, if
1240 applicable, must be attached to the petition. The court must
1241 accept petitions and other documentation with electronic
1242 signatures.

1243 (f) When the petition has been filed ~~Upon filing,~~ the
1244 clerk of the court shall provide copies of the petition and, if
1245 applicable, the recommended services plan to the department, the
1246 managing entity, the patient, the patient's guardian or
1247 representative, and the state attorney, and the public defender
1248 or the patient's private counsel ~~of the judicial circuit in~~
1249 ~~which the patient is located.~~ A fee may not be charged for the
1250 filing of a petition under this subsection.

1251 (5)-(4) APPOINTMENT OF COUNSEL.—Within 1 court working day
1252 after the filing of a petition for involuntary services
1253 ~~inpatient placement,~~ the court shall appoint the public defender
1254 to represent the person who is the subject of the petition,
1255 unless the person is otherwise represented by counsel or
1256 ineligible. The clerk of the court shall immediately notify the
1257 public defender of such appointment. The public defender shall
1258 represent the person until the petition is dismissed, the court
1259 order expires, or the patient is discharged from involuntary
1260 services. Any attorney who represents ~~representing~~ the patient
1261 shall be provided ~~have~~ access to the patient, witnesses, and

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1262 records relevant to the presentation of the patient's case and
1263 shall represent the interests of the patient, regardless of the
1264 source of payment to the attorney.

1265 ~~(6)-(5)~~ CONTINUANCE OF HEARING.—The patient and the state
1266 are independently is entitled, with the concurrence of the
1267 patient's counsel, to at least one continuance of the hearing.
1268 The patient's continuance may be for a period of up to 4 weeks
1269 and requires the concurrence of the patient's counsel. The
1270 state's continuance may be for a period of up to 5 court working
1271 days and requires a showing of good cause and due diligence by
1272 the state before requesting the continuance. The state's failure
1273 to timely review any readily available document or failure to
1274 attempt to contact a known witness does not warrant a
1275 continuance.

1276 ~~(7)-(6)~~ HEARING ON INVOLUNTARY SERVICES ~~INPATIENT~~
1277 ~~PLACEMENT.~~—

1278 (a)1. The court shall hold a the hearing on the
1279 involuntary services petition inpatient placement within 5 court
1280 working days after the filing of the petition, unless a
1281 continuance is granted.

1282 2. The court must hold any hearing on involuntary
1283 outpatient services in the county where the petition is filed. A
1284 hearing on involuntary inpatient placement, or a combination of
1285 involuntary inpatient placement and involuntary outpatient
1286 services, Except for good cause documented in the court file,

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1287 ~~the hearing~~ must be held in the county or the facility, as
1288 appropriate, where the patient is located, except for good cause
1289 documented in the court file.

1290 3. A hearing on involuntary services must be as convenient
1291 to the patient as is consistent with orderly procedure, and
1292 shall be conducted in physical settings not likely to be
1293 injurious to the patient's condition. If the court finds that
1294 the patient's attendance at the hearing is not consistent with
1295 the best interests of the patient, or the patient knowingly,
1296 intelligently, and voluntarily waives his or her right to be
1297 present, and if the patient's counsel does not object, the court
1298 may waive the attendance presence of the patient from all or any
1299 portion of the hearing. The state attorney for the circuit in
1300 which the patient is located shall represent the state, rather
1301 than the petitioner, as the real party in interest in the
1302 proceeding. The facility shall make the respondent's clinical
1303 records available to the state attorney and the respondent's
1304 attorney so that the state can evaluate and prepare its case.
1305 However, these records shall remain confidential, and the state
1306 attorney may not use any record obtained under this part for
1307 criminal investigation or prosecution purposes, or for any
1308 purpose other than the patient's civil commitment under this
1309 chapter petitioning facility administrator, as the real party in
1310 interest in the proceeding. (b)3. The court may appoint a
1311 magistrate to preside at the hearing. Upon a finding of good

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1312 cause, the court may permit all witnesses, including, but not
1313 limited to, medical professionals who are or have been involved
1314 with the patient's treatment, to remotely attend and testify at
1315 the hearing under oath via audio-video teleconference. A witness
1316 intending to remotely attend and testify must provide the
1317 parties with all relevant documents by the close of business on
1318 the day before the hearing. One of the professionals who
1319 executed the ~~petition for~~ involuntary services ~~inpatient~~
1320 ~~placement~~ certificate shall be a witness. The patient and the
1321 patient's guardian or representative shall be informed by the
1322 court of the right to an independent expert examination. If the
1323 patient cannot afford such an examination, the court shall
1324 ensure that one is provided, as otherwise provided for by law.
1325 The independent expert's report is confidential and not
1326 discoverable, unless the expert is to be called as a witness for
1327 the patient at the hearing. The court shall allow testimony from
1328 persons, including family members, deemed by the court to be
1329 relevant under state law, regarding the person's prior history
1330 and how that prior history relates to the person's current
1331 condition. The testimony in the hearing must be given under
1332 oath, and the proceedings must be recorded. The patient may
1333 refuse to testify at the hearing.

1334 (c) ~~(b)~~ At the hearing, the court shall consider testimony
1335 and evidence regarding the patient's competence to consent to
1336 services and treatment. If the court finds that the patient is

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1337 incompetent to consent to treatment, it shall appoint a guardian
1338 advocate as provided in s. 394.4598.

1339 (8) ORDERS OF THE COURT.—

1340 (a)1. If the court concludes that the patient meets the
1341 criteria for involuntary services, the court may order a patient
1342 to involuntary inpatient placement, involuntary outpatient
1343 services, or a combination of involuntary services depending on
1344 the criteria met and which type of involuntary services best
1345 meet the needs of the patient. However, if the court orders the
1346 patient to involuntary outpatient services, the court may not
1347 order the department or the service provider to provide services
1348 if the program or service is not available in the patient's
1349 local community, if there is no space available in the program
1350 or service for the patient, or if funding is not available for
1351 the program or service. The petitioner must notify the managing
1352 entity if the requested services are not available. The managing
1353 entity must document such efforts to obtain the requested
1354 services. A copy of the order must be sent to the managing
1355 entity by the service provider within 1 working day after it is
1356 received from the court.

1357 2. The order must specify the nature and extent of the
1358 patient's mental illness.

1359 3.a. An order for only involuntary outpatient services
1360 shall be for a period of up to 90 days.

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1361 b. An order for involuntary inpatient placement, or a
1362 combination of inpatient placement and outpatient services, may
1363 be up to 6 months.

1364 4. An order for a combination of involuntary services
1365 shall specify the length of time the patient shall be ordered
1366 for involuntary inpatient placement and involuntary outpatient
1367 services.

1368 5. The order of the court and the patient's services plan,
1369 if applicable, must be made part of the patient's clinical
1370 record.

1371 (b) If the court orders a patient into involuntary
1372 inpatient placement, the court ~~it~~ may order that the patient be
1373 transferred to a treatment facility, ~~or,~~ if the patient is at a
1374 treatment facility, that the patient be retained there or be
1375 treated at any other appropriate facility, or that the patient
1376 receive services, ~~on an involuntary basis, for up to 90 days.~~
1377 ~~However, any order for involuntary mental health services in a~~
1378 ~~treatment facility may be for up to 6 months. The order shall~~
1379 ~~specify the nature and extent of the patient's mental illness.~~
1380 The court may not order an individual with a developmental
1381 disability as defined in s. 393.063 or a traumatic brain injury
1382 or dementia who lacks a co-occurring mental illness to be
1383 involuntarily placed in a state treatment facility. ~~The facility~~
1384 ~~shall discharge a patient any time the patient no longer meets~~

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1385 ~~the criteria for involuntary inpatient placement, unless the~~
1386 ~~patient has transferred to voluntary status.~~

1387 (c) If at any time before the conclusion of a ~~the~~ hearing
1388 on involuntary services, ~~inpatient placement~~ it appears to the
1389 court that the patient ~~person does not meet the criteria for~~
1390 ~~involuntary inpatient placement under this section, but instead~~
1391 meets the criteria for involuntary ~~outpatient services~~, the
1392 court ~~may order the person evaluated for involuntary outpatient~~
1393 ~~services pursuant to s. 394.4655. The petition and hearing~~
1394 ~~procedures set forth in s. 394.4655 shall apply. If the person~~
1395 ~~instead meets the criteria for involuntary assessment,~~
1396 ~~protective custody, or involuntary admission~~ or treatment
1397 pursuant to s. 397.675, then the court may order the person to
1398 be admitted for involuntary assessment ~~for a period of 5 days~~
1399 pursuant to s. 397.675 ~~s. 397.6811~~. Thereafter, all proceedings
1400 are governed by chapter 397.

1401 ~~(d) At the hearing on involuntary inpatient placement, the~~
1402 ~~court shall consider testimony and evidence regarding the~~
1403 ~~patient's competence to consent to treatment. If the court finds~~
1404 ~~that the patient is incompetent to consent to treatment, it~~
1405 ~~shall appoint a guardian advocate as provided in s. 394.4598.~~

1406 ~~(d)-(e)~~ The administrator of the petitioning facility or
1407 the designated department representative shall provide a copy of
1408 the court order and adequate documentation of a patient's mental
1409 illness to the service provider for involuntary outpatient

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1410 services or the administrator of a treatment facility if the
1411 patient is ordered for involuntary inpatient placement,~~whether~~
1412 ~~by civil or criminal court.~~ The documentation must include any
1413 advance directives made by the patient, a psychiatric evaluation
1414 of the patient, and any evaluations of the patient performed by
1415 a psychiatric nurse, a clinical psychologist, a marriage and
1416 family therapist, a mental health counselor, or a clinical
1417 social worker. The administrator of a treatment facility may
1418 refuse admission to any patient directed to its facilities on an
1419 involuntary basis, whether by civil or criminal court order, who
1420 is not accompanied by adequate orders and documentation.

1421 (9) SERVICE PLAN MODIFICATION—After the order for
1422 involuntary outpatient services is issued, the service provider
1423 and the patient may modify the services plan. For any material
1424 modification of the services plan to which the patient or, if
1425 one is appointed, the patient's guardian advocate agrees, the
1426 service provider shall send notice of the modification to the
1427 court. Any material modifications of the services plan which are
1428 contested by the patient or the patient's guardian advocate, if
1429 applicable, must be approved or disapproved by the court
1430 consistent with subsection (4).

1431 (10) NONCOMPLIANCE WITH INVOLUNTARY OUTPATIENT SERVICES.—
1432 If, in the clinical judgment of a physician, a patient receiving
1433 involuntary outpatient services has failed or has refused to
1434 comply with the services plan ordered by the court, and efforts

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1435 were made to solicit compliance, the service provider must
1436 report such noncompliance to the court. The involuntary
1437 outpatient services order shall remain in effect unless the
1438 service provider determines that the patient no longer meets the
1439 criteria for involuntary outpatient services or until the order
1440 expires. The service provider must determine whether
1441 modifications should be made to the existing services plan and
1442 must attempt to continue to engage the patient in treatment. For
1443 any material modification of the services plan to which the
1444 patient or the patient's guardian advocate, if applicable,
1445 agrees, the service provider shall send notice of the
1446 modification to the court. Any material modifications of the
1447 services plan which are contested by the patient or the
1448 patient's guardian advocate, if applicable, must be approved or
1449 disapproved by the court consistent with subsection (4).

1450 (11)-(7) PROCEDURE FOR CONTINUED INVOLUNTARY SERVICES
1451 INPATIENT PLACEMENT.-

1452 (a) A petition for continued involuntary services shall be
1453 filed if the patient continues to meets the criteria for
1454 involuntary services.

1455 (b)1. If a patient receiving involuntary outpatient
1456 services continues to meet the criteria for involuntary
1457 outpatient services, the service provider shall file in the
1458 court that issued the initial order for involuntary outpatient

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1459 services a petition for continued involuntary outpatient
1460 services.

1461 2. If a patient in involuntary inpatient placement

1462 ~~(a) Hearings on petitions for continued involuntary~~
1463 ~~inpatient placement of an individual placed at any treatment~~
1464 ~~facility are administrative hearings and must be conducted in~~
1465 ~~accordance with s. 120.57(1), except that any order entered by~~
1466 ~~the administrative law judge is final and subject to judicial~~
1467 ~~review in accordance with s. 120.68. Orders concerning patients~~
1468 ~~committed after successfully pleading not guilty by reason of~~
1469 ~~insanity are governed by s. 916.15.~~

1470 ~~(b) If the patient continues to meet the criteria for~~
1471 ~~involuntary inpatient placement and is being treated at a~~
1472 ~~treatment receiving facility, the administrator shall, before~~
1473 ~~the expiration of the period the treatment receiving facility is~~
1474 ~~authorized to retain the patient, file in the court that issued~~
1475 ~~the initial order for involuntary inpatient placement, a~~
1476 ~~petition requesting authorization for continued involuntary~~
1477 ~~inpatient placement.~~

1478 3. Hearings on petitions for continued involuntary
1479 inpatient placement of an individual placed at any treatment
1480 facility are administrative hearings and must be conducted in
1481 accordance with s. 120.57(1), except that any order entered by
1482 the judge is final and subject to judicial review in accordance
1483 with s. 120.68. Orders concerning patients committed after

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1484 successfully pleading not guilty by reason of insanity are
1485 governed by s. 916.15.

1486 4. The court shall immediately schedule a hearing on the
1487 petition to be held within 15 days after the petition is filed.

1488 5. The existing involuntary services order shall remain in
1489 effect until disposition on the petition for continued
1490 involuntary services.

1491 (c) The ~~petition request~~ must be accompanied by a
1492 statement from the patient's physician, psychiatrist,
1493 psychiatric nurse, or clinical psychologist justifying the
1494 request, a brief description of the patient's treatment during
1495 the time he or she was receiving involuntary services
1496 ~~involuntarily placed~~, and an individualized plan of continued
1497 treatment- developed in consultation with the patient or the
1498 patient's guardian advocate, if applicable. When the petition
1499 has been filed, the clerk of the court shall provide copies of
1500 the petition and the individualized plan of continued services
1501 to the department, the patient, the patient's guardian advocate,
1502 the state attorney, and the patient's private counsel or the
1503 public defender.

1504 (d) The court shall appoint counsel to represent the
1505 person who is the subject of the petition for continued
1506 involuntary services in accordance to the provisions set forth
1507 in subsection (5), unless the person is otherwise represented by
1508 counsel or ineligible.

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1509 (e) Hearings on petitions for continued involuntary
1510 outpatient services must be before the court that issued the
1511 order for involuntary outpatient services. However, the patient
1512 and the patient's attorney may agree to a period of continued
1513 outpatient services without a court hearing.

1514 (f) Hearings on petitions for continued involuntary
1515 inpatient placement in receiving facilities must be held in the
1516 county or the facility, as appropriate, where the patient is
1517 located.

1518 (g) The court may appoint a magistrate to preside at the
1519 hearing. The procedures for obtaining an order pursuant to this
1520 paragraph must meet the requirements of subsection (7).

1521 (h) Notice of the hearing must be provided as set forth
1522 provided in s. 394.4599.

1523 (i) If a patient's attendance at the hearing is
1524 voluntarily waived, the ~~administrative law~~ judge must determine
1525 that the patient knowingly, intelligently, and voluntarily
1526 waived his or her right to be present, ~~waiver is knowing and~~
1527 ~~voluntary~~ before waiving the presence of the patient from all or
1528 a portion of the hearing. Alternatively, if at the hearing the
1529 ~~administrative law~~ judge finds that attendance at the hearing is
1530 not consistent with the best interests of the patient, the
1531 ~~administrative law~~ judge may waive the presence of the patient
1532 from all or any portion of the hearing, unless the patient,
1533 through counsel, objects to the waiver of presence. The

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1534 testimony in the hearing must be under oath, and the proceedings
1535 must be recorded.

1536 ~~(c) Unless the patient is otherwise represented or is~~
1537 ~~ineligible, he or she shall be represented at the hearing on the~~
1538 ~~petition for continued involuntary inpatient placement by the~~
1539 ~~public defender of the circuit in which the facility is located.~~

1540 (k)(d) If at a hearing it is shown that the patient
1541 continues to meet the criteria for involuntary services
1542 inpatient placement, the court administrative law judge shall
1543 issue an sign the order for continued involuntary outpatient
1544 services inpatient placement for up to 90 days or. However, any
1545 order for involuntary inpatient placement, or mental health
1546 services in a combination of involuntary services treatment
1547 facility may be for up to 6 months. The same procedure shall be
1548 repeated before the expiration of each additional period the
1549 patient is retained.

1550 (l) If the patient has been ordered to undergo involuntary
1551 services and has previously been found incompetent to consent to
1552 treatment, the court shall consider testimony and evidence
1553 regarding the patient's competence. If the patient's competency
1554 to consent to treatment is restored, the discharge of the
1555 guardian advocate shall be governed by s. 394.4598. If the
1556 patient has been ordered to undergo involuntary inpatient
1557 placement only and the patient's competency to consent to
1558 treatment is restored, the administrative law judge may issue a

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1559 recommended order, to the court that found the patient
1560 incompetent to consent to treatment, that the patient's
1561 competence be restored and that any guardian advocate previously
1562 appointed be discharged.

1563 (m)-(e) If continued involuntary inpatient placement is
1564 necessary for a patient in involuntary inpatient placement who
1565 was admitted while serving a criminal sentence, but his or her
1566 sentence is about to expire, or for a minor involuntarily
1567 placed, but who is about to reach the age of 18, the
1568 administrator shall petition the administrative law judge for an
1569 order authorizing continued involuntary inpatient placement.
1570 The procedure required in this subsection must be followed
1571 before the expiration of each additional period the patient is
1572 involuntarily receiving services.

1573 (12)-(8) RETURN TO FACILITY.—If a patient has been ordered
1574 to undergo involuntary inpatient placement ~~involuntarily~~ held at
1575 a treatment facility under this part leaves the facility without
1576 the administrator's authorization, the administrator may
1577 authorize a search for the patient and his or her return to the
1578 facility. The administrator may request the assistance of a law
1579 enforcement agency in this regard.

1580 (13) DISCHARGE—The patient shall be discharged upon
1581 expiration of the court order or at any time the patient no
1582 longer meets the criteria for involuntary services, unless the
1583 patient has transferred to voluntary status. Upon discharge, the

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1584 service provider or facility shall send a certificate of
1585 discharge to the court.

1586 Section 13. Subsection (2) of section 394.468, Florida
1587 Statutes, is amended and subsection (3) is added to that section
1588 to read:

1589 394.468 Admission and discharge procedures.—

1590 (2) Discharge planning and procedures for any patient's
1591 release from a receiving facility or treatment facility must
1592 include and document the patient's needs, and actions to address
1593 such needs, for consideration of, at a minimum:

1594 (a) Follow-up behavioral health appointments;

1595 (b) Information on how to obtain prescribed medications;

1596 and

1597 (c) Information pertaining to:

1598 1. Available living arrangements;

1599 2. Transportation; and

1600 (d) Referral to:

1601 1. Care coordination services. The patient must be
1602 referred for care coordination services if the patient meets the
1603 criteria as a member of a priority population as determined by
1604 the department under s. 394.9082(3)(c) and is in need of such
1605 services.

1606 ~~2.3.~~ Recovery support opportunities under s.
1607 394.4573(2)(1), including, but not limited to, connection to a
1608 peer specialist.

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1609 (3) During the discharge transition process and while the
1610 patient is present unless determined inappropriate by a
1611 physician or psychiatric nurse practicing within the framework
1612 of an established protocol with a psychiatrist, a receiving
1613 facility shall coordinate, face-to-face or through electronic
1614 means, discharge plans to a less restrictive community
1615 behavioral health provider, a peer specialist, a case manager,
1616 or a care coordination service. The transition process must
1617 include all of the following criteria:

1618 (a) Implementation of policies and procedures outlining
1619 strategies for how the receiving facility will comprehensively
1620 address the needs of patients who demonstrate a high use of
1621 receiving facility services to avoid or reduce future use of
1622 crisis stabilization services.

1623 (b) Developing and including in discharge paperwork a
1624 personalized crisis prevention plan that identifies stressors,
1625 early warning signs or symptoms, and strategies to deal with
1626 crisis.

1627 (c) Requiring a staff member to seek to engage a family
1628 member, legal guardian, legal representative, or natural support
1629 in discharge planning and meet face to face or through
1630 electronic means to review the discharge instructions, including
1631 prescribed medications, follow-up appointments, and any other
1632 recommended services or follow-up resources, and document the
1633 outcome of such meeting.

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1634 (d) When the recommended level of care at discharge is not
1635 immediately available to the patient, the receiving facility
1636 must, at a minimum, initiate a referral to an appropriate
1637 provider to meet the needs of the patient to continue care until
1638 the recommended level of care is available.

1639 Section 14. Section 394.4915, Florida Statutes, is created
1640 to read:

1641 394.4915 Office of Children's Behavioral Health
1642 Ombudsman.-The Office of Children's Behavioral Health Ombudsman
1643 is established within the department for the purpose of being a
1644 central point to receive complaints on behalf of children and
1645 adolescents with behavioral health disorders receiving state-
1646 funded services and use such information to improve the child
1647 and adolescent mental health treatment and support system. The
1648 department and managing entities shall include information about
1649 and contact information for the office placed prominently on
1650 their websites on easily accessible web pages related to
1651 children and adolescent behavioral health services. To the
1652 extent permitted by available resources, the office shall, at a
1653 minimum:

1654 (1) Receive and direct to the appropriate contact within
1655 the department, the Agency for Health Care Administration, or
1656 the appropriate organizations providing behavioral health
1657 services complaints from children and adolescents and their

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1658 families about the child and adolescent mental health treatment
1659 and support system.

1660 (2) Maintain records of complaints received and the
1661 actions taken.

1662 (3) Be a resource to identify and explain relevant
1663 policies or procedures to children, adolescents, and their
1664 families about the child and adolescent mental health treatment
1665 and support system.

1666 (4) Provide recommendations to the department to address
1667 systemic problems within the child and adolescent mental health
1668 treatment and support system that are leading to complaints. The
1669 department shall include an analysis of complaints and
1670 recommendations in the report required under s. 394.4573.

1671 (5) Engage in functions that may improve the child and
1672 adolescent mental health treatment and support system.

1673 Section 15. Subsection (3) of section 394.495, Florida
1674 Statutes, is amended to read:

1675 394.495 Child and adolescent mental health system of care;
1676 programs and services.—

1677 (3) Assessments must be performed by:

1678 (a) A clinical psychologist, clinical social worker,
1679 physician, psychiatric nurse, or psychiatrist, as those terms
1680 are defined in s. 394.455 ~~professional as defined in s.~~
1681 ~~394.455(5), (7), (33), (36), or (37);~~

1682 (b) A professional licensed under chapter 491; or

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1683 (c) A person who is under the direct supervision of a
1684 clinical psychologist, clinical social worker, physician,
1685 psychiatric nurse, or psychiatrist, as those terms are defined
1686 in s. 394.455, ~~qualified professional as defined in s.~~
1687 ~~394.455(5), (7), (33), (36), or (37)~~ or a professional licensed
1688 under chapter 491.

1689 Section 16. Subsection (5) of section 394.496, Florida
1690 Statutes, is amended to read:

1691 394.496 Service planning.—

1692 (5) A clinical psychologist, clinical social worker,
1693 physician, psychiatric nurse, or psychiatrist, as those terms
1694 are defined in s. 394.455, ~~professional as defined in s.~~
1695 ~~394.455(5), (7), (33), (36), or (37)~~ or a professional licensed
1696 under chapter 491 must be included among those persons
1697 developing the services plan.

1698 Section 17. Paragraph (a) of subsection (2) of section
1699 394.499, Florida Statutes, is amended to read:

1700 394.499 Integrated children's crisis stabilization
1701 unit/juvenile addictions receiving facility services.—

1702 (2) Children eligible to receive integrated children's
1703 crisis stabilization unit/juvenile addictions receiving facility
1704 services include:

1705 (a) A minor whose parent makes ~~person under 18 years of~~
1706 ~~age for whom~~ voluntary application based on the parent's express
1707 and informed consent, and the requirements of s. 394.4625(1) (a)

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1708 ~~are met is made by his or her guardian, if such person is found~~
1709 ~~to show evidence of mental illness and to be suitable for~~
1710 ~~treatment pursuant to s. 394.4625. A person under 18 years of~~
1711 ~~age may be admitted for integrated facility services only after~~
1712 ~~a hearing to verify that the consent to admission is voluntary.~~

1713 Section 18. Paragraphs (a) and (d) of subsection (1) of
1714 section 394.875, Florida Statutes, are amended to read:

1715 394.875 Crisis stabilization units, residential treatment
1716 facilities, and residential treatment centers for children and
1717 adolescents; authorized services; license required.-

1718 (1)(a) The purpose of a crisis stabilization unit is to
1719 stabilize and redirect a client to the most appropriate and
1720 least restrictive community setting available, consistent with
1721 the client's needs. Crisis stabilization units may screen,
1722 assess, and admit for stabilization persons who present
1723 themselves to the unit and persons who are brought to the unit
1724 under s. 394.463. Clients may be provided 24-hour observation,
1725 medication prescribed by a physician, ~~or~~ psychiatrist, or
1726 psychiatric nurse practicing within the framework of an
1727 established protocol with a psychiatrist, and other appropriate
1728 services. Crisis stabilization units shall provide services
1729 regardless of the client's ability to pay ~~and shall be limited~~
1730 ~~in size to a maximum of 30 beds.~~

1731 ~~(d) The department is directed to implement a~~
1732 ~~demonstration project in circuit 18 to test the impact of~~

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1733 ~~expanding beds authorized in crisis stabilization units from 30~~
1734 ~~to 50 beds. Specifically, the department is directed to~~
1735 ~~authorize existing public or private crisis stabilization units~~
1736 ~~in circuit 18 to expand bed capacity to a maximum of 50 beds and~~
1737 ~~to assess the impact such expansion would have on the~~
1738 ~~availability of crisis stabilization services to clients.~~

1739 Section 19. Section 394.90826, Florida Statutes, is
1740 created to read:

1741 394.90826 Behavioral Health Interagency Collaboration.--

1742 (1) The department and the Agency for Health Care
1743 Administration shall jointly establish behavioral health
1744 interagency collaboratives throughout the state with the goal of
1745 identifying and addressing ongoing challenges within the
1746 behavioral health system at the local level to improve the
1747 accessibility, availability, and quality of behavioral health
1748 services. The objectives of the regional collaboratives are to:

1749 a. Facilitate enhanced interagency communication and
1750 collaboration.

1751 b. Develop and promote regional strategies tailored to
1752 address community-level challenges in the behavioral health
1753 system.

1754 (2) The regional collaborative membership shall at a
1755 minimum be composed of representatives from the following,
1756 serving the region:

1757 a. Department of Children and Families;

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- 1758 b. Agency for Health Care Administration;
1759 c. Agency for Persons with Disabilities;
1760 d. Department of Elder Affairs;
1761 e. Department of Health;
1762 f. Department of Education;
1763 g. School districts;
1764 h. Area Agencies on Aging;
1765 i. Community-based care lead agencies, as defined in s.
1766 409.986(3) (d);
1767 j. Managing entities, as defined in s. 394.9082;
1768 k. Behavioral health services providers;
1769 l. Hospitals;
1770 m. Medicaid Managed Medical Assistance Plans;
1771 n. Police departments; and
1772 o. Sheriffs' Offices.

1773 (3) Each regional collaborative shall define the
1774 objectives of that collaborative based upon the specific needs
1775 of the region and local communities located within the region,
1776 to achieve the specified goals.

1777 (4) The department shall define the region to be served by
1778 each collaborative and shall be responsible for facilitating
1779 meetings.

1780 (5) All entities represented on the regional
1781 collaboratives shall provide assistance as appropriate and

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1782 reasonably necessary to fulfill the goals of the regional
1783 collaboratives.

1784 Section 20. Subsection (6) of section 394.9085, Florida
1785 Statutes, is amended to read:

1786 394.9085 Behavioral provider liability.—

1787 (6) For purposes of this section, the terms
1788 "detoxification ~~services,~~" "addictions receiving facility," and
1789 "receiving facility" have the same meanings as those provided in
1790 ss. 397.311(26) (a) 4. ~~397.311(26) (a) 3.,~~ 397.311(26) (a) 1., and
1791 394.455(41) ~~394.455(40),~~ respectively.

1792 Section 21. Subsection (3) of section 397.305, Florida
1793 Statutes, is amended to read:

1794 397.305 Legislative findings, intent, and purpose.—

1795 (3) It is the purpose of this chapter to provide for a
1796 comprehensive continuum of accessible and quality substance
1797 abuse prevention, intervention, clinical treatment, and recovery
1798 support services in the most appropriate and least restrictive
1799 environment which promotes long-term recovery while protecting
1800 and respecting the rights of individuals, primarily through
1801 community-based private not-for-profit providers working with
1802 local governmental programs involving a wide range of agencies
1803 from both the public and private sectors.

1804 Section 22. Subsections (19) and (23) of section 397.311,
1805 Florida Statutes, are amended to read:

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1806 397.311 Definitions.—As used in this chapter, except part
1807 VIII, the term:

1808 (19) "Impaired" or "substance abuse impaired" means having
1809 a substance use disorder or a condition involving the use of
1810 alcoholic beverages, illicit or prescription drugs, or any
1811 psychoactive or mood-altering substance in such a manner as to
1812 induce mental, emotional, or physical problems or ~~and~~ cause
1813 socially dysfunctional behavior.

1814 (23) "Involuntary treatment services" means an array of
1815 behavioral health services that may be ordered by the court for
1816 persons with substance abuse impairment or co-occurring
1817 substance abuse impairment and mental health disorders.

1818 Section 23. Subsection (6) is added to section 397.401,
1819 Florida Statutes, to read:

1820 397.401 License required; penalty; injunction; rules
1821 waivers.—

1822 (6) A service provider operating an addictions receiving
1823 facility or providing detoxification on a nonhospital inpatient
1824 basis may not exceed its licensed capacity by more than 10
1825 percent and may not exceed their licensed capacity for more than
1826 3 consecutive working days or for more than 7 days in 1 month.

1827 Section 24. Paragraph (i) is added to subsection (1) of
1828 section 397.4073, Florida Statutes, to read:

1829 397.4073 Background checks of service provider personnel.—

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1830 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
1831 EXCEPTIONS.—

1832 (i) A physician licensed under chapter 458 or chapter 459
1833 or a nurse licensed under chapter 464 who was required to
1834 undergo background screening by the Department of Health as part
1835 of his or her initial licensure or the renewal of licensure, and
1836 who has an active and unencumbered license, is not subject to
1837 background screening pursuant to this section.

1838 Section 25. Subsection (8) of section 397.501, Florida
1839 Statutes, is amended to read:

1840 397.501 Rights of individuals.—Individuals receiving
1841 substance abuse services from any service provider are
1842 guaranteed protection of the rights specified in this section,
1843 unless otherwise expressly provided, and service providers must
1844 ensure the protection of such rights.

1845 (8) RIGHT TO COUNSEL.—Each individual must be informed
1846 that he or she has the right to be represented by counsel in any
1847 judicial involuntary proceeding for involuntary assessment,
1848 ~~stabilization, or~~ treatment services and that he or she, or if
1849 the individual is a minor his or her parent, legal guardian, or
1850 legal custodian, may apply immediately to the court to have an
1851 attorney appointed if he or she cannot afford one.

1852 Section 26. Section 397.581, Florida Statutes, is amended
1853 to read:

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1854 397.581 Unlawful activities relating to assessment and
1855 treatment; penalties.—

1856 (1) A person may not knowingly and willfully:

1857 (a) Furnish ~~furnishing~~ false information for the purpose
1858 of obtaining emergency or other involuntary admission of another
1859 person ~~for any person is a misdemeanor of the first degree,~~
1860 ~~punishable as provided in s. 775.082 and by a fine not exceeding~~
1861 ~~\$5,000.~~

1862 (b)(2) Cause or otherwise secure, or conspire with or
1863 assist another to cause or secure ~~Causing or otherwise securing,~~
1864 ~~or conspiring with or assisting another to cause or secure,~~
1865 ~~without reason for believing a person to be impaired,~~ any
1866 emergency or other involuntary procedure of another ~~for the~~
1867 person under false pretenses ~~is a misdemeanor of the first~~
1868 ~~degree, punishable as provided in s. 775.082 and by a fine not~~
1869 ~~exceeding \$5,000.~~

1870 (c)(3) Cause, or conspire with or assist another to cause,
1871 without lawful justification ~~Causing, or conspiring with or~~
1872 ~~assisting another to cause,~~ the denial to any person of any
1873 right accorded pursuant to this chapter.

1874 (2) A person who violates subsection (1) commits ~~is a~~
1875 ~~misdemeanor of the first degree, punishable as provided in s.~~
1876 ~~775.082 and by a fine not exceeding \$5,000.~~

1877 Section 27. Section 397.675, Florida Statutes, is amended
1878 to read:

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1879 397.675 Criteria for involuntary admissions, including
1880 protective custody, emergency admission, and other involuntary
1881 assessment, involuntary treatment, and alternative involuntary
1882 assessment for minors, for purposes of assessment and
1883 stabilization, and for involuntary treatment.—A person meets the
1884 criteria for involuntary admission if there is good faith reason
1885 to believe that the person is substance abuse impaired or has a
1886 substance use disorder and a co-occurring mental health disorder
1887 and, because of such impairment or disorder:

1888 (1) Has lost the power of self-control with respect to
1889 substance abuse; and

1890 (2)(a) Is in need of substance abuse services and, by
1891 reason of substance abuse impairment, his or her judgment has
1892 been so impaired that he or she is incapable of appreciating his
1893 or her need for such services and of making a rational decision
1894 in that regard, although mere refusal to receive such services
1895 does not constitute evidence of lack of judgment with respect to
1896 his or her need for such services; or

1897 (b) Without care or treatment, is likely to suffer from
1898 neglect or refuse to care for himself or herself; that such
1899 neglect or refusal poses a real and present threat of
1900 substantial harm to his or her well-being; and that it is not
1901 apparent that such harm may be avoided through the help of
1902 willing, able, and responsible family members or friends or the
1903 provision of other services, or there is substantial likelihood

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1904 that the person has inflicted, or threatened to or attempted to
1905 inflict, or, unless admitted, is likely to inflict, physical
1906 harm on himself, herself, or another.

1907 Section 28. Subsection (1) of section 397.6751, Florida
1908 Statutes, is amended to read:

1909 397.6751 Service provider responsibilities regarding
1910 involuntary admissions.—

1911 (1) It is the responsibility of the service provider to:

1912 (a) Ensure that a person who is admitted to a licensed
1913 service component meets the admission criteria specified in s.
1914 397.675;

1915 (b) Ascertain whether the medical and behavioral
1916 conditions of the person, as presented, are beyond the safe
1917 management capabilities of the service provider;

1918 (c) Provide for the admission of the person to the service
1919 component that represents the most appropriate and least
1920 restrictive available setting that is responsive to the person's
1921 treatment needs;

1922 (d) Verify that the admission of the person to the service
1923 component does not result in a census in excess of its licensed
1924 service capacity;

1925 (e) Determine whether the cost of services is within the
1926 financial means of the person or those who are financially
1927 responsible for the person's care; and

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1928 (f) Take all necessary measures to ensure that each
1929 individual in treatment is provided with a safe environment, and
1930 to ensure that each individual whose medical condition or
1931 behavioral problem becomes such that he or she cannot be safely
1932 managed by the service component is discharged and referred to a
1933 more appropriate setting for care.

1934 Section 29. Section 397.681, Florida Statutes, is amended
1935 to read:

1936 397.681 Involuntary petitions; general provisions; court
1937 jurisdiction and right to counsel.—

1938 (1) JURISDICTION.—The courts have jurisdiction of
1939 ~~involuntary assessment and stabilization petitions and~~
1940 involuntary treatment petitions for substance abuse impaired
1941 persons, and such petitions must be filed with the clerk of the
1942 court in the county where the person resides ~~is located~~. The
1943 clerk of the court may not charge a fee for the filing of a
1944 petition under this section. The chief judge may appoint a
1945 general or special magistrate to preside over all or part of the
1946 proceedings. The alleged impaired person is named as the
1947 respondent.

1948 (2) RIGHT TO COUNSEL.— A respondent has the right to
1949 counsel at every stage of a judicial proceeding relating to a
1950 petition for his or her ~~involuntary assessment and a petition~~
1951 ~~for his or her~~ involuntary treatment for substance abuse
1952 impairment, but the respondent may waive that right if the

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1953 respondent is present and the court finds that such waiver is
1954 made knowingly, intelligently, and voluntarily. A respondent who
1955 desires counsel and is unable to afford private counsel has the
1956 right to court-appointed counsel and to the benefits of s.
1957 57.081. If the court believes that the respondent needs or
1958 desires the assistance of counsel, the court shall appoint such
1959 counsel for the respondent without regard to the respondent's
1960 wishes. If the respondent is a minor not otherwise represented
1961 in the proceeding, the court shall immediately appoint a
1962 guardian ad litem to act on the minor's behalf.

1963 Section 30. Section 397.693, Florida Statutes, is
1964 renumbered as 397.68111, Florida Statutes, and amended to read:

1965 397.68111 ~~397.693~~ Involuntary treatment.—A person may be
1966 the subject of a petition for court-ordered involuntary
1967 treatment pursuant to this part, if that person:

1968 (1) Reasonably appears to meet ~~meets~~ the criteria for
1969 involuntary admission provided in s. 397.675; ~~and:~~

1970 (2) ~~(1)~~ Has been placed under protective custody pursuant
1971 to s. 397.677 within the previous 10 days;

1972 (3) ~~(2)~~ Has been subject to an emergency admission pursuant
1973 to s. 397.679 within the previous 10 days; or

1974 (4) ~~(3)~~ Has been assessed by a qualified professional
1975 within 30 ~~5~~ days;

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1976 ~~(4) Has been subject to involuntary assessment and~~
1977 ~~stabilization pursuant to s. 397.6818 within the previous 12~~
1978 ~~days; or~~

1979 ~~(5) Has been subject to alternative involuntary admission~~
1980 ~~pursuant to s. 397.6822 within the previous 12 days.~~

1981 Section 31. Section 397.695, Florida Statutes, is
1982 renumbered as section 397.68112, Florida Statutes, and amended
1983 to read:

1984 397.68112 ~~397.695~~ Involuntary services; persons who may
1985 petition.—

1986 (1) If the respondent is an adult, a petition for
1987 involuntary treatment services may be filed by the respondent's
1988 spouse or legal guardian, any relative, a service provider, or
1989 an adult who has direct personal knowledge of the respondent's
1990 substance abuse impairment and his or her prior course of
1991 assessment and treatment.

1992 (2) If the respondent is a minor, a petition for
1993 involuntary treatment services may be filed by a parent, legal
1994 guardian, or service provider.

1995 (3) The court may prohibit, or a law enforcement agency
1996 may waive, any service of process fees if a petitioner is
1997 determined to be indigent.

1998 Section 32. Section 397.6951, Florida Statutes, is
1999 renumbered as 397.68141, Florida Statutes, and amended to read:

2000 397.68141 ~~397.6951~~ Contents of petition for involuntary

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2001 treatment services.—A petition for involuntary services must
2002 contain the name of the respondent; the name of the petitioner
2003 ~~or petitioners;~~ the relationship between the respondent and the
2004 petitioner; the name of the respondent's attorney, if known; ~~the~~
2005 ~~findings and recommendations of the assessment performed by the~~
2006 ~~qualified professional;~~ and the factual allegations presented by
2007 the petitioner establishing the need for involuntary ~~outpatient~~
2008 services for substance abuse impairment. The factual allegations
2009 must demonstrate:

2010 (1) The reason for the petitioner's belief that the
2011 respondent is substance abuse impaired;

2012 (2) The reason for the petitioner's belief that because of
2013 such impairment the respondent has lost the power of self-
2014 control with respect to substance abuse; and

2015 (3) (a) The reason the petitioner believes that the
2016 respondent has inflicted or is likely to inflict physical harm
2017 on himself or herself or others unless the court orders the
2018 involuntary services; or

2019 (b) The reason the petitioner believes that the
2020 respondent's refusal to voluntarily receive care is based on
2021 judgment so impaired by reason of substance abuse that the
2022 respondent is incapable of appreciating his or her need for care
2023 and of making a rational decision regarding that need for care.

2024 (4) The petition may be accompanied by a certificate or
2025 report of a qualified professional who examined the respondent

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2026 within 30 days before the petition was filed. The certificate or
2027 report must include the qualified professional's findings
2028 relating to his or her assessment of the patient and his or her
2029 treatment recommendations. If the respondent was not assessed
2030 before the filing of a treatment petition or refused to submit
2031 to an evaluation, the lack of assessment or refusal must be
2032 noted in the petition.

2033 (5) If there is an emergency, the petition must also
2034 describe the respondent's exigent circumstances and include a
2035 request for an ex parte assessment and stabilization order that
2036 must be executed pursuant to s. 397.68151.

2037 Section 33. Section 397.6955, Florida Statutes, is
2038 renumbered as section 397.68151, Florida Statutes, and amended
2039 to read:

2040 397.68151 ~~397.6955~~ Duties of court upon filing of petition
2041 for involuntary services.-

2042 (1) Upon the filing of a petition for involuntary services
2043 for a substance abuse impaired person with the clerk of the
2044 court, the court shall immediately determine whether the
2045 respondent is represented by an attorney or whether the
2046 appointment of counsel for the respondent is appropriate. If the
2047 court appoints counsel for the person, the clerk of the court
2048 shall immediately notify the office of criminal conflict and
2049 civil regional counsel, created pursuant to s. 27.511, of the
2050 appointment. The office of criminal conflict and civil regional

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2051 counsel shall represent the person until the petition is
2052 dismissed, the court order expires, ~~or~~ the person is discharged
2053 from involuntary treatment services, or the office is otherwise
2054 discharged by the court. An attorney that represents the person
2055 named in the petition shall have access to the person,
2056 witnesses, and records relevant to the presentation of the
2057 person's case and shall represent the interests of the person,
2058 regardless of the source of payment to the attorney.

2059 (2) The court shall schedule a hearing to be held on the
2060 petition within 10 court working 5 days unless a continuance is
2061 granted. The court may appoint a magistrate to preside at the
2062 hearing.

2063 (3) A copy of the petition and notice of the hearing must
2064 be provided to the respondent; the respondent's parent,
2065 guardian, or legal custodian, in the case of a minor; the
2066 respondent's attorney, if known; the petitioner; the
2067 respondent's spouse or guardian, if applicable; and such other
2068 persons as the court may direct. If the respondent is a minor, a
2069 copy of the petition and notice of the hearing must be
2070 personally delivered to the respondent. The clerk ~~court~~ shall
2071 also issue a summons to the person whose admission is sought and
2072 unless a circuit court's chief judge authorizes disinterested
2073 private process servers to serve parties under this chapter, a
2074 law enforcement agency must effect such service on the person
2075 whose admission is sought for the initial treatment hearing.

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2076 Section 34. Section 397.6818, Florida Statutes, is amended
2077 to read:

2078 397.6818 Court determination.—

2079 (1) When the petitioner asserts that emergency
2080 circumstances exist, or when upon review of the petition the
2081 court determines that an emergency exists, the court may rely
2082 solely on the contents of the petition and, without the
2083 appointment of an attorney, enter an ex parte order for the
2084 respondent's involuntary assessment and stabilization which must
2085 be executed during the period when the hearing on the petition
2086 for treatment is pending.

2087 (2) The court may further order a law enforcement officer
2088 or another designated agent of the court to:

2089 (a) Take the respondent into custody and deliver him or
2090 her for evaluation to either the nearest appropriate licensed
2091 service provider or a licensed service provider designated by
2092 the court.

2093 (b) Serve the respondent with the notice of hearing and a
2094 copy of the petition.

2095 (3) The service provider may not hold the respondent for
2096 longer than 72 hours of observation, unless:

2097 (a) The service provider seeks additional time under s.
2098 397.6957(1)(c) and the court, after a hearing, grants that
2099 motion;

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2100 (b) The respondent shows signs of withdrawal, or a need to
2101 be either detoxified or treated for a medical condition, which
2102 shall extend the amount of time the respondent may be held for
2103 observation until the issue is resolved but no later than the
2104 scheduled hearing date, absent a court-approved extension; or

2105 (c) The original or extended observation period ends on a
2106 weekend or holiday, including the hours before the ordinary
2107 business hours of the following workday morning, in which case
2108 the provider may hold the respondent until the next court
2109 working day.

2110 (4) If the ex parte order was not executed by the initial
2111 hearing date, it shall be deemed void. However, should the
2112 respondent not appear at the hearing for any reason, including
2113 lack of service, and upon reviewing the petition, testimony, and
2114 evidence presented, the court reasonably believes the respondent
2115 meets this chapter's commitment criteria and that a substance
2116 abuse emergency exists, the court may issue or reissue an ex
2117 parte assessment and stabilization order that is valid for 90
2118 days. If the respondent's location is known at the time of the
2119 hearing, the court:

2120 (a) Shall continue the case for no more than 10 court
2121 working days; and

2122 (b) May order a law enforcement officer or another
2123 designated agent of the court to:

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2124 1. Take the respondent into custody and deliver him or her
2125 for evaluation to either the nearest appropriate licensed
2126 service provider or a licensed service provider designated by
2127 the court; and

2128 2. If a hearing date is set, serve the respondent with
2129 notice of the rescheduled hearing and a copy of the involuntary
2130 treatment petition if the respondent has not already been
2131 served.

2132
2133 Otherwise, the petitioner must inform the court that the
2134 respondent has been assessed so that the court may schedule a
2135 hearing as soon as is practicable. However, if the respondent
2136 has not been assessed within 90 days, the court must dismiss the
2137 case. ~~At the hearing initiated in accordance with s.~~
2138 ~~397.6811(1), the court shall hear all relevant testimony. The~~
2139 ~~respondent must be present unless the court has reason to~~
2140 ~~believe that his or her presence is likely to be injurious to~~
2141 ~~him or her, in which event the court shall appoint a guardian~~
2142 ~~advocate to represent the respondent. The respondent has the~~
2143 ~~right to examination by a court-appointed qualified~~
2144 ~~professional. After hearing all the evidence, the court shall~~
2145 ~~determine whether there is a reasonable basis to believe the~~
2146 ~~respondent meets the involuntary admission criteria of s.~~
2147 ~~397.675.~~

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2148 ~~(1) Based on its determination, the court shall either~~
2149 ~~dismiss the petition or immediately enter an order authorizing~~
2150 ~~the involuntary assessment and stabilization of the respondent;~~
2151 ~~or, if in the course of the hearing the court has reason to~~
2152 ~~believe that the respondent, due to mental illness other than or~~
2153 ~~in addition to substance abuse impairment, is likely to injure~~
2154 ~~himself or herself or another if allowed to remain at liberty,~~
2155 ~~the court may initiate involuntary proceedings under the~~
2156 ~~provisions of part I of chapter 394.~~

2157 ~~(2) If the court enters an order authorizing involuntary~~
2158 ~~assessment and stabilization, the order shall include the~~
2159 ~~court's findings with respect to the availability and~~
2160 ~~appropriateness of the least restrictive alternatives and the~~
2161 ~~need for the appointment of an attorney to represent the~~
2162 ~~respondent, and may designate the specific licensed service~~
2163 ~~provider to perform the involuntary assessment and stabilization~~
2164 ~~of the respondent. The respondent may choose the licensed~~
2165 ~~service provider to deliver the involuntary assessment where~~
2166 ~~possible and appropriate.~~

2167 ~~(3) If the court finds it necessary, it may order the~~
2168 ~~sheriff to take the respondent into custody and deliver him or~~
2169 ~~her to the licensed service provider specified in the court~~
2170 ~~order or, if none is specified, to the nearest appropriate~~
2171 ~~licensed service provider for involuntary assessment.~~

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2172 ~~(4) The order is valid only for the period specified in~~
2173 ~~the order or, if a period is not specified, for 7 days after the~~
2174 ~~order is signed.~~

2175 Section 35. Section 397.6957, Florida Statutes, is amended
2176 to read:

2177 397.6957 Hearing on petition for involuntary treatment
2178 services.—

2179 (1) (a) The respondent must be present at a hearing on a
2180 petition for involuntary treatment services, unless the court
2181 finds that he or she knowingly, intelligently, and voluntarily
2182 waives his or her right to be present or, upon receiving proof
2183 of service and evaluating the circumstances of the case, that
2184 his or her presence is inconsistent with his or her best
2185 interests or is likely to be injurious to self or others. The
2186 court shall hear and review all relevant evidence, including
2187 testimony from individuals such as family members familiar with
2188 the respondent's prior history and how it relates to his or her
2189 current condition, and the review of results of the assessment
2190 completed by the qualified professional in connection with this
2191 chapter. The court may also order drug tests. Upon a finding of
2192 good cause, the court may permit all witnesses, including, but
2193 not limited to, medical professionals who are or have been
2194 involved with the respondent's treatment, to remotely attend and
2195 testify at the hearing under oath via audio-video
2196 teleconference. A witness intending to remotely attend and

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2197 testify must provide the parties with all relevant documents by
2198 the close of business on the day before the hearing the
2199 ~~respondent's protective custody, emergency admission,~~
2200 ~~involuntary assessment, or alternative involuntary admission.~~
2201 ~~The respondent must be present unless the court finds that his~~
2202 ~~or her presence is likely to be injurious to himself or herself~~
2203 ~~or others, in which event the court must appoint a guardian~~
2204 ~~advocate to act in behalf of the respondent throughout the~~
2205 ~~proceedings.~~

2206 (b) A respondent may not be involuntarily ordered into
2207 treatment under this chapter without a clinical assessment being
2208 performed, unless he or she is present in court and expressly
2209 waives the assessment. In nonemergency situations, if the
2210 respondent was not, or had previously refused to be, assessed by
2211 a qualified professional and, based on the petition, testimony,
2212 and evidence presented, it reasonably appears that the
2213 respondent qualifies for involuntary treatment services, the
2214 court shall issue an involuntary assessment and stabilization
2215 order to determine the appropriate level of treatment the
2216 respondent requires. Additionally, in cases where an assessment
2217 was attached to the petition, the respondent may request, or the
2218 court on its own motion may order, an independent assessment by
2219 a court-appointed or otherwise agreed upon qualified
2220 professional. If an assessment order is issued, it is valid for
2221 90 days, and if the respondent is present or there is either

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2222 proof of service or his or her location is known, the
2223 involuntary treatment hearing shall be continued for no more
2224 than 10 court working days. Otherwise, the petitioner must
2225 inform the court that the respondent has been assessed so that
2226 the court may schedule a hearing as soon as is practicable. The
2227 assessment must occur before the new hearing date, and if there
2228 is evidence indicating that the respondent will not voluntarily
2229 appear at the forthcoming hearing or is a danger to self or
2230 others, the court may enter a preliminary order committing the
2231 respondent to an appropriate treatment facility for further
2232 evaluation until the date of the rescheduled hearing. However,
2233 if after 90 days the respondent remains unassessed, the court
2234 shall dismiss the case.

2235 (c)1. The respondent's assessment by a qualified
2236 professional must occur within 72 hours after his or her arrival
2237 at a licensed service provider unless the respondent shows signs
2238 of withdrawal or a need to be either detoxified or treated for a
2239 medical condition, which shall extend the amount of time the
2240 respondent may be held for observation until such issue is
2241 resolved but no later than the scheduled hearing date, absent a
2242 court-approved extension. If the respondent is a minor, such
2243 assessment must be initiated within the first 12 hours of the
2244 minor's admission to the facility. The service provider may also
2245 move to extend the 72 hours of observation by petitioning the
2246 court in writing for additional time. The service provider must

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2247 furnish copies of such motion to all parties in accordance with
2248 applicable confidentiality requirements, and after a hearing,
2249 the court may grant additional time. If the court grants the
2250 service provider's petition, the service provider may continue
2251 to hold the respondent, and if the original or extended
2252 observation period ends on a weekend or holiday, including the
2253 hours before the ordinary business hours of the following
2254 workday morning, the provider may hold the respondent until the
2255 next court working day.

2256 2. No later than the ordinary close of business on the day
2257 before the hearing, the qualified professional shall transmit,
2258 in accordance with any applicable confidentiality requirements,
2259 his or her clinical assessment to the clerk of the court, who
2260 shall enter it into the court file. The report must contain a
2261 recommendation on the level of substance abuse treatment the
2262 respondent requires, if any, and the relevant information on
2263 which the qualified professional's findings are based. This
2264 document must further note whether the respondent has any co-
2265 occurring mental health or other treatment needs. For adults
2266 subject to an involuntary assessment, the report's filing with
2267 the court satisfies s. 397.6758 if it also contains the
2268 respondent's admission and discharge information. The qualified
2269 professional's failure to include a treatment recommendation,
2270 much like a recommendation of no treatment, shall result in the
2271 petition's dismissal.

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2272 (2) The petitioner has the burden of proving by clear and
2273 convincing evidence that:

2274 (a) The respondent is substance abuse impaired and has a
2275 history of lack of compliance with treatment for substance
2276 abuse; and

2277 (b) Because of such impairment the respondent is unlikely
2278 to voluntarily participate in the recommended services or is
2279 unable to determine for himself or herself whether services are
2280 necessary and:

2281 1. Without services, the respondent is likely to suffer
2282 from neglect or refuse to care for himself or herself; that such
2283 neglect or refusal poses a real and present threat of
2284 substantial harm to his or her well-being; and that there is a
2285 substantial likelihood that without services the respondent will
2286 cause serious bodily harm to himself, herself, or another in the
2287 near future, as evidenced by recent behavior; or

2288 2. The respondent's refusal to voluntarily receive care is
2289 based on judgment so impaired by reason of substance abuse that
2290 the respondent is incapable of appreciating his or her need for
2291 care and of making a rational decision regarding that need for
2292 care.

2293 ~~(3) One of the qualified professionals who executed the~~
2294 ~~involuntary services certificate must be a witness. The court~~
2295 ~~shall allow testimony from individuals, including family~~
2296 ~~members, deemed by the court to be relevant under state law,~~

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2297 ~~regarding the respondent's prior history and how that prior~~
2298 ~~history relates to the person's current condition. The Testimony~~
2299 in the hearing must be taken under oath, and the proceedings
2300 must be recorded. The respondent ~~patient~~ may refuse to testify
2301 at the hearing.

2302 (4) If at any point during the hearing the court has
2303 reason to believe that the respondent, due to mental illness
2304 other than or in addition to substance abuse impairment, meets
2305 the involuntary commitment provisions of part I of chapter 394,
2306 the court may initiate involuntary examination proceedings under
2307 such provisions.

2308 (5)~~(4)~~ At the conclusion of the hearing the court shall
2309 either dismiss the petition or order the respondent to receive
2310 involuntary treatment services from his or her chosen licensed
2311 service provider if possible and appropriate. Any treatment
2312 order must include findings regarding the respondent's need for
2313 treatment and the appropriateness of other less restrictive
2314 alternatives.

2315 Section 36. Section 397.697, Florida Statutes, is amended
2316 to read:

2317 397.697 Court determination; effect of court order for
2318 involuntary services.-

2319 (1)(a) When the court finds that the conditions for
2320 involuntary treatment services have been proved by clear and
2321 convincing evidence, it may order the respondent to receive

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2322 involuntary treatment services from a publicly funded licensed
2323 service provider for a period not to exceed 90 days. The court
2324 may also order a respondent to undergo treatment through a
2325 privately funded licensed service provider if the respondent has
2326 the ability to pay for the treatment, or if any person on the
2327 respondent's behalf voluntarily demonstrates a willingness and
2328 an ability to pay for the treatment. If the court finds it
2329 necessary, it may direct the sheriff to take the respondent into
2330 custody and deliver him or her to the licensed service provider
2331 specified in the court order, or to the nearest appropriate
2332 licensed service provider, for involuntary treatment services.
2333 When the conditions justifying involuntary treatment services no
2334 longer exist, the individual must be released as provided in s.
2335 397.6971. When the conditions justifying involuntary treatment
2336 services are expected to exist after 90 days of treatment
2337 services, a renewal of the involuntary services order may be
2338 requested pursuant to s. 397.6975 before the end of the 90-day
2339 period.

2340 (b) To qualify for involuntary outpatient treatment, an
2341 individual must be supported by a social worker or case manager
2342 of a licensed service provider, or a willing, able, and
2343 responsible individual appointed by the court who shall inform
2344 the court and parties if the respondent fails to comply with his
2345 or her outpatient program. In addition, unless the respondent
2346 has been involuntarily ordered into inpatient treatment under

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2347 this chapter at least twice during the last 36 months, or
2348 demonstrates the ability to substantially comply with the
2349 outpatient treatment while waiting for residential placement to
2350 become available, he or she must receive an assessment from a
2351 qualified professional or licensed physician expressly
2352 recommending outpatient services, such services must be
2353 available in the county in which the respondent is located, and
2354 it must appear likely that the respondent will follow a
2355 prescribed outpatient care plan.

2356 (2) In all cases resulting in an order for involuntary
2357 treatment services, the court shall retain jurisdiction over the
2358 case and the parties for the entry of such further orders as the
2359 circumstances may require, including, but not limited to,
2360 monitoring compliance with treatment, changing the treatment
2361 modality, or initiating contempt of court proceedings for
2362 violating any valid order issued pursuant to this chapter.
2363 Hearings under this section may be set by motion of the parties
2364 or under the court's own authority, and the motion and notice of
2365 hearing for these ancillary proceedings, which include, but are
2366 not limited to, civil contempt, must be served in accordance
2367 with relevant court procedural rules. The court's requirements
2368 for notification of proposed release must be included in the
2369 original order.

2370 (3) An involuntary treatment services order also
2371 authorizes the licensed service provider to require the

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2372 individual to receive treatment services that will benefit him
2373 or her, including treatment services at any licensable service
2374 component of a licensed service provider.

2375 (4) If the court orders involuntary treatment services, a
2376 copy of the order must be sent to the managing entity within 1
2377 working day after it is received from the court. Documents may
2378 be submitted electronically through ~~though~~ existing data
2379 systems, if applicable. The institute established under 1004.44,
2380 shall also receive and maintain copies of the involuntary
2381 assessment and treatment orders issued pursuant to ss.
2382 397.68151, 397.6818 and 397.6957, the qualified professional
2383 assessments, the professional certificates, and the law
2384 enforcement officers' protective custody reports. The institute
2385 established under 1004.44, shall use such documents to prepare
2386 annual reports analyzing the data the documents contain, without
2387 including patients' personal identifying information, and the
2388 institute shall post such reports on its website and provide
2389 copies of the reports to the department, the President of the
2390 Senate, and the Speaker of the House of Representatives by
2391 December 31 of each year.

2392 Section 37. Section 397.6971, Florida Statutes, is amended
2393 to read:

2394 397.6971 Early release from involuntary services.—

2395 (1) At any time before the end of the 90-day involuntary
2396 treatment services period, or before the end of any extension

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2397 granted pursuant to s. 397.6975, an individual receiving
2398 involuntary treatment services may be determined eligible for
2399 discharge to the most appropriate referral or disposition for
2400 the individual when any of the following apply:

2401 (a) The individual no longer meets the criteria for
2402 involuntary admission and has given his or her informed consent
2403 to be transferred to voluntary treatment status.

2404 (b) If the individual was admitted on the grounds of
2405 likelihood of infliction of physical harm upon himself or
2406 herself or others, such likelihood no longer exists.

2407 (c) If the individual was admitted on the grounds of need
2408 for assessment and stabilization or treatment, accompanied by
2409 inability to make a determination respecting such need:

2410 1. Such inability no longer exists; or

2411 2. It is evident that further treatment will not bring
2412 about further significant improvements in the individual's
2413 condition.

2414 (d) The individual ~~is~~ no longer needs treatment ~~in need of~~
2415 services.

2416 (e) The director of the service provider determines that
2417 the individual is beyond the safe management capabilities of the
2418 provider.

2419 (2) Whenever a qualified professional determines that an
2420 individual admitted for involuntary treatment services qualifies
2421 for early release under subsection (1), the service provider

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2422 shall immediately discharge the individual and must notify all
2423 persons specified by the court in the original treatment order.

2424 Section 38. Section 397.6975, Florida Statutes, is amended
2425 to read:

2426 397.6975 Extension of involuntary treatment services
2427 period.—

2428 (1) Whenever a service provider believes that an
2429 individual who is nearing the scheduled date of his or her
2430 release from involuntary treatment services continues to meet
2431 the criteria for involuntary services in s. 397.68111 or s.
2432 397.6957 s. 397.693, a petition for renewal of the involuntary
2433 treatment services order must ~~may~~ be filed with the court ~~at~~
2434 ~~least 10 days~~ before the expiration of the court-ordered
2435 services period. The petition may be filed by the service
2436 provider or by the person who filed the petition for the initial
2437 treatment order if the petition is accompanied by supporting
2438 documentation from the service provider. The court shall
2439 immediately schedule a hearing within 10 court working days to
2440 be held not more than 15 days after filing of the petition ~~and~~
2441 the court shall provide the copy of the petition for renewal and
2442 the notice of the hearing to all parties and counsel to the
2443 proceeding. The hearing is conducted pursuant to ss. 397.6957
2444 and 397.697 and must be held before the circuit court unless
2445 referred to a magistrate s. 397.6957.

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2446 (2) If the court finds that the petition for renewal of
2447 the involuntary treatment services order should be granted, it
2448 may order the respondent to receive involuntary treatment
2449 services for a period not to exceed an additional 90 days. When
2450 the conditions justifying involuntary treatment services no
2451 longer exist, the individual must be released as provided in s.
2452 397.6971. When the conditions justifying involuntary services
2453 continue to exist after an additional 90 days of service, a new
2454 petition requesting renewal of the involuntary treatment
2455 services order may be filed pursuant to this section.

2456 ~~(3) Within 1 court working day after the filing of a~~
2457 ~~petition for continued involuntary services, the court shall~~
2458 ~~appoint the office of criminal conflict and civil regional~~
2459 ~~counsel to represent the respondent, unless the respondent is~~
2460 ~~otherwise represented by counsel. The clerk of the court shall~~
2461 ~~immediately notify the office of criminal conflict and civil~~
2462 ~~regional counsel of such appointment. The office of criminal~~
2463 ~~conflict and civil regional counsel shall represent the~~
2464 ~~respondent until the petition is dismissed or the court order~~
2465 ~~expires or the respondent is discharged from involuntary~~
2466 ~~services. Any attorney representing the respondent shall have~~
2467 ~~access to the respondent, witnesses, and records relevant to the~~
2468 ~~presentation of the respondent's case and shall represent the~~
2469 ~~interests of the respondent, regardless of the source of payment~~
2470 ~~to the attorney.~~

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2471 ~~(4) Hearings on petitions for continued involuntary~~
2472 ~~services shall be before the circuit court. The court may~~
2473 ~~appoint a magistrate to preside at the hearing. The procedures~~
2474 ~~for obtaining an order pursuant to this section shall be in~~
2475 ~~accordance with s. 397.697.~~

2476 ~~(5) Notice of hearing shall be provided to the respondent~~
2477 ~~or his or her counsel. The respondent and the respondent's~~
2478 ~~counsel may agree to a period of continued involuntary services~~
2479 ~~without a court hearing.~~

2480 ~~(6) The same procedure shall be repeated before the~~
2481 ~~expiration of each additional period of involuntary services.~~

2482 ~~(7) If the respondent has previously been found~~
2483 ~~incompetent to consent to treatment, the court shall consider~~
2484 ~~testimony and evidence regarding the respondent's competence.~~

2485 Section 39. Section 397.6977, Florida Statutes, is amended
2486 to read:

2487 397.6977 Disposition of individual upon completion of
2488 involuntary services.-

2489 (1) At the conclusion of the 90-day period of court-
2490 ordered involuntary services, the respondent is automatically
2491 discharged unless a motion for renewal of the involuntary
2492 services order has been filed with the court pursuant to s.
2493 397.6975.

2494 (2) Discharge planning and procedures for any respondent's
2495 release from involuntary treatment services must include and

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2496 document the respondent's needs, and actions to address such
2497 needs, for, at a minimum:

2498 (a) Follow-up behavioral health appointments.

2499 (b) Information on how to obtain prescribed medications.

2500 (c) Information pertaining to available living
2501 arrangements and transportation.

2502 (d) Referral to recovery support opportunities, including,
2503 but not limited to, connection to a peer specialist.

2504 Section 40. Section 397.6811, Florida Statutes, is
2505 repealed.

2506 Section 41. Section 397.6814, Florida Statutes, is
2507 repealed.

2508 Section 42. Section 397.6815, Florida Statutes, is
2509 repealed.

2510 Section 43. Section 397.6819, Florida Statutes, is
2511 repealed.

2512 Section 44. Section 397.6821, Florida Statutes, is
2513 repealed.

2514 Section 45. Section 397.6822, Florida Statutes, is
2515 repealed.

2516 Section 46. Section 397.6978, Florida Statutes, is
2517 repealed.

2518 Section 47. Subsection (2) of section 916.13, Florida
2519 Statutes, is amended to read:

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2520 916.13 Involuntary commitment of defendant adjudicated
2521 incompetent.—

2522 (2) A defendant who has been charged with a felony and who
2523 has been adjudicated incompetent to proceed due to mental
2524 illness, and who meets the criteria for involuntary commitment
2525 under this chapter, may be committed to the department, and the
2526 department shall retain and treat the defendant.

2527 (a) Immediately after receipt of a completed copy of the
2528 court commitment order containing all documentation required by
2529 the applicable Florida Rules of Criminal Procedure, the
2530 department shall request all medical information relating to the
2531 defendant from the jail. The jail shall provide the department
2532 with all medical information relating to the defendant within 3
2533 business days after receipt of the department's request or at
2534 the time the defendant enters the physical custody of the
2535 department, whichever is earlier.

2536 (b) Within 60 days after the date of admission and at the
2537 end of any period of extended commitment, or at any time the
2538 administrator or his or her designee determines that the
2539 defendant has regained competency to proceed or no longer meets
2540 the criteria for continued commitment, the administrator or
2541 designee shall file a report with the court pursuant to the
2542 applicable Florida Rules of Criminal Procedure.

2543 (c)1. If the department determines at any time that a
2544 defendant will not or is unlikely to regain competency to

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2545 proceed, the department shall, within 30 days after the
2546 determination, complete and submit a competency evaluation
2547 report to the circuit court to determine if the defendant meets
2548 the criteria for involuntary civil commitment under s. 394.467.
2549 A qualified professional, as defined in s. 394.455, must sign
2550 the competency evaluation report for the circuit court under
2551 penalty of perjury. A copy of the report shall be provided, at a
2552 minimum, to the court, state attorney, and counsel for the
2553 defendant before initiating any transfer of the defendant back
2554 to the committing jurisdiction.

2555 2. For purposes of this paragraph, the term "competency
2556 evaluation report to the circuit court" means a report by the
2557 department regarding a defendant's incompetence to proceed in a
2558 criminal proceeding due to mental illness as set forth in this
2559 section. The report shall include, at a minimum, the following
2560 regarding the defendant:

2561 a. A description of mental, emotional, and behavioral
2562 disturbances.

2563 b. An explanation to support the opinion of incompetence
2564 to proceed.

2565 c. The rationale to support why the defendant is unlikely
2566 to gain competence to proceed in the foreseeable future.

2567 d. A clinical opinion regarding whether the defendant no
2568 longer meets the criteria for involuntary forensic commitment
2569 pursuant to this section.

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2570 e. A recommendation on whether the defendant meets the
2571 criteria for involuntary services pursuant to s. 394.467.

2572 ~~(d)-(e)~~ The defendant must be transported, in accordance
2573 with s. 916.107, to the committing court's jurisdiction within 7
2574 days after ~~of~~ notification that the defendant is competent to
2575 proceed or no longer meets the criteria for continued
2576 commitment. A determination on the issue of competency must be
2577 made at a hearing within 30 days of the notification. If the
2578 defendant is receiving psychotropic medication at a mental
2579 health facility at the time he or she is discharged and
2580 transferred to the jail, the administering of such medication
2581 must continue unless the jail physician documents the need to
2582 change or discontinue it. To ensure continuity of care, the
2583 referring mental health facility must transfer the patient with
2584 up to 30 days of medications and assist in discharge planning
2585 with medical teams at the receiving county jail. The jail and
2586 department physicians shall collaborate to ensure that
2587 medication changes do not adversely affect the defendant's
2588 mental health status or his or her ability to continue with
2589 court proceedings; however, the final authority regarding the
2590 administering of medication to an inmate in jail rests with the
2591 jail physician. Notwithstanding this paragraph, a defendant who
2592 meets the criteria for involuntary examination pursuant to s.
2593 394.463 as determined by an independent clinical opinion shall

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2594 appear remotely for the hearing. Court witnesses may appear
2595 remotely.

2596 Section 48. Subsection (6) of section 40.29, Florida
2597 Statutes, is amended to read:

2598 40.29 Payment of due-process costs; reimbursement for
2599 petitions and orders.—

2600 (6) Subject to legislative appropriation, the clerk of the
2601 circuit court may, on a quarterly basis, submit to the Justice
2602 Administrative Commission a certified request for reimbursement
2603 for petitions and orders filed under ss. 394.459, 394.463,
2604 394.467, and 394.917, ~~and 397.6814,~~ at the rate of \$40 per
2605 petition or order. Such request for reimbursement shall be
2606 submitted in the form and manner prescribed by the Justice
2607 Administrative Commission pursuant to s. 28.35(2)(i).

2608 Section 49. Paragraph (b) of subsection (1) of section
2609 409.972, Florida Statutes, is amended to read:

2610 409.972 Mandatory and voluntary enrollment.—

2611 (1) The following Medicaid-eligible persons are exempt
2612 from mandatory managed care enrollment required by s. 409.965,
2613 and may voluntarily choose to participate in the managed medical
2614 assistance program:

2615 (b) Medicaid recipients residing in residential commitment
2616 facilities operated through the Department of Juvenile Justice
2617 or a treatment facility as defined in s. 394.455 ~~s. 394.455(49)~~.

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2618 Section 50. Paragraph (e) of subsection (4) of section
2619 464.012, Florida Statutes, is amended to read:

2620 464.012 Licensure of advanced practice registered nurses;
2621 fees; controlled substance prescribing.—

2622 (4) In addition to the general functions specified in
2623 subsection (3), an advanced practice registered nurse may
2624 perform the following acts within his or her specialty:

2625 (e) A psychiatric nurse, who meets the requirements in s.
2626 394.455(37) ~~s. 394.455(36)~~, within the framework of an
2627 established protocol with a psychiatrist, may prescribe
2628 psychotropic controlled substances for the treatment of mental
2629 disorders.

2630 Section 51. Subsection (7) of section 744.2007, Florida
2631 Statutes, is amended to read:

2632 744.2007 Powers and duties.—

2633 (7) A public guardian may not commit a ward to a treatment
2634 facility, as defined in s. 394.455 ~~s. 394.455(49)~~, without an
2635 involuntary placement proceeding as provided by law.

2636 Section 52. Subsection (3) of section 916.107, Florida
2637 Statutes, is amended to read:

2638 916.107 Rights of forensic clients.—

2639 (3) RIGHT TO EXPRESS AND INFORMED CONSENT.—

2640 (a) A forensic client shall be asked to give express and
2641 informed written consent for treatment. If a client refuses such
2642 treatment as is deemed necessary and essential by the client's

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2643 multidisciplinary treatment team for the appropriate care of the
2644 client, such treatment may be provided under the following
2645 circumstances:

2646 1. In an emergency situation in which there is immediate
2647 danger to the safety of the client or others, such treatment may
2648 be provided upon the ~~written~~ order of a physician for up to 48
2649 hours, excluding weekends and legal holidays. If, after the 48-
2650 hour period, the client has not given express and informed
2651 consent to the treatment initially refused, the administrator or
2652 designee of the civil or forensic facility shall, within 48
2653 hours, excluding weekends and legal holidays, petition the
2654 committing court or the circuit court serving the county in
2655 which the facility is located, at the option of the facility
2656 administrator or designee, for an order authorizing the
2657 continued treatment of the client. In the interim, the need for
2658 treatment shall be reviewed every 48 hours and may be continued
2659 without the consent of the client upon the continued ~~written~~
2660 order of a physician who has determined that the emergency
2661 situation continues to present a danger to the safety of the
2662 client or others.

2663 2. In a situation other than an emergency situation, the
2664 administrator or designee of the facility shall petition the
2665 court for an order authorizing necessary and essential treatment
2666 for the client.

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2667 a. If the client has been receiving psychotropic
2668 medication at the jail at the time of transfer to the forensic
2669 or civil facility and lacks the capacity to make an informed
2670 decision regarding mental health treatment at the time of
2671 admission, the admitting physician shall order continued
2672 administration of psychotropic medication if, in the clinical
2673 judgment of the physician, abrupt cessation of that psychotropic
2674 medication could pose a risk to the health or safety of the
2675 client while a court order to medicate is pursued. The
2676 administrator or designee of the forensic or civil facility
2677 shall, within 5 days after a client's admission, excluding
2678 weekends and legal holidays, petition the committing court or
2679 the circuit court serving the county in which the facility is
2680 located, at the option of the facility administrator or
2681 designee, for an order authorizing the continued treatment of a
2682 client with psychotropic medication. The jail physician shall
2683 provide a current psychotropic medication order at the time of
2684 transfer to the forensic or civil facility or upon request of
2685 the admitting physician after the client is evaluated.

2686 b. The court order shall allow such treatment for up to 90
2687 days after the date that the order was entered. Unless the court
2688 is notified in writing that the client has provided express and
2689 informed written consent or that the client has been discharged
2690 by the committing court, the administrator or designee of the
2691 facility shall, before the expiration of the initial 90-day

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2692 order, petition the court for an order authorizing the
2693 continuation of treatment for an additional 90 days. This
2694 procedure shall be repeated until the client provides consent or
2695 is discharged by the committing court.

2696 3. At the hearing on the issue of whether the court should
2697 enter an order authorizing treatment for which a client was
2698 unable to or refused to give express and informed consent, the
2699 court shall determine by clear and convincing evidence that the
2700 client has mental illness, intellectual disability, or autism,
2701 that the treatment not consented to is essential to the care of
2702 the client, and that the treatment not consented to is not
2703 experimental and does not present an unreasonable risk of
2704 serious, hazardous, or irreversible side effects. In arriving at
2705 the substitute judgment decision, the court must consider at
2706 least the following factors:

- 2707 a. The client's expressed preference regarding treatment;
- 2708 b. The probability of adverse side effects;
- 2709 c. The prognosis without treatment; and
- 2710 d. The prognosis with treatment.

2711
2712 The hearing shall be as convenient to the client as may be
2713 consistent with orderly procedure and shall be conducted in
2714 physical settings not likely to be injurious to the client's
2715 condition. The court may appoint a general or special magistrate
2716 to preside at the hearing. The client or the client's guardian,

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2717 and the representative, shall be provided with a copy of the
2718 petition and the date, time, and location of the hearing. The
2719 client has the right to have an attorney represent him or her at
2720 the hearing, and, if the client is indigent, the court shall
2721 appoint the office of the public defender to represent the
2722 client at the hearing. The client may testify or not, as he or
2723 she chooses, and has the right to cross-examine witnesses and
2724 may present his or her own witnesses.

2725 (b) In addition to the provisions of paragraph (a), in the
2726 case of surgical procedures requiring the use of a general
2727 anesthetic or electroconvulsive treatment or nonpsychiatric
2728 medical procedures, and prior to performing the procedure,
2729 written permission shall be obtained from the client, if the
2730 client is legally competent, from the parent or guardian of a
2731 minor client, or from the guardian of an incompetent client. The
2732 administrator or designee of the forensic facility or a
2733 designated representative may, with the concurrence of the
2734 client's attending physician, authorize emergency surgical or
2735 nonpsychiatric medical treatment if such treatment is deemed
2736 lifesaving or for a situation threatening serious bodily harm to
2737 the client and permission of the client or the client's guardian
2738 could not be obtained before provision of the needed treatment.

2739 Section 53. For the 2024-2025 fiscal year, the sum of
2740 \$50,000,000 of recurring funds from the General Revenue Fund are

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2741 provided to the Department of Children and Families to implement
2742 the provisions of this act.

2743 Section 54. This act shall take effect July 1, 2024.

2744 -----

2745 **T I T L E A M E N D M E N T**

2746 Remove everything before the enacting clause and insert:

2747 An act relating to mental health and substance abuse;
2748 amending s. 394.455, F.S.; conforming a cross-
2749 reference to changes made by the act; amending s.
2750 394.4572, F.S.; providing an exception to background
2751 screening requirements for certain licensed physicians
2752 and nurses; amending s. 394.459, F.S.; specifying a
2753 timeframe for recording restrictions in a patient's
2754 clinical file; requiring that such recorded
2755 restriction be immediately served on certain parties;
2756 conforming a provision to changes made by the act;
2757 amending s. 394.4598, F.S.; authorizing certain
2758 psychiatric nurses to consult with guardian advocates
2759 for purposes of obtaining consent for treatment;
2760 amending s. 394.4599, F.S.; revising written notice
2761 requirements relating to filing petitions for
2762 involuntary services; amending s. 394.461, F.S.;
2763 authorizing the state to establish that a transfer
2764 evaluation was performed by providing the court with a
2765 copy of the evaluation before the close of the state's

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2766 case-in-chief; prohibiting the court from considering
2767 substantive information in the transfer evaluation;
2768 providing an exception; revising reporting
2769 requirements; amending s. 394.4615, F.S.; allowing a
2770 patient's legal custodian to authorize release of the
2771 patient's clinical records; conforming provisions to
2772 changes made by the act; amending s. 394.462, F.S.;
2773 authorizing a county to include alternative funding
2774 arrangements for transporting individuals to
2775 designated receiving facilities in the county's
2776 transportation plan; conforming provisions to changes
2777 made by the act; amending s. 394.4625, F.S.; revising
2778 requirements relating to voluntary admissions to a
2779 facility for examination and treatment; requiring
2780 certain treating psychiatric nurses to document
2781 specified information in a patient's clinical record
2782 within a specified timeframe of his or her voluntary
2783 admission for mental health treatment; requiring
2784 clinical psychologists who make determinations of
2785 involuntary placement at certain mental health
2786 facilities to have specified clinical experience;
2787 authorizing certain psychiatric nurses to order
2788 emergency treatment for certain patients; conforming
2789 provisions to changes made by the act; amending s.
2790 394.463, F.S.; authorizing, rather than requiring, law

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2791 enforcement officers to take certain persons into
2792 custody for involuntary examinations; requiring a law
2793 enforcement officer to provide a parent or legal
2794 guardian of a minor being transported to certain
2795 facilities with specified facility information;
2796 providing an exception; requiring written reports by
2797 law enforcement officers to contain certain
2798 information;; requiring a certain institute to collect
2799 and analyze certain documents and use them to prepare
2800 annual reports; providing requirements for such
2801 reports; requiring the institute to post such reports
2802 on its website; providing a due date for the annual
2803 reports; requiring the department to post a specified
2804 report on its website; revising requirements for
2805 releasing a patient from a receiving facility;
2806 revising requirements for petitions for involuntary
2807 services; requiring the department and the Agency for
2808 Health Care Administration to analyze certain data,
2809 identify patterns and trends, and make recommendations
2810 to decrease avoidable admissions; authorizing
2811 recommendations to be addressed in a specified manner;
2812 requiring the department to publish a specified report
2813 on its website and submit such report to the Governor
2814 and Legislature by a certain date; amending s.
2815 394.4655, F.S.; defining the term "involuntary

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2816 outpatient placement"; authorizing a specified court
2817 to order an individual to involuntary outpatient
2818 treatment; removing provisions relating to criteria,
2819 retention of a patient, and petition for involuntary
2820 outpatient services and court proceedings relating to
2821 involuntary outpatient services; amending s. 394.467,
2822 F.S.; providing definitions; revising requirements for
2823 ordering a person for involuntary services and
2824 treatment, petitions for involuntary service,
2825 appointment of counsel, and continuances of hearings,
2826 respectively; requiring clinical psychologists to have
2827 specified clinical experience in order to recommend
2828 involuntary services; authorizing certain psychiatric
2829 nurses to recommend involuntary services for mental
2830 health treatment; revising the conditions under which
2831 a court may waive the requirement for a patient to be
2832 present at an involuntary inpatient placement hearing;
2833 authorizing the court to permit witnesses to attend
2834 and testify remotely at the hearing through specified
2835 means; providing requirements for a witness to attend
2836 and testify remotely; requiring facilities to make
2837 certain clinical records available to a state attorney
2838 within a specified timeframe; specifying that such
2839 records remain confidential and may not be used for
2840 certain purposes; requiring the court to allow certain

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2841 testimony from specified persons; revising the length
2842 of time a court may require a patient to receive
2843 services; requiring facilities to discharge patients
2844 when they no longer meet the criteria for involuntary
2845 inpatient treatment; prohibiting courts from ordering
2846 individuals with developmental disabilities to be
2847 involuntarily placed in a state treatment facility;
2848 requiring courts to refer such individuals, and
2849 authorizing courts to refer certain other individuals,
2850 to specified agencies for evaluation and services;
2851 providing requirements for service plan modifications,
2852 noncompliance with involuntary outpatient services,
2853 and discharge, respectively; revising requirements for
2854 the procedure for continued involuntary services and
2855 return to facilities, respectively; amending s.
2856 394.468, F.S.; revising requirements for discharge
2857 planning and procedures; providing requirements for
2858 the discharge transition process; creating s.
2859 394.4915, F.S.; establishing the Office of Children's
2860 Behavioral Health Ombudsman within the Department of
2861 Children and Families for a specified purpose;
2862 providing responsibilities of the office; requiring
2863 the department and managing entities to include
2864 specified information in a specified manner on their
2865 websites; amending ss. 394.495 and 394.496, F.S.;

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2866 conforming provisions to changes made by the act;
2867 amending s. 394.499, F.S.; revising eligibility
2868 requirements for children's crisis stabilization
2869 unit/juvenile addictions receiving facility services;
2870 amending s. 394.875, F.S.; removing a limitation on
2871 the size of a crisis stabilization unit; removing a
2872 requirement for the department to implement a certain
2873 demonstration project; amending s. 394.9085, F.S.;
2874 conforming a cross-reference to changes made by the
2875 act; amending s. 397.305, F.S.; revising the purpose
2876 to include the most appropriate environment for
2877 substance abuse services; amending s. 397.311, F.S.;
2878 revising definitions; amending s. 397.401, F.S.;
2879 prohibiting certain service providers from exceeding
2880 their licensed capacity by more than a specified
2881 percentage or for more than a specified number of
2882 days; amending s. 397.4073, F.S.; providing an
2883 exception to background screening requirements for
2884 certain licensed physicians and nurses; amending s.
2885 397.501, F.S.; revising notice requirements for the
2886 right to counsel; amending s. 397.581, F.S.; revising
2887 actions that constitute unlawful activities relating
2888 to assessment and treatment; providing penalties;
2889 amending s. 397.675, F.S.; revising the criteria for
2890 involuntary admissions for purposes of assessment and

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2891 stabilization, and for involuntary treatment; amending
2892 s. 397.6751, F.S.; revising service provider
2893 responsibilities relating to involuntary admissions;
2894 amending s. 397.681, F.S.; revising where involuntary
2895 treatment petitions for substance abuse impaired
2896 persons may be filed; specifying requirements for the
2897 court to allow a waiver of the respondent's right to
2898 counsel relating to petitions for involuntary
2899 treatment; revising the circumstances under which
2900 courts are required to appoint counsel for respondents
2901 without regard to respondents' wishes; renumbering and
2902 amending s. 397.693, F.S.; revising the circumstances
2903 under which a person may be the subject of court-
2904 ordered involuntary treatment; renumbering and
2905 amending s. 397.695, F.S.; authorizing the court or
2906 clerk of the court to waive or prohibit any service of
2907 process fees for petitioners determined to be
2908 indigent; renumbering and amending s. 397.6951, F.S.;
2909 revising the information required to be included in a
2910 petition for involuntary treatment services;
2911 authorizing a petitioner to include a certificate or
2912 report of a qualified professional with such petition;
2913 requiring such certificate or report to contain
2914 certain information; requiring that certain additional
2915 information be included if an emergency exists;

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2916 renumbering and amending s. 397.6955, F.S.; revising
2917 when the office of criminal conflict and civil
2918 regional counsel represents a person in the filing of
2919 a petition for involuntary services and when a hearing
2920 must be held on such petition; requiring a law
2921 enforcement agency to effect service for initial
2922 treatment hearings; providing an exception; amending
2923 s. 397.6818, F.S.; authorizing the court to take
2924 certain actions and issue certain orders regarding a
2925 respondent's involuntary assessment if emergency
2926 circumstances exist; providing a specified timeframe
2927 for taking such actions; amending s. 397.6957, F.S.;
2928 expanding the exemption from the requirement that a
2929 respondent be present at a hearing on a petition for
2930 involuntary treatment services; authorizing the court
2931 to order drug tests and to permit witnesses to attend
2932 and testify remotely at the hearing through certain
2933 means; removing a provision requiring the court to
2934 appoint a guardian advocate under certain
2935 circumstances; prohibiting a respondent from being
2936 involuntarily ordered into treatment unless certain
2937 requirements are met; providing requirements relating
2938 to involuntary assessment and stabilization orders;
2939 providing requirements relating to involuntary
2940 treatment hearings; requiring that the assessment of a

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2941 respondent occur before a specified time unless
2942 certain requirements are met; authorizing service
2943 providers to petition the court in writing for an
2944 extension of the observation period; providing service
2945 requirements for such petitions; authorizing the
2946 service provider to continue to hold the respondent if
2947 the court grants the petition; requiring a qualified
2948 professional to transmit his or her report to the
2949 clerk of the court within a specified timeframe;
2950 requiring the clerk of the court to enter the report
2951 into the court file; providing requirements for the
2952 report; providing that the report's filing satisfies
2953 the requirements for release of certain individuals if
2954 it contains admission and discharge information;
2955 providing for the petition's dismissal under certain
2956 circumstances; authorizing the court to order certain
2957 persons to take a respondent into custody and
2958 transport him or her to or from certain service
2959 providers and the court; revising the petitioner's
2960 burden of proof in the hearing; authorizing the court
2961 to initiate involuntary proceedings and have the
2962 respondent evaluated by the Agency for Persons with
2963 Disabilities under certain circumstances; requiring
2964 that, if a treatment order is issued, it must include
2965 certain findings; amending s. 397.697, F.S.; requiring

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2966 that an individual meet certain requirements to
2967 qualify for involuntary outpatient treatment; revising
2968 the jurisdiction of the court with respect to certain
2969 orders entered in a case; specifying that certain
2970 hearings may be set by either the motion of a party or
2971 under the court's own authority; requiring a certain
2972 institute to receive and maintain copies of certain
2973 documents and use them to prepare annual reports;
2974 providing requirements for such reports; requiring the
2975 institute to post such reports on its website;
2976 amending s. 397.6971, F.S.; conforming provisions to
2977 changes made by the act; amending s. 397.6975, F.S.;
2978 authorizing certain entities to file a petition for
2979 renewal of an involuntary treatment services order;
2980 revising the timeframe during which the court is
2981 required to schedule a hearing; amending s. 397.6977,
2982 F.S.; providing requirements for discharge planning
2983 and procedures for a respondent's release from
2984 involuntary treatment services; repealing ss.
2985 397.6811, 397.6814, 397.6815, 397.6819, 397.6821,
2986 397.6822, and 397.6978, F.S., relating to involuntary
2987 assessment and stabilization and the appointment of
2988 guardian advocates, respectively; amending s. 916.13,
2989 F.S.; requiring the Department of Children and
2990 Families to complete and submit a competency

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 7021 (2024)

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2991 evaluation report to the circuit court to determine if
2992 a defendant adjudicated incompetent to proceed meets
2993 the criteria for involuntary civil commitment if it is
2994 determined that the defendant will not or is unlikely
2995 to regain competency; defining the term "competency
2996 evaluation report to the circuit court"; requiring a
2997 qualified professional to sign such report under
2998 penalty of perjury; providing requirements for such
2999 report; authorizing a defendant who meets the criteria
3000 for involuntary examination and court witnesses to
3001 appear remotely for a hearing; amending ss. 40.29,
3002 409.972, 464.012, 744.2007, and 916.107, F.S.;
3003 conforming provisions to changes made by the act;
3004 providing an appropriation; providing an effective
3005 date.