119516 A

03/16 04:39 PM

Tab 1	SB 87	0 by Burton (	CO-INTRODUCERS) Garcia	; (Similar to H 00899) Surrendered Nev	wborn Infants
731132	Α	S	CF, Book	Delete L.42:	03/17 12:23 PI
485718	Α	S	CF, Burton	Delete L.43 - 44:	03/17 12:09 P
949384	Α	S		btw L.74 - 75:	03/17 12:22 PM
140998	Α	S	CF, Burton	Delete L.132 - 321:	03/17 12:10 P
593318	Α	S	CF, Book	btw L.186 - 187:	03/17 12:23 PI
Tab 2	SB 10	10 by Gruters	; (Identical to H 01303) Subst	ance Abuse and Mental Health Services	 S
739498	Α	S	CF, Gruters	Delete L.40 - 181:	03/17 11:15 A
Tab 3	SB 12 Familie		(Similar to H 01621) Direct-su	ipport Organizations of the Department	t of Children and
306642	Α	S	CF, Simon	Delete L.89 - 101:	03/17 09:57 AI
Tab 4	SB 1286 by Book; (Similar to H 01031) Designated Public Safe Exchange Locations				
Tab 5	SB 13	<b>06</b> by <b>Harrell</b> ;	; (Identical to H 01339) Placen	nent of Surrendered Newborn Infants	
Tab 6	SB 13	<b>22</b> by <b>Grall</b> : (1	Identical to H 01377) Adoption	of Children in Dependency Court	
145 0		s, e.a, (	identical to 11 015/7/7/deption	ror cimaren in Dependency Court	
Tab 7	SB 13	<b>74</b> by <b>Perry</b> ; (	(Identical to H 01211) Child Re	estraint Requirements	
Tab 8	SB 13	<b>96</b> by <b>Garcia</b> ;	(Compare to H 01411) Depart	tment of Elderly Affairs	
Tab 9					

Delete L.181 - 280:

CF, Bradley

#### The Florida Senate

## **COMMITTEE MEETING EXPANDED AGENDA**

## CHILDREN, FAMILIES, AND ELDER AFFAIRS Senator Garcia, Chair Senator Thompson, Vice Chair

MEETING DATE: Monday, March 20, 2023

**TIME:** 12:30—3:00 p.m.

PLACE: Mallory Horne Committee Room, 37 Senate Building

MEMBERS: Senator Garcia, Chair; Senator Thompson, Vice Chair; Senators Baxley, Book, Bradley, Brodeur,

Ingoglia, and Rouson

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 870 Burton (Similar H 899)	Surrendered Newborn Infants; Revising the definition of the term "newborn infant"; authorizing certain hospitals, emergency medical services stations, and fire stations to use newborn infant safety devices to accept surrendered newborn infants if the device meets specified criteria; authorizing a parent to leave a newborn infant with medical staff or a licensed health care professional at a hospital after the delivery of the newborn infant under certain circumstances; providing that a parent who leaves a newborn infant in a newborn infant safety device has the right to remain anonymous and not to be pursued or followed, with exceptions, etc.  HP 03/06/2023 Favorable CF 03/20/2023 RC	
2	SB 1010 Gruters (Identical H 1303)	Substance Abuse and Mental Health Services; Revising requirements relating to the removal and replacement of certified recovery residence administrators; revising requirements relating to credentialing entities denying, revoking, or suspending certifications or imposing sanctions on a recovery residence; authorizing credentialing entities to approve certain certified recovery residence administrators to actively manage up to a specified number of residents if certain requirements are met; creating the Substance Abuse and Mental Health Treatment and Housing Task Force within the Department of Children and Families, etc.  CF 03/20/2023 AHS FP	

S-036 (10/2008) Page 1 of 4

# **COMMITTEE MEETING EXPANDED AGENDA**

Children, Families, and Elder Affairs Monday, March 20, 2023, 12:30—3:00 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
3	SB 1278 Simon (Similar H 1621)	Direct-support Organizations of the Department of Children and Families; Authorizing the Department of Children and Families to establish a direct-support organization for a specified purpose; requiring the Secretary of Children and Families to appoint a board of directors for the direct-support organization; authorizing the department to allow the direct-support organization to use, without charge, the department's fixed property, facilities, and personnel services, subject to certain requirements; authorizing the direct-support organization to collect, expend, and provide funds for specified purposes, etc.  CF 03/20/2023 GO RC	
4	SB 1286 Book (Similar H 1031)	Designated Public Safe Exchange Locations; Requiring that certain information be included in a parenting plan; specifying that a parent may not be found in violation of a parenting plan, time-sharing schedule, or child exchange order, or charged with a certain offense, under certain circumstances; requiring boards of county commissioners to designate certain areas as public safe exchange locations for a specified purpose; providing that a parent of a child or the parent's designee may not be charged with the offense of interference with custody under certain circumstances, etc.  CF 03/20/2023 JU RC	
5	SB 1306 Harrell (Identical H 1339)	Placement of Surrendered Newborn Infants; Requiring licensed child-placing agencies to maintain a specified registry; requiring that certain information be removed from the registry under certain circumstances; prohibiting the child-placing agency from transferring certain costs to prospective adoptive parents; requiring licensed child-placing agencies to immediately place a surrendered newborn infant in the physical custody of an identified prospective adoptive parent; providing that the prospective adoptive parent becomes the guardian of such infant under certain conditions for a certain period of time; providing requirements for licensed child-placing agencies once they take physical custody of a surrendered newborn infant, etc.  CF 03/20/2023 JU RC	

S-036 (10/2008) Page 2 of 4

# **COMMITTEE MEETING EXPANDED AGENDA**

Children, Families, and Elder Affairs Monday, March 20, 2023, 12:30—3:00 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
6	SB 1322 Grall (Identical H 1377)	Adoption of Children in Dependency Court; Specifying that certain adoption consents are valid, binding, and enforceable by the court; specifying that a consent to adoption is not valid after certain petitions for termination of parental rights have been filed; requiring that the final hearing on a motion to intervene and the change of placement of the child be held by a certain date; requiring the court to grant party status to the current caregivers under certain circumstances; requiring the court to order the transfer of custody of the child to the adoptive parents under certain circumstances and in accordance with a certain transition plan, etc.  CF 03/20/2023 JU RC	
7	SB 1374 Perry (Identical H 1211)	Child Restraint Requirements; Revising requirements for the use of a crash-tested, federally approved child restraint device while transporting a child in a motor vehicle, etc.  CF 03/20/2023 TR RC	
8	SB 1396 Garcia (Compare H 1411)	Department of Elderly Affairs; Revising the list of individuals who may not be appointed as ombudsmen under the State Long-Term Care Ombudsman Program; deleting an exemption from level 2 background screening requirements for certain individuals; requiring the office to notify complainants within a specified timeframe after determining that a complaint against a professional guardian is not legally sufficient; requiring the office to provide a certain written statement to the complainant and the professional guardian within a specified timeframe after completing an investigation; requiring clerks of the court to report to the office within a specified timeframe after the court imposes any sanctions on a professional guardian, etc.  CF 03/20/2023 RC	

S-036 (10/2008) Page 3 of 4

# **COMMITTEE MEETING EXPANDED AGENDA**

Children, Families, and Elder Affairs Monday, March 20, 2023, 12:30—3:00 p.m.

TAB BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
9 SB 1412 Bradley (Similar H 1349)	Mental Health; Authorizing the Department of Children and Families to issue a conditional designation for up to a certain number of days to allow the implementation of certain corrective measures by receiving facilities, treatment facilities, and receiving systems; requiring the sheriff to administer or to permit the department to administer the appropriate psychotropic medication to forensic clients before admission to a state mental health treatment facility; revising what an expert is required to specifically report on for recommended treatment for a defendant to attain competence to proceed, if the expert finds that a defendant is incompetent to proceed; revising the circumstances under which every defendant who is charged with a felony and who is adjudicated incompetent to proceed may be involuntarily committed for treatment upon specified findings by the court, etc.  CF 03/20/2023  AHS FP	

Other Related Meeting Documents

By Senator Burton

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12-01357A-23 2023870

A bill to be entitled

An act relating to surrendered newborn infants; amending s. 383.50, F.S.; revising the definition of the term "newborn infant"; defining the term "newborn infant safety device"; authorizing certain hospitals, emergency medical services stations, and fire stations to use newborn infant safety devices to accept surrendered newborn infants if the device meets specified criteria; requiring such hospitals, emergency medical services stations, and fire stations to monitor the inside of the device 24 hours per day and physically check and test the devices at specified intervals; providing additional requirements for certain fire stations using such devices; conforming provisions to changes made by the act; authorizing a parent to leave a newborn infant with medical staff or a licensed health care professional at a hospital after the delivery of the newborn infant under certain circumstances; providing that a parent who leaves a newborn infant in a newborn infant safety device has the right to remain anonymous and not to be pursued or followed, with exceptions; authorizing a parent to surrender a newborn infant by calling 911 and requesting an emergency medical services provider to meet at a specified location to retrieve the newborn infant; requiring the parent to stay with the newborn infant until the emergency medical services provider arrives; providing additional locations to which the prohibition on the initiation of criminal

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investigations based solely on the surrendering of a newborn infant applies; amending s. 63.0423, F.S.; conforming a cross-reference; making conforming changes; providing an effective date.

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

Section 1. Section 383.50, Florida Statutes, is amended to read:

383.50 Treatment of surrendered newborn infant.-

- (1) As used in this section, the term:
- (a) "Newborn infant" means a child who a licensed physician reasonably believes is approximately  $\underline{30}$  7 days old or younger at the time the child is left at a hospital,  $\underline{an}$  emergency medical services station, or a fire station.
- (b) "Newborn infant safety device" means a device that is installed in a supporting wall of a hospital, an emergency medical services station, or a fire station and that has an exterior point of access allowing an individual to place a newborn infant inside and an interior point of access allowing individuals inside the building to safely retrieve the newborn infant.
- (2) There is a presumption that the parent who leaves the newborn infant in accordance with this section intended to leave the newborn infant and consented to termination of parental rights.
- (3) (a) A hospital, an emergency medical services station, or a fire station that is staffed 24 hours per day may use a newborn infant safety device to accept surrendered newborn

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infants under this section if the device is:

- 1. Physically part of the hospital, emergency medical services station, or fire station.
- $\underline{\text{2. Temperature-controlled}}$  and ventilated for the safety of newborns.
- 3. Equipped with a dual alarm system connected to the physical location of the device which automatically triggers an alarm inside the building when a newborn infant is placed in the device.
- 4. Equipped with a surveillance system that allows employees of the hospital, emergency medical services station, or fire station to monitor the inside of the device 24 hours per day.
- 5. Located such that the interior point of access is in an area that is conspicuous and visible to the employees of the hospital, emergency medical services station, or fire station.
- (b) A hospital, an emergency medical services station, or a fire station that uses a newborn infant safety device to accept surrendered newborn infants shall use the device's surveillance system to monitor the inside of the newborn infant safety device 24 hours per day and shall physically check the device at least twice daily and test the device at least weekly to ensure that the alarm system is in working order. A fire station that is staffed 24 hours per day except when all firefighter first responders are dispatched from the fire station for an emergency must use the dual alarm system of the newborn infant safety device to immediately dispatch the nearest first responder to retrieve any newborn infant left in the newborn infant safety device.

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(4)(3) Each emergency medical services station or fire station that is staffed with full-time firefighters, emergency medical technicians, or paramedics shall accept any newborn infant left with a firefighter, an emergency medical technician, or a paramedic or in a newborn infant safety device. The firefighter, emergency medical technician, or paramedic shall consider these actions as implied consent to and shall:

- (a) Provide emergency medical services to the newborn infant to the extent  $\underline{\text{that}}$  he or she is trained to provide those services, and
- (b) Arrange for the immediate transportation of the newborn infant to the nearest hospital having emergency services.

A licensee as defined in s. 401.23, a fire department, or an employee or agent of a licensee or fire department may treat and transport a newborn infant pursuant to this section. If a newborn infant is placed in the physical custody of an employee or agent of a licensee or fire department or is placed in a newborn infant safety device, such placement is shall be considered implied consent for treatment and transport. A licensee, a fire department, or an employee or agent of a licensee or fire department is immune from criminal or civil liability for acting in good faith pursuant to this section. Nothing in this subsection limits liability for negligence.

(5) (a) A newborn infant may be left with medical staff or a licensed health care professional after the delivery of the newborn infant in a hospital if the parent of the newborn infant notifies medical staff or a licensed health care professional that the parent is voluntarily surrendering the infant and does

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not intend to return.

(b) (4) Each hospital of this state subject to s. 395.1041 shall, and any other hospital may, admit and provide all necessary emergency services and care, as defined in s. 395.002(9), to any newborn infant left with the hospital in accordance with this section. The hospital or any of its licensed health care professionals shall consider these actions as implied consent for treatment, and a hospital accepting physical custody of a newborn infant has implied consent to perform all necessary emergency services and care. The hospital or any of its licensed health care professionals is immune from criminal or civil liability for acting in good faith in accordance with this section. Nothing in this subsection limits liability for negligence.

(6)(5) Except when there is actual or suspected child abuse or neglect, any parent who leaves a newborn infant in a newborn infant safety device or with a firefighter, an emergency medical technician, or a paramedic at a fire station or an emergency medical services station, or brings a newborn infant to an emergency room of a hospital and expresses an intent to leave the newborn infant and not return, has the absolute right to remain anonymous and to leave at any time and may not be pursued or followed unless the parent seeks to reclaim the newborn infant. When an infant is born in a hospital and the mother expresses intent to leave the infant and not return, upon the mother's request, the hospital or registrar shall complete the infant's birth certificate without naming the mother thereon.

(7)(6) A parent of a newborn infant left at a hospital, emergency medical services station, or fire station under this

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section may claim his or her newborn infant up until the court enters a judgment terminating his or her parental rights. A claim to the newborn infant must be made to the entity having physical or legal custody of the newborn infant or to the circuit court before whom proceedings involving the newborn infant are pending.

- (8) (7) Upon admitting a newborn infant under this section, the hospital shall immediately contact a local licensed child-placing agency or alternatively contact the statewide central abuse hotline for the name of a licensed child-placing agency for purposes of transferring physical custody of the newborn infant. The hospital shall notify the licensed child-placing agency that a newborn infant has been left with the hospital and approximately when the licensed child-placing agency can take physical custody of the child. In cases where there is actual or suspected child abuse or neglect, the hospital or any of its licensed health care professionals shall report the actual or suspected child abuse or neglect in accordance with ss. 39.201 and 395.1023 in lieu of contacting a licensed child-placing agency.
- (9) (8) Any newborn infant admitted to a hospital in accordance with this section is presumed eligible for coverage under Medicaid, subject to federal rules.
- (10) (9) A newborn infant left at a hospital, <u>an</u> emergency medical services station, or <u>a</u> fire station in accordance with this section <u>is</u> shall not be deemed abandoned <u>or</u> and subject to reporting and investigation requirements under s. 39.201 unless there is actual or suspected child abuse or until the Department of Health takes physical custody of the child.

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(11) If the parent of a newborn infant is unable to surrender the newborn infant in accordance with this section, the parent may dial 911 to request that an emergency medical services provider meet the surrendering parent at a specified location. The surrendering parent must stay with the newborn infant until the emergency medical services provider arrives to take custody of the newborn infant.

 $\underline{(12)}$  (10) A criminal investigation  $\underline{may}$  shall not be initiated solely because a newborn infant is left at a hospital, an emergency medical services station, or a fire station under this section unless there is actual or suspected child abuse or neglect.

Section 2. Section 63.0423, Florida Statutes, is amended to read:

- 63.0423 Procedures with respect to surrendered <u>newborn</u> infants.—
- (1) Upon entry of final judgment terminating parental rights, a licensed child-placing agency that takes physical custody of a newborn an infant surrendered at a hospital, an emergency medical services station, or a fire station pursuant to s. 383.50 assumes responsibility for the medical and other costs associated with the emergency services and care of the surrendered newborn infant from the time the licensed child-placing agency takes physical custody of the surrendered newborn infant.
- (2) The licensed child-placing agency shall immediately seek an order from the circuit court for emergency custody of the surrendered <u>newborn</u> infant. The emergency custody order shall remain in effect until the court orders preliminary

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approval of placement of the surrendered <u>newborn</u> infant in the prospective home, at which time the prospective adoptive parents become guardians pending termination of parental rights and finalization of adoption or until the court orders otherwise. The guardianship of the prospective adoptive parents shall remain subject to the right of the licensed child-placing agency to remove the surrendered <u>newborn</u> infant from the placement during the pendency of the proceedings if such removal is deemed by the licensed child-placing agency to be in the best interests of the child. The licensed child-placing agency may immediately seek to place the surrendered <u>newborn</u> infant in a prospective adoptive home.

- (3) The licensed child-placing agency that takes physical custody of the surrendered <u>newborn</u> infant shall, within 24 hours thereafter, request assistance from law enforcement officials to investigate and determine, through the Missing Children Information Clearinghouse, the National Center for Missing and Exploited Children, and any other national and state resources, whether the surrendered newborn infant is a missing child.
- (4) The parent who surrenders the <u>newborn</u> infant in accordance with s. 383.50 is presumed to have consented to termination of parental rights, and express consent is not required. Except when there is actual or suspected child abuse or neglect, the licensed child-placing agency <u>may shall</u> not attempt to pursue, search for, or notify that parent as provided in s. 63.088 and chapter 49. For purposes of s. 383.50 and this section, <u>a surrendered newborn an</u> infant who tests positive for illegal drugs, narcotic prescription drugs, alcohol, or other substances, but shows no other signs of child abuse or neglect,

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shall be placed in the custody of a licensed child-placing agency. Such a placement does not eliminate the reporting requirement under  $\underline{s.\ 383.50(8)}\ \underline{s.\ 383.50(7)}$ . When the department is contacted regarding a newborn an infant properly surrendered under this section and  $\underline{s.\ 383.50}$ , the department shall provide instruction to contact a licensed child-placing agency and may not take custody of the  $\underline{newborn}$  infant unless reasonable efforts to contact a licensed child-placing agency to accept the  $\underline{newborn}$  infant have not been successful.

- (5) A petition for termination of parental rights under this section may not be filed until 30 days after the date the <a href="mailto:newborn">newborn</a> infant was surrendered in accordance with s. 383.50. A petition for termination of parental rights may not be granted until a parent has failed to reclaim or claim the surrendered newborn infant within the time period specified in s. 383.50.
- (6) A claim of parental rights of the surrendered <u>newborn</u> infant must be made to the entity having legal custody of the surrendered <u>newborn</u> infant or to the circuit court before which proceedings involving the surrendered <u>newborn</u> infant are pending. A claim of parental rights of the surrendered <u>newborn</u> infant may not be made after the judgment to terminate parental rights is entered, except as otherwise provided by subsection (9).
- (7) If a claim of parental rights of a surrendered <u>newborn</u> infant is made before the judgment to terminate parental rights is entered, the circuit court may hold the action for termination of parental rights in abeyance for a period of time not to exceed 60 days.
  - (a) The court may order scientific testing to determine

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maternity or paternity at the expense of the parent claiming parental rights.

- (b) The court shall appoint a guardian ad litem for the surrendered <u>newborn</u> infant and order whatever investigation, home evaluation, and psychological evaluation are necessary to determine what is in the best interests of the surrendered newborn infant.
- (c) The court may not terminate parental rights solely on the basis that the parent left the <u>newborn</u> infant at a hospital, <u>an</u> emergency medical services station, or <u>a</u> fire station in accordance with s. 383.50.
- (d) The court shall enter a judgment with written findings of fact and conclusions of law.
- (8) Within 7 business days after recording the judgment, the clerk of the court shall mail a copy of the judgment to the department, the petitioner, and any person whose consent was required, if known. The clerk shall execute a certificate of each mailing.
- (9) (a) A judgment terminating parental rights of a surrendered newborn infant pending adoption is voidable, and any later judgment of adoption of that child minor is voidable, if, upon the motion of a parent, the court finds that a person knowingly gave false information that prevented the parent from timely making known his or her desire to assume parental responsibilities toward the child minor or from exercising his or her parental rights. A motion under this subsection must be filed with the court originally entering the judgment. The motion must be filed within a reasonable time but not later than 1 year after the entry of the judgment terminating parental

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rights.

(b) No later than 30 days after the filing of a motion under this subsection, the court shall conduct a preliminary hearing to determine what contact, if any, will be allowed permitted between a parent and the child pending resolution of the motion. Such contact may be allowed only if it is requested by a parent who has appeared at the hearing and the court determines that it is in the best interests of the child. If the court orders contact between a parent and the child, the order must be issued in writing as expeditiously as possible and must state with specificity any provisions regarding contact with persons other than those with whom the child resides.

- (c) The court may not order scientific testing to determine the paternity or maternity of the <u>child minor</u> until such time as the court determines that a previously entered judgment terminating the parental rights of that parent is voidable pursuant to paragraph (a), unless all parties agree that such testing is in the best interests of the child. Upon the filing of test results establishing that person's maternity or paternity of the surrendered <u>newborn</u> infant, the court may order visitation only if it appears to be in the best interests of the child.
- (d) Within 45 days after the preliminary hearing, the court shall conduct a final hearing on the motion to set aside the judgment and shall enter its written order as expeditiously as possible thereafter.
- (10) Except to the extent expressly provided in this section, proceedings initiated by a licensed child-placing agency for the termination of parental rights and subsequent

12-01357A-23 2023870 320 adoption of a newborn infant left at a hospital, an emergency medical services station, or  $\underline{a}$  fire station in accordance with 321 322 s. 383.50 shall be conducted pursuant to this chapter. 323 Section 3. This act shall take effect July 1, 2023.

	LEGISLATIVE ACTION	
Senate	•	House
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The Committee on Child	dren, Families, and E	lder Affairs (Book)
recommended the follow	ring:	
Senate Amendment	(with title amendment	t)
Delete line 42		
and insert:		
reasonably believes is	approximately 7 days	s old or younger at
		N. III
====== T I And the title is amend		N I ==========
Delete lines 3 -		
and insert:	•	



11 amending s. 383.50, F.S.; defining the term "newborn

	LEGISLATIVE ACTION	
Senate	•	House
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The Committee on Children, Families, and Elder Affairs (Burton) recommended the following:

### Senate Amendment

Delete lines 43 - 44

and insert:

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the time the child is surrendered under this section  $\frac{1}{2}$ hospital, emergency medical services station, or fire station.



	LEGISLATIVE ACTION	
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The Committee on Children, Families, and Elder Affairs (Book) recommended the following:

### Senate Amendment

Between lines 74 and 75

insert:

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6. Constructed with material certified for use in explosive containers to reduce the hazards associated with the detonation of an explosive device which may result in injury or loss of life to persons within the building.

	LEGISLATIVE ACTION	
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The Committee on Children, Families, and Elder Affairs (Burton) recommended the following:

### Senate Amendment (with title amendment)

3 Delete lines 132 - 321

and insert:

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or neglect, any parent who leaves a newborn infant in accordance with this section with a firefighter, emergency medical technician, or paramedic at a fire station or emergency medical services station, or brings a newborn infant to an emergency room of a hospital and expresses an intent to leave the newborn infant and not return, has the absolute right to remain

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anonymous and to leave at any time and may not be pursued or followed unless the parent seeks to reclaim the newborn infant. When an infant is born in a hospital and the mother expresses intent to leave the infant and not return, upon the mother's request, the hospital or registrar must shall complete the infant's birth certificate without naming the mother thereon.

(7) (6) A parent of a newborn infant surrendered left at a hospital, emergency medical services station, or fire station under this section may claim his or her newborn infant up until the court enters a judgment terminating his or her parental rights. A claim to the newborn infant must be made to the entity having physical or legal custody of the newborn infant or to the circuit court before whom proceedings involving the newborn infant are pending.

(8) (8) (7) Upon admitting a newborn infant under this section, the hospital shall immediately contact a local licensed childplacing agency or alternatively contact the statewide central abuse hotline for the name of a licensed child-placing agency for purposes of transferring physical custody of the newborn infant. The hospital shall notify the licensed child-placing agency that a newborn infant has been left with the hospital and approximately when the licensed child-placing agency can take physical custody of the child. In cases where there is actual or suspected child abuse or neglect, the hospital or any of its licensed health care professionals shall report the actual or suspected child abuse or neglect in accordance with ss. 39.201 and 395.1023 in lieu of contacting a licensed child-placing agency.

(9) <del>(8)</del> Any newborn infant admitted to a hospital in

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accordance with this section is presumed eligible for coverage under Medicaid, subject to federal rules.

- (10) (9) A newborn infant surrendered left at a hospital, emergency medical services station, or fire station in accordance with this section is <del>shall</del> not <del>be</del> deemed abandoned or and subject to reporting and investigation requirements under s. 39.201 unless there is actual or suspected child abuse or until the Department of Health takes physical custody of the child.
- (11) If the parent of a newborn infant is otherwise unable to surrender the newborn infant in accordance with this section, the parent may dial 911 to request that an emergency medical services provider meet the surrendering parent at a specified location. The surrendering parent must stay with the newborn infant until the emergency medical services provider arrives to take custody of the newborn infant.
- (12) (10) A criminal investigation may shall not be initiated solely because a newborn infant is surrendered left at a hospital under this section unless there is actual or suspected child abuse or neglect.

Section 2. Subsections (1), (4), (7), (9), and (10) of section 63.0423, Florida Statutes, are amended to read:

- 63.0423 Procedures with respect to surrendered infants.-
- (1) Upon entry of final judgment terminating parental rights, a licensed child-placing agency that takes physical custody of an infant surrendered at a hospital, emergency medical services station, or fire station pursuant to s. 383.50 assumes responsibility for the medical and other costs associated with the emergency services and care of the surrendered infant from the time the licensed child-placing

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agency takes physical custody of the surrendered infant.

- (4) The parent who surrenders the infant in accordance with s. 383.50 is presumed to have consented to termination of parental rights, and express consent is not required. Except when there is actual or suspected child abuse or neglect, the licensed child-placing agency may shall not attempt to pursue, search for, or notify that parent as provided in s. 63.088 and chapter 49. For purposes of s. 383.50 and this section, an infant who tests positive for illegal drugs, narcotic prescription drugs, alcohol, or other substances, but shows no other signs of child abuse or neglect, shall be placed in the custody of a licensed child-placing agency. Such a placement does not eliminate the reporting requirement under s. 383.50(8) s. 383.50(7). When the department is contacted regarding an infant properly surrendered under this section and s. 383.50, the department shall provide instruction to contact a licensed child-placing agency and may not take custody of the infant unless reasonable efforts to contact a licensed child-placing agency to accept the infant have not been successful.
- (7) If a claim of parental rights of a surrendered infant is made before the judgment to terminate parental rights is entered, the circuit court may hold the action for termination of parental rights in abeyance for a period of time not to exceed 60 days.
- (a) The court may order scientific testing to determine maternity or paternity at the expense of the parent claiming parental rights.
- (b) The court shall appoint a quardian ad litem for the surrendered infant and order any whatever investigation, home

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evaluation, or and psychological evaluation are necessary to determine what is in the best interests of the surrendered infant.

- (c) The court may not terminate parental rights solely on the basis that the parent surrendered <del>left</del> the infant <del>at a</del> hospital, emergency medical services station, or fire station in accordance with s. 383.50.
- (d) The court shall enter a judgment with written findings of fact and conclusions of law.
- (9) (a) A judgment terminating parental rights to a surrendered infant pending adoption is voidable, and any later judgment of adoption of that child minor is voidable, if, upon the motion of a parent, the court finds that a person knowingly gave false information that prevented the parent from timely making known his or her desire to assume parental responsibilities toward the child minor or from exercising his or her parental rights. A motion under this subsection must be filed with the court originally entering the judgment. The motion must be filed within a reasonable time but not later than 1 year after the entry of the judgment terminating parental rights.
- (b) No later than 30 days after the filing of a motion under this subsection, the court shall conduct a preliminary hearing to determine what contact, if any, will be allowed permitted between a parent and the child pending resolution of the motion. Such contact may be allowed only if it is requested by a parent who has appeared at the hearing and the court determines that it is in the best interests of the child. If the court orders contact between a parent and the child, the order



must be issued in writing as expeditiously as possible and must state with specificity any provisions regarding contact with persons other than those with whom the child resides.

- (c) The court may not order scientific testing to determine the paternity or maternity of the child minor until such time as the court determines that a previously entered judgment terminating the parental rights of that parent is voidable pursuant to paragraph (a), unless all parties agree that such testing is in the best interests of the child. Upon the filing of test results establishing that person's maternity or paternity of the surrendered infant, the court may order visitation only if it appears to be in the best interests of the child.
- (d) Within 45 days after the preliminary hearing, the court shall conduct a final hearing on the motion to set aside the judgment and shall enter its written order as expeditiously as possible thereafter.
- (10) Except to the extent expressly provided in this section, proceedings initiated by a licensed child-placing agency for the termination of parental rights and subsequent adoption of a newborn infant surrendered left at a hospital, emergency medical services station, or fire station in accordance with

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151 ======== T I T L E A M E N D M E N T ========== 152 And the title is amended as follows:

153 Delete lines 19 - 31

154 and insert:

circumstances; conforming provisions to changes made



by the act; authorizing a parent to surrender a				
newborn infant by calling 911 and requesting an				
emergency medical services provider to meet at a				
specified location to retrieve the newborn infant;				
requiring the parent to stay with the newborn infant				
until the emergency medical services provider arrives;				
amending s. 63.0423, F.S.;				

	LEGISLATIVE ACTION	
Senate		House
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The Committee on Children, Families, and Elder Affairs (Book) recommended the following:

### Senate Amendment (with title amendment)

3 Between lines 186 and 187

insert:

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(13) Any hospital, fire station, or emergency medical services station that uses a newborn infant safety device under this section, and the local government having jurisdiction over such facility, is immune from liability for any harm, failure, injury, or loss of life that may result from use or misuse of the newborn infant safety device, and all liability shall be



11 assumed by the manufacturer and the parent company of the 12 organization that owns such device. 13 14 ========= T I T L E A M E N D M E N T ============= 15 And the title is amended as follows: Delete line 31 16 17 and insert: newborn infant applies; providing facilities that use 18 a newborn infant safety device, and the local 19 20 governments having jurisdiction over such facilities, 21 with immunity from liability related to the use of 22 such device; providing that all liability is assumed 23 by the manufacturer and parent organization having 24 ownership of such device; amending s. 63.0423, F.S.;

By Senator Gruters

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22-00414B-23 20231010

A bill to be entitled

An act relating to substance abuse and mental health

services; amending s. 397.487, F.S.; conforming a provision to changes made by the act; revising requirements relating to the removal and replacement of certified recovery residence administrators; revising requirements relating to credentialing entities denying, revoking, or suspending certifications or imposing sanctions on a recovery residence; requiring the Department of Children and Families to adopt rules; requiring that changes to certification requirements by credentialing entities be adopted by department rule before the change is effective and enforceable; amending s. 397.4871, F.S.; authorizing credentialing entities to approve certain certified recovery residence administrators to actively manage up to a specified number of residents if certain requirements are met; prohibiting certain certified recovery residence administrators who have been removed from a recovery residence from continuing to actively manage more than a specified number of residents without being reapproved by a credentialing entity; creating the Substance Abuse and Mental Health Treatment and Housing Task Force within the Department of Children and Families; providing a purpose for the task force; specifying membership of the task force; requiring the task force to meet at specified intervals; requiring the task force to conduct a specified study and review; requiring the task force

22-00414B-23 20231010

to submit a report to the department by a specified date; requiring the department to submit a report to the Governor and the Legislature by a specified date; exempting certain recovery residences from certain zoning laws and ordinances for a specified timeframe; providing for expiration of the task force; providing an effective date.

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

Section 1. Paragraph (a) of subsection (2) and paragraphs (b) and (e) of subsection (8) of section 397.487, Florida Statutes, are amended, and paragraph (f) is added to that subsection, to read:

397.487 Voluntary certification of recovery residences.

(2) The department shall approve at least one credentialing entity by December 1, 2015, for the purpose of developing and administering a voluntary certification program for recovery residences. The approved credentialing entity shall:

(a) Establish recovery residence certification requirements. However, any change to certification requirements on or after October 1, 2023, must be adopted by department rule pursuant to paragraph (8)(f).

(8) Onsite followup monitoring of a certified recovery residence may be conducted by the credentialing entity to determine continuing compliance with certification requirements. The credentialing entity shall inspect each certified recovery residence at least annually to ensure compliance.

(b) A certified recovery residence must notify the

22-00414B-23 20231010

credentialing entity within 3 business days after the removal of the recovery residence's certified recovery residence administrator due to termination, resignation, or any other reason. The recovery residence has 90 30 days to retain a certified recovery residence administrator. If a recovery residence's certified recovery residence administrator has been removed due to termination, resignation, or any other reason and had been approved to actively manage more than 50 residents pursuant to s. 397.4871(8), the recovery residence must retain another certified recovery residence administrator within 90 days to continue to manage the approved additional number of residents. The credentialing entity shall revoke the certificate of compliance of any recovery residence that fails to comply with this paragraph.

- (e) Any decision by a department-recognized credentialing entity to deny, revoke, or suspend a certification, or otherwise impose sanctions on a recovery residence, must be initiated by a formal notice provided to the recovery residence, and the credentialing agency must take final action within 30 days after the initial notification, is reviewable by the department. Upon receiving an adverse determination, the recovery residence may request an administrative hearing pursuant to ss. 120.569 and 120.57 ss. 120.569 and 120.57(1) within 30 days after final action taken completing any appeals process offered by the credentialing entity or the department, as applicable.
- (f) Effective October 1, 2023, the department shall adopt by rule the certification requirements established by credentialing entities which are in effect on that date. Any changes to certification requirements by a credentialing entity

22-00414B-23 20231010

on or after October 1, 2023 must be adopted by department rule before such change is effective and enforceable by credentialing entities.

Section 2. Paragraph (b) of subsection (8) of section 397.4871, Florida Statutes, is amended to read:

397.4871 Recovery residence administrator certification.—
(8)

- (b)  $\underline{1.}$  A certified recovery residence administrator may not actively manage more than 50 residents at any given time unless written justification is provided to, and approved by, the credentialing entity as to how the administrator is able to effectively and appropriately respond to the needs of the residents, to maintain residence standards, and to meet the residence certification requirements of this section. However, a certified recovery residence administrator may not actively manage more than 100 residents at any given time except as provided in subparagraph 2.
- 2. A credentialing entity may approve a certified recovery residence administrator to actively manage up to 250 residents if such administrator has been approved to actively manage 100 residents under subparagraph 1., if such administrator's recovery residence is wholly owned or controlled by a licensed service provider, and if the licensed service provider maintains a ratio of at least one staff member to eight residents. A certified recovery residence administrator approved under this subparagraph who has been removed by a recovery residence due to termination, resignation, or any other reason may not continue to actively manage more than 100 residents for another recovery residence without being reapproved by the credentialing entity

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117 pursuant to this subparagraph.

Section 3. (1) The Substance Abuse and Mental Health
Treatment and Housing Task Force, a task force as defined in s.
20.03(8), Florida Statutes, is created within the Department of
Children and Families. The purpose of the task force is to study
issues relating to the regulation of licensed private sector
substance abuse and mental health treatment service providers
and ancillary therapeutic housing in this state and provide
recommended changes to provide best-in-class services with
limited governmental intrusion. Except as otherwise provided in
this section, the task force shall operate in a manner
consistent with s. 20.052, Florida Statutes.

- (2) The task force is composed of nine members, as follows:
- (a) A representative of the Executive Office of the Governor, appointed by the Governor.
- (b) A member of the Senate, appointed by the President of the Senate.
- (c) A member of the House of Representatives, appointed by the Speaker of the House of Representatives.
- (d) A representative of the Office of the Attorney General, appointed by the Governor.
- (e) A representative of the Chief Financial Officer, appointed by the Governor.
- (f) A representative of the Palm Beach County State
  Attorney Addiction Recovery Task Force, appointed by the
  Governor.
- (g) A representative of the Florida Association of Recovery Residences, appointed by the Governor.
  - (h) A representative of the treatment industry, appointed

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by the Governor.

(i) A member of The Florida Bar with knowledge and experience in the treatment and therapeutic housing industry, appointed by the Governor.

- (3) The task force shall appoint a chair and vice-chair and meet no less than monthly.
- (4) (a) The task force, with assistance from the Department of Children and Families, shall conduct a study to evaluate the impact of chapter 419, Florida Statutes, on treatment services, to identify obstacles to providing all forms of therapeutic, medical, and clinical housing in this state to residents of this state, and to identify any compliance issues with the federal Americans with Disabilities Act and the federal Fair Housing Amendments Act of 1988.
- (b) The task force shall conduct a review of statewide zoning codes to determine the effect, if any, that local regulations have on the ability of private sector licensed service providers to provide modern, effective, evidence-based treatment and ancillary therapeutic housing to residents of this state.
- (5) (a) By December 31, 2024, the task force shall submit to the Department of Children and Families a report of its findings and recommendations, including any recommended amendments to chapter 419, Florida Statutes.
- (b) By June 30, 2025, the Department of Children and Families shall submit a report of the task force's findings and recommendations, and any additional findings and recommendations made by the department, to the Governor, the President of the Senate, and the Speaker of the House of Representatives.

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(6) From July 1, 2023, until July 1, 2026, any recovery residence certified by the approved credentialing entity pursuant to s. 397.487, Florida Statutes, is exempt from state or local zoning laws or ordinances, including the requirements of chapter 419, Florida Statutes, which do not apply to all other single-family and multifamily dwellings.

(7) This section expires July 1, 2026.

Section 4. This act shall take effect July 1, 2023.



	LEGISLATIVE ACTION	
Senate	•	House
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The Committee on Children, Families, and Elder Affairs (Gruters) recommended the following:

## Senate Amendment (with title amendment)

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Delete lines 40 - 181

4 and insert:

> Section 1. Subsections (5) and (8) of section 397.487, Florida Statutes, are amended to read:

397.487 Voluntary certification of recovery residences.

(5) Upon receiving a completed complete application, a credentialing entity shall conduct an onsite inspection of the recovery residence to determine whether the applicant meets the



## certification requirements.

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- (8) Periodic onsite followup monitoring of a certified recovery residence may be conducted by the credentialing entity to determine continuing compliance with certification requirements. The credentialing entity shall inspect each certified recovery residence at least annually to ensure compliance with such certification requirements.
- (a) A credentialing entity may suspend or revoke a certification if the credentialing entity has made a written determination that the recovery residence is not in compliance with any provision of this section or has failed to remedy any deficiency identified by the credentialing entity within the time period specified.
- (b) A certified recovery residence must notify the credentialing entity within 3 business days after the removal of the recovery residence's certified recovery residence administrator due to termination, resignation, or any other reason. The recovery residence has 90 30 days to retain a certified recovery residence administrator. The credentialing entity shall initiate formal proceedings to revoke the certificate of compliance of any recovery residence that fails to comply with this paragraph.
- (c) If any owner, director, or chief financial officer of a certified recovery residence is arrested for or found guilty of, or enters a plea of guilty or nolo contendere to, regardless of adjudication, any offense listed in s. 435.04(2) while acting in that capacity, the certified recovery residence shall immediately remove the person from that position and shall notify the credentialing entity within 3 business days after

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such removal. The credentialing entity shall revoke the certificate of compliance of a recovery residence that fails to meet these requirements.

- (d) A credentialing entity shall revoke a recovery residence's certificate of compliance if the recovery residence provides false or misleading information to the credentialing entity at any time.
- (e) Any decision by a department-recognized credentialing entity to deny, revoke, or suspend a certification, or otherwise impose sanctions on a recovery residence, must be initiated by a formal written notice provided to the recovery residence. The recovery residence must have 90 days to cure the alleged deficiency unless the alleged deficiency is an immediate threat to the health, life, or safety of a resident or residents. If the alleged deficiency is not cured within 90 days, the credentialing entity may proceed with formal proceedings against the recovery residence. The credentialing entity shall allow the recovery residence to participate in all proceedings conducted by the credentialing entity regarding the issues raised in the formal written notice. The credentialing entity shall issue a formal written notice of its final decision after the conclusion of such proceedings, is reviewable by the department. Upon receiving an adverse decision determination, the recovery residence may request an administrative hearing pursuant to ss. 120.569 and 120.57 ss. 120.569 and 120.57(1) within 30 days after the recovery residence receives formal written notice of the final action taken completing any appeals process offered by the credentialing entity. The credentialing entity must keep written records of decisions made and proceedings conducted

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pursuant to this paragraph and must make such records available to the Division of Administrative Hearings upon request or the department, as applicable.

Section 2. Paragraph (b) of subsection (8) of section 397.4871, Florida Statutes, is amended to read:

397.4871 Recovery residence administrator certification. (8)

(b) A certified recovery residence administrator may not actively manage more than 50 residents at any given time unless written justification is provided to, and approved by, the credentialing entity as to how the administrator is able to effectively and appropriately respond to the needs of the residents, to maintain residence standards, and to meet the residence certification requirements of this section. However, A certified recovery residence administrator may not actively manage more than 100 residents at any given time. However, a credentialing entity may approve a certified recovery residence administrator to actively manage up to 250 residents if such administrator's recovery residence provides therapeutic housing and ancillary services exclusively to a licensed service provider and if the licensed service provider maintains a ratio of at least 1 supervisory employee to 8 residents. A certified recovery residence administrator approved under this paragraph to manage more than 100 residents who has been removed by a recovery residence due to termination, resignation, or any other reason may not continue to actively manage more than 100 residents for another recovery residence without being reapproved by the credentialing entity pursuant to this paragraph.

And the title is amended as follows:

Delete lines 3 - 35



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and insert: services; amending s. 397.487, F.S.; specifying the purpose of certain inspections by credentialing entities; revising authorizations relating to onsite monitoring of certified recovery residences by credentialing entities; revising requirements relating to the removal and replacement of certified recovery residence administrators; revising requirements relating to credentialing entities denying, revoking, or suspending certifications or imposing sanctions on a recovery residence; requiring credentialing entities to keep specified records and make such records available to the Division of Administrative Hearings upon request; amending s. 397.4871, F.S.; authorizing credentialing entities to approve certain certified recovery residence administrators to actively manage up to a specified number of residents if certain requirements are met; prohibiting certain certified recovery residence administrators who have been removed from a recovery residence from continuing to actively manage more than a specified number of

residents without being reapproved by a credentialing

entity; providing

By Senator Simon

3-01568A-23 20231278

A bill to be entitled

An act relating to direct-support organizations of the Department of Children and Families; amending s. 402.57, F.S.; authorizing the Department of Children and Families to establish a direct-support organization for a specified purpose; specifying criteria for the direct-support organization; requiring the direct-support organization to operate under written contract with the department; providing requirements for the contract; requiring the Secretary of Children and Families to appoint a board of directors for the direct-support organization; providing for appointment of board members; authorizing the department to allow the direct-support organization to use, without charge, the department's fixed property, facilities, and personnel services, subject to certain requirements; defining the term "personnel services"; authorizing the direct-support organization to collect, expend, and provide funds for specified purposes; prohibiting the use of such funds for lobbying purposes; authorizing moneys to be held in a separate depository account in the name of the direct-support organization, subject to certain requirements; requiring the direct-support organization to provide for annual audits; providing for future repeal; providing an effective date.

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

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3-01568A-23 20231278

Section 1. Section 402.57, Florida Statutes, is amended to read:

- 402.57 Direct-support organizations organization.-
- (1) DEPARTMENT OF CHILDREN AND FAMILIES.—The Department of Children and Families is authorized to create a direct-support organization, the sole purpose of which is to support the department in carrying out its purposes and responsibilities.
  - (a) The direct-support organization must be:
- 1. A not-for-profit corporation incorporated under chapter 617 and approved by the Department of State as a not-for-profit corporation;
- 2. Organized and operated to conduct programs and activities; to raise funds; to request and receive grants, gifts, and bequests of moneys; to acquire, receive, hold, invest, and administer, in its own name, securities, funds, objects of value, or other property, real or personal; and to make expenditures to or for the direct or indirect benefit of the department and the individuals it serves; and
- 3. Determined by the department to be operating in a manner consistent with the goals and purposes of the department, the best interest of the state, and the needs of children and adults served by the department.
- (b) The direct-support organization shall operate under a written contract with the department. The contract must provide for all of the following:
- 1. Department approval of the articles of incorporation and bylaws of the direct-support organization.
  - 2. Submission of an annual budget for department approval.
  - 3. Certification by the department that the direct-support

3-01568A-23 20231278

organization is complying with the terms of the contract and operating in a manner consistent with the goals and purposes of the department and in the best interest of the state. Such certification must be made annually and reported in the official minutes of a meeting of the direct-support organization.

- 4. The reversion to the state of moneys and property held in trust by the direct-support organization for the benefit of those served by the department if the department ceases to exist or the reversion to the department if the direct-support organization is no longer approved to operate for the department, a county commission, or a circuit board or ceases to exist.
- 5. The fiscal year of the direct-support organization, which must begin July 1 of each year and end June 30 of the following year.
- 6. The disclosure of material provisions of the contract, and the distinction between the department and the direct-support organization, to donors of gifts, contributions, or bequests, including such disclosure on all promotional and fundraising publications.
- (c) The Secretary of Children and Families shall appoint the board of directors of the direct-support organization. The board members shall be appointed according to the organization's bylaws.
- (d) The department may allow, without charge, appropriate use of fixed property, facilities, and personnel services of the department by the direct-support organization, subject to the requirements of this section. As used in this subsection, the term "personnel services" includes full-time or part-time

3-01568A-23 20231278

personnel, as well as payroll processing services.

1. The department may prescribe any conditions with which the direct-support organization must comply in order to use fixed property or facilities of the department.

- 2. The department may not allow the use of any fixed property or facilities of the department by the direct-support organization if it does not provide equal membership and employment opportunities to all persons regardless of race, color, religion, sex, age, or national origin.
- 3. The department shall adopt rules prescribing the procedures by which the direct-support organization is governed and any conditions with which a direct-support organization must comply to use property, facilities, or personnel services of the department.
- (e) The direct-support organization may collect, expend, and provide funds for:
- 1. Addressing gaps in services for the children and adults served by the department.
- 2. Development, implementation, and operation of targeted prevention efforts.
- 3. Services and activities that support the goals of the department.
- 4. Functions of the direct-support organization's board of directors, as necessary and approved by the department.
- The funds of the direct-support organization may not be used for the purpose of lobbying as defined in s. 11.045.
- (f) Any moneys may be held in a separate depository account in the name of the direct-support organization and subject to

3-01568A-23 20231278

the provisions of the contract with the department.

- (g) The direct-support organization shall provide for an annual financial audit in accordance with s. 215.981.
- (h) This subsection is repealed October 1, 2028, unless reviewed and saved from repeal by the Legislature.
- (2) CHILDREN AND YOUTH CABINET.—The Department of Children and Families shall establish a direct-support organization to assist the Children and Youth Cabinet established in s. 402.56 in carrying out its purposes and responsibilities, primarily regarding fostering public awareness of children and youth issues and developing new partners in the effort to serve children and youth by raising money; submitting requests for and receiving grants from the Federal Government, the state or its political subdivisions, private foundations, and individuals; and making expenditures to or for the benefit of the cabinet. The sole purpose for the direct-support organization is to support the cabinet.
  - (a) The direct-support organization must be:
- 1.(a) Incorporated under chapter 617 and approved by the Department of State as a Florida corporation not for profit.
- 2. (b) Organized and operated to make expenditures to or for the benefit of the cabinet.
- 3.(c) Approved by the department to be operating for the benefit of and in a manner consistent with the goals of the cabinet and in the best interest of the state.
- (b) (2) The board of directors of the direct-support organization shall consist of seven members appointed by the Governor. Each member of the board of directors shall be appointed to a 4-year term. However, for the purpose of

3-01568A-23 20231278 146 providing staggered terms, the initial appointments shall be for 147 either 2 years or 4 years, as determined by the Governor. 148 (c) (3) The direct-support organization shall operate under a written contract with the department. 149 150 (d) (4) All moneys received by the direct-support 151 organization must be deposited into an account of the direct-152 support organization and shall be used in a manner consistent 153 with the goals of the cabinet. 154 (e) <del>(5)</del> This subsection section is repealed October 1, 2024, 155 unless reviewed and saved from repeal by the Legislature. 156 Section 2. This act shall take effect upon becoming a law.



	LEGISLATIVE ACTION	
Senate	•	House
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The Committee on Children, Families, and Elder Affairs (Simon) recommended the following:

## Senate Amendment

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Delete lines 89 - 101

4 and insert:

1. The department may not allow the use of any fixed property, facilities, or personnel services of the department by the direct-support organization if it does not provide equal membership and employment opportunities to all persons regardless of race, color, religion, sex, age, or national origin.



2. The department may prescribe any conditions with which	a
direct-support organization must comply to use fixed property,	
facilities, or personnel services of the department and shall	
adopt rules prescribing those conditions and the procedures by	
which the direct-support organization is governed.	

By Senator Book

35-01309A-23 20231286

A bill to be entitled

An act relating to designated public safe exchange locations; amending s. 61.13, F.S.; requiring that certain information be included in a parenting plan; specifying that a parent may not be found in violation of a parenting plan, time-sharing schedule, or child exchange order, or charged with a certain offense, under certain circumstances; amending s. 125.01, F.S.; requiring boards of county commissioners to designate certain areas as public safe exchange locations for a specified purpose; providing requirements for such areas; providing immunity; amending s. 787.03, F.S.; providing that a parent of a child or the parent's designee may not be charged with the offense of interference with custody under certain circumstances; providing an effective date.

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

Section 1. Paragraph (b) of subsection (2) of section 61.13, Florida Statutes, is amended, and subsection (10) is added to that section, to read:

61.13 Support of children; parenting and time-sharing; powers of court.—

(2)

(b) A parenting plan approved by the court must, at a minimum, include all of the following information:

1. A detailed description of Describe in adequate detail how the parents will share and be responsible for the daily

35-01309A-23 20231286

tasks associated with the upbringing of the child. +

- 2. Include The time-sharing schedule arrangements that specify the time that the minor child will spend with each parent. The parenting plan must state that at any time, notwithstanding any provision in the agreed-upon parenting plan or time-sharing schedule or order relating to the exchange of the child, a parent or a parent's designee may choose to exchange the child with the other parent or the other parent's designee at a designated public safe exchange location as provided in s. 125.01(8).
- 3. A designation of Designate who will be responsible for all of the following:
- a. Any and all forms of health care. If the court orders shared parental responsibility over health care decisions, the parenting plan must provide that either parent may consent to mental health treatment for the child.
- b. School-related matters, including the address to be used for school-boundary determination and registration.
  - c. Other activities.; and
- 4. A detailed description of Describe in adequate detail the methods and technologies that the parents will use to communicate with the child.
- (10) A parent may not be found in violation of his or her parenting plan, time-sharing schedule, or child exchange order, or charged with the offense of interference with the parenting plan, time-sharing schedule, or child exchange order under s.

  787.03, if the parent or the parent's designee chooses to use a designated public safe exchange location to exchange custody of his or her child instead of a location that was previously

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agreed to by both parents or stated in the parenting plan, timesharing schedule, or child exchange order.

Section 2. Subsection (8) is added to section 125.01, Florida Statutes, to read:

125.01 Powers and duties.-

- (8) (a) Each board of county commissioners shall designate one or more sheriff's office or police department locations that have staff on site 24-hours a day as a public safe exchange location at which parents or parents' designees may meet to exchange custody of a child. The designation must be based on the population of the county, as follows: a minimum of one location for a population of less than 50,000; a minimum of two locations for a population of less than 75,000; and a minimum of three locations for a population of more than 75,000.
- (b) Each sheriff's office or police department designated as a public safe exchange location shall install a purple light on the outside of the building so the building is identifiable as a designated public safe exchange location. The parking lot of each public safe exchange location must be accessible 24 hours a day, 7 days a week, and each public safe exchange location shall provide adequate lighting and an external video surveillance system that records continuously, 24 hours a day, 7 days a week, and that meets all of the following criteria:
- 1. At least one camera is fixed on the entrance to the premises and is able to record the area in the vicinity of the purple light.
- 2. Records images clearly and such images accurately display the time and date.
  - 3. Retains video surveillance recordings or images for at

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least 6 months.

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(c) A cause of action may not be brought against the county, the sheriff, a county commissioner, or a law enforcement officer or an employee of the designated public safe exchange location based on an incident that occurs when a parent or parent's designee meets at a public safe exchange location to exchange custody of his or her child.

Section 3. Subsection (7) is added to section 787.03, Florida Statutes, to read:

787.03 Interference with custody.

(7) A parent of a child or the parent's designee may not be charged with an offense under this section solely for using or attempting to use a designated public safe exchange location as provided in s. 125.01(8) to exchange custody of his or her child instead of a location that was previously agreed to by both parents or specified in a parenting plan, time-sharing schedule, or child exchange order.

Section 4. This act shall take effect July 1, 2023.

By Senator Harrell

31-01169A-23 20231306

A bill to be entitled

An act relating to placement of surrendered newborn infants; amending s. 63.039, F.S.; requiring licensed child-placing agencies to maintain a specified registry; requiring that certain information be removed from the registry under certain circumstances; prohibiting the child-placing agency from transferring certain costs to prospective adoptive parents; amending s. 63.0423, F.S.; requiring licensed childplacing agencies to immediately place a surrendered newborn infant in the physical custody of an identified prospective adoptive parent; providing that the prospective adoptive parent becomes the quardian of such infant under certain conditions for a certain period of time; providing requirements that apply if a certain prospective adoptive home is not available; requiring the court to require the child-placing agency to make certain reasonable efforts to identify an appropriate prospective adoptive parent; conforming provisions to changes made by the act; amending s. 383.50, F.S.; providing requirements for licensed child-placing agencies once they take physical custody of a surrendered newborn infant; conforming provisions to changes made by the act; providing an effective date.

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

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Section 1. Present subsections (3), (4), and (5) of section

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63.039, Florida Statutes, are redesignated as subsections (4), (5), and (6), respectively, and a new subsection (3) is added to that section, to read:

- 63.039 <u>Duties</u> <del>Duty</del> of adoption entity; to Prospective Adoptive Parents of Infants registry; sanctions.—
- (3) (a) A licensed child-placing agency shall establish and maintain a registry of prospective adoptive parents of infants with the names and addresses of prospective adoptive parents who have received a favorable preliminary home study under s. 63.092 and have indicated the desire to be a prospective adoptive parent only for a newborn infant surrendered under s. 383.50. The licensed child-placing agency must remove the name and address of a prospective adoptive parent from the registry when the favorable preliminary home study for such prospective adoptive parent is no longer valid as provided in s. 63.092(3).
- (b) The child-placing agency may not transfer the cost of establishing and maintaining the registry created pursuant to this subsection to a prospective adoptive parent through either the cost of the home study or through the cost of adoption of a newborn infant under this section.

Section 2. Subsection (2) of section 63.0423, Florida Statutes, is amended to read:

- 63.0423 Procedures with respect to surrendered infants.-
- (2) Upon taking physical custody of a newborn infant surrendered pursuant to s. 383.50, the licensed child-placing agency shall immediately place the surrendered infant with an identified prospective adoptive parent, at which time the prospective adoptive parent becomes the guardian of the surrendered infant pending termination of parental rights and

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finalization of adoption or until the court orders otherwise. If a prospective adoptive parent from the registry is not available, the licensed child-placing agency must seek an order from the circuit court for emergency custody of the surrendered infant. As a part of the emergency order, the court shall require the licensed child-placing agency that has been unable to identify a prospective adoptive parent for the surrendered infant to make all reasonable efforts to identify an appropriate prospective adoptive parent as soon as practicable, including but not limited to, contacting all other licensed child-placing agencies in this state to facilitate the identification of a prospective adoptive parent from the registry described in s. 63.039. The emergency custody order remains shall remain in effect until the court orders preliminary approval of placement of the surrendered infant in a the prospective home, at which time the prospective adoptive parent becomes parents become quardian quardians pending termination of parental rights and finalization of adoption or until the court orders otherwise. The quardianship of the prospective adoptive parent is parents shall remain subject to the right of the licensed child-placing agency to remove the surrendered infant from the placement during the pendency of the proceedings if such removal is deemed by the licensed child-placing agency to be in the best interests of the child. The licensed child-placing agency may immediately seek to place the surrendered infant in a prospective adoptive home.

Section 3. Subsection (7) of section 383.50, Florida Statutes, is amended to read:

383.50 Treatment of surrendered newborn infant.-

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(7) Upon admitting a newborn infant under this section, the hospital shall immediately contact a local licensed childplacing agency or alternatively contact the statewide central abuse hotline for the name of a licensed child-placing agency for purposes of transferring physical custody of the newborn infant. The hospital shall notify the licensed child-placing agency that a newborn infant has been left with the hospital and approximately when the licensed child-placing agency can take physical custody of the child. Once the licensed child-placing agency takes physical custody of the newborn infant, the agency shall immediately seek to place the surrendered newborn infant with a prospective adoptive parent who is on the Prospective Adoptive Parents of Infants registry established and maintained under s. 63.039. If a prospective adoptive parent from the registry is not available, the licensed child-placing agency must follow the procedures in s. 63.0423. In cases where there is actual or suspected child abuse or neglect, the hospital or any of its licensed health care professionals shall report the actual or suspected child abuse or neglect in accordance with ss. 39.201 and 395.1023 in lieu of contacting a licensed childplacing agency.

Section 4. This act shall take effect July 1, 2023.

By Senator Grall

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A bill to be entitled

An act relating to adoption of children in dependency court; amending s. 63.082, F.S.; specifying that certain adoption consents are valid, binding, and enforceable by the court; specifying that a consent to adoption is not valid after certain petitions for termination of parental rights have been filed; making technical changes; requiring that the final hearing on a motion to intervene and the change of placement of the child be held by a certain date; deleting a provision regarding the sufficiency of the home study provided by the adoption entity; requiring that an evidentiary hearing be granted if a certain motion to intervene is filed; specifying the determinations to be made at such hearing; providing legislative findings; providing a rebuttable presumption; requiring the court to grant party status to the current caregivers under certain circumstances; providing when such party status expires; specifying the factors for consideration to rebut the rebuttable presumption; requiring the court to order the transfer of custody of the child to the adoptive parents under certain circumstances and in accordance with a certain transition plan; conforming provisions to changes made by the act; requiring the Office of Program Policy Analysis and Government Accountability (OPPAGA) to conduct a certain analysis; requiring the Department of Children and Families to provide a certain list of child-caring and child-placing agencies to OPPAGA by a 29-01485-23 20231322

certain date; requiring certain child-caring and child-placing agencies to provide certain data to OPPAGA by a certain date; requiring OPPAGA to provide a certain analysis and report to the Legislature by a certain date; providing an effective date.

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

Section 1. Subsection (6) of section 63.082, Florida Statutes, is amended to read:

63.082 Execution of consent to adoption or affidavit of nonpaternity; family social and medical history; revocation of consent.—

- (6)(a) If a parent executes a consent for adoption of a child minor with an adoption entity or qualified prospective adoptive parents and the minor child is under the supervision of the department, or otherwise subject to the jurisdiction of the dependency court as a result of the entry of a shelter order, a or dependency petition, or a petition for termination of parental rights pursuant to chapter 39, but parental rights have not yet been terminated, the adoption consent is valid, binding, and enforceable by the court. A consent to adoption of a child with an adoption entity or qualified prospective adoptive parents is not valid if executed after the filing of a petition for termination of parental rights pursuant to s. 39.802.
- (b) Upon execution of the consent of the parent, the adoption entity <u>may petition</u> shall be permitted to intervene in the dependency case as a party <u>of</u> in interest and must provide the court that acquired jurisdiction over the child <del>minor</del>,

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pursuant to the shelter order or dependency petition filed by the department, a copy of the preliminary home study of the identified prospective adoptive parents and any other evidence of the suitability of the placement. The preliminary home study must be maintained with strictest confidentiality within the dependency court file and the department's file. A preliminary home study must be provided to the court in all cases in which an adoption entity has been allowed to intervene intervened pursuant to this section. Absent good cause or mutual agreement of the parties, the final hearing on the motion to intervene and the change of placement of the child must be held within 30 days after the filing of the motion, and a written final order must be filed within 15 days after the hearing Unless the court has concerns regarding the qualifications of the home study provider, or concerns that the home study may not be adequate to determine the best interests of the child, the home study provided by the adoption entity shall be deemed to be sufficient and no additional home study needs to be performed by the department.

- (c) If a motion to intervene and the change of placement of the child by an adoption entity is filed files a motion to intervene in the dependency case in accordance with this chapter, the dependency court must shall promptly grant an evidentiary a hearing to determine whether:
- 1. The adoption entity has filed the required documents to be <u>allowed permitted</u> to intervene; and
- 2. The fee and compensation structure of the adoption entity creates any undue financial incentive for the parent to consent or for the adoption entity to intervene;

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3. The preliminary home study is adequate and provides the information required to make a best interests determination; and

- 4. The whether a change of placement of the child to the prospective adoptive family is in the best interests of the child. Absent good cause or mutual agreement of the parties, the final hearing on the motion to intervene and the change of placement of the child must be held within 30 days after the filing of the motion, and a written final order shall be filed within 15 days after the hearing.
- (d) 1.a. The Legislature finds that there is a compelling state interest to ensure that a child involved in chapter 39 proceedings is served in a way that minimizes his or her trauma, provides safe placement, maintains continuity of bonded placements, and achieves permanency as soon as possible.
- b. The Legislature finds that the use of intervention into dependency cases for the purpose of adoption has the potential to be traumatic for a child in the dependency system and that the disruption of a stable and bonded long-term placement and the change of placement to a person or family to whom the child has no bond or connection may create additional trauma.
- c. The Legislature finds that the right of a parent to determine an appropriate placement for a child who has been found dependent is not absolute and must be weighed against other factors that take the child's safety and well-being into account.
- d. It is the intent of the Legislature to reduce the disruption of stable and bonded long-term placements that have been identified as potential adoptive placements.
  - 2. If the child has been in his or her current placement

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117 for at least 9 continuous months or 15 of the last 24 months 118 immediately preceding the filing of the motion to intervene and the change of placement of the child and that placement is a 119 120 prospective adoptive placement, there is a rebuttable presumption that it is in the child's best interest to remain in 122 his or her current placement. The court shall grant party status 123 to the current caregiver who is a prospective adoptive placement 124 for the limited purpose of filing motions and presenting 125 evidence pursuant to this subsection. This limited party status expires upon the issuance of a final order on the motion to 126 127 intervene and the change of placement of the child. To rebut the 128 presumption established in this subparagraph, the intervening 129 party must prove by competent and substantial evidence that it 130 is in the best interests of the child to disrupt the current 131 stable prospective adoptive placement using the factors set 132 forth in subparagraph 3. and any other factors the court deems 133 relevant.

- 3. In determining whether changing placement to the prospective adoptive parents selected by the parent or adoption entity is in the best interests of the child, the court shall consider and weigh all relevant factors, including, but not limited to:
  - a. The permanency offered by each placement;
- b. The established bond between the child and the current caregiver with whom the child is residing if that placement is a potential adoptive home;
- c. The stability of the current placement if that placement is a potential adoptive home, as well as the desirability of maintaining continuity of that placement;

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d. The importance of maintaining sibling relationships, if possible;

- e. The reasonable preferences and wishes of the child, if the court deems the child to be of sufficient maturity, understanding, and experience to express a preference; and
- f. The right of the parent to determine an appropriate placement for the child.
- (e) If after consideration of all relevant factors, including those set forth in subparagraph (d) 3. paragraph (e), the court determines that the home study is adequate and provides the information necessary to determine that the prospective adoptive parents are properly qualified to adopt the minor child and that the change of placement adoption is in the best interests of the minor child, the court must shall promptly order the transfer of custody of the minor child to the prospective adoptive parents, under the supervision of the adoption entity, in accordance with a transition plan developed by the department in consultation with the caregivers of the current placement and the caregivers of the newly ordered placement to minimize the trauma of removal of the child from his or her current placement. The court may establish reasonable requirements for the transfer of custody in the transfer order, including a reasonable period of time to transition final custody to the prospective adoptive parents. The adoption entity shall thereafter provide monthly supervision reports to the department until finalization of the adoption. If the child has been determined to be dependent by the court, the department must shall provide information to the prospective adoptive parents at the time they receive placement of the dependent

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child regarding approved parent training classes available within the community. The department shall file with the court an acknowledgment of the prospective adoptive parents' parent's receipt of the information regarding approved parent training classes available within the community.

- (e) In determining whether the best interests of the child are served by transferring the custody of the minor child to the prospective adoptive parent selected by the parent or adoption entity, the court shall consider and weigh all relevant factors, including, but not limited to:
  - 1. The permanency offered;
- 2. The established bonded relationship between the child and the current caregiver in any potential adoptive home in which the child has been residing;
- 3. The stability of the potential adoptive home in which the child has been residing as well as the desirability of maintaining continuity of placement;
- 4. The importance of maintaining sibling relationships, if possible;
- 5. The reasonable preferences and wishes of the child, if the court deems the child to be of sufficient maturity, understanding, and experience to express a preference;
- 6. Whether a petition for termination of parental rights has been filed pursuant to s. 39.806(1)(f), (g), or (h);
  - 7. What is best for the child; and
- 8. The right of the parent to determine an appropriate placement for the child.
- (f) The adoption entity  $\underline{is}$  shall be responsible for keeping the dependency court informed of the status of the adoption

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proceedings at least every 90 days from the date of the order changing placement of the child until the date of finalization of the adoption.

(g) At the arraignment hearing held pursuant to s. 39.506, in the order that approves the case plan pursuant to s. 39.603, and in the order that changes the permanency goal to adoption pursuant to s. 39.621, the court shall provide written notice to the biological parent who is a party to the case of his or her right to participate in a private adoption plan including written notice of the factors set forth provided in subparagraph (d) 3. paragraph (e).

Section 2. The Office of Program Policy Analysis and Government Accountability (OPPAGA) shall conduct a comparative analysis nationally of the state processes that allow private adoption entities to intervene or participate in dependency cases, including, at a minimum, processes and requirements for intervention or participation of private adoption entities in dependency cases; any statutory fee limits for intervention adoption services, including attorney fees, recruitment fees, marketing fees, matching fees, and counseling fees; and any regulations on marketing and client recruitment methods or strategies. By July 15, 2023, the Department of Children and Families shall provide to OPPAGA a list of all child-caring agencies registered under s. 409.176, Florida Statutes, and all child-placing agencies licensed under s. 63.202, Florida Statutes, and contact information for each such agency. By October 1, 2023, all registered child-caring agencies and licensed child-placing agencies shall provide OPPAGA with data as requested by OPPAGA related to contact information for any

29-01485-23 20231322 233 intermediary adoption entities the agency contracts with, fees 234 and compensation for any portion of an intervention adoption the 235 agency has been involved with, and related costs for adoption 236 interventions initiated under chapter 39, Florida Statutes. 237 OPPAGA shall submit the analysis and report to the President of 238 the Senate and the Speaker of the House of Representatives by 239 January 1, 2024.

Section 3. This act shall take effect July 1, 2023.

By Senator Perry

9-01673A-23 20231374

A bill to be entitled

An act relating to child restraint requirements; amending s. 316.613, F.S.; revising requirements for the use of a crash-tested, federally approved child restraint device while transporting a child in a motor vehicle; providing an effective date.

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

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Section 1. Paragraph (a) of subsection (1) of section 316.613, Florida Statutes, is amended to read:

316.613 Child restraint requirements.-

- (1) (a) Every operator of a motor vehicle as defined in this section, while transporting a child in a motor vehicle operated on the roadways, streets, or highways of this state,  $\underline{\text{must}}$   $\underline{\text{shall}}$ , if the child is  $\underline{7}$   $\underline{5}$  years of age or younger, provide for protection of the child by properly using a crash-tested, federally approved child restraint device.
- 1. For children aged through  $\underline{2}$   $\underline{3}$  years, such restraint device must be a <u>rear-facing five-point harness</u> separate carrier or a vehicle manufacturer's integrated child seat.
- 2. For children aged  $\underline{3}$  4 through  $\underline{4}$  5 years, such restraint device must be a forward-facing or rear-facing five-point harness.
- 3. For children aged 5 through 7 years, such restraint device must be a separate carrier, an integrated child seat, or a child booster seat that incorporates the use of the motor vehicle's safety belt as defined in s. 316.614(3)(b) or must be a forward-facing five-point harness may be used. However, the

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requirement to use a child restraint device under this subparagraph does not apply when a safety belt is used as required in s. 316.614(4)(a) and the child:

- a. Is being transported gratuitously by an operator who is not a member of the child's immediate family;
- b. Is being transported in a medical emergency situation involving the child; or
- c. Has a medical condition that necessitates an exception as evidenced by appropriate documentation from a health care professional.
  - Section 2. This act shall take effect July 1, 2023.

By Senator Garcia

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36-01294D-23 20231396

A bill to be entitled An act relating to the Department of Elderly Affairs; amending s. 400.0069, F.S.; revising the list of individuals who may not be appointed as ombudsmen under the State Long-Term Care Ombudsman Program; amending s. 430.0402, F.S.; revising the definition of the term "direct service provider"; deleting an exemption from level 2 background screening requirements for certain individuals; deleting obsolete language; amending s. 744.2001, F.S.; deleting obsolete language; providing additional duties for the executive director of the Office of Public and Professional Guardians; amending s. 744.2003, F.S.; revising continuing education requirements for professional guardians; amending s. 744.2004, F.S.; requiring the office to notify complainants within a specified timeframe after determining that a complaint against a professional quardian is not legally sufficient; reducing the timeframe within which the office must complete and provide its initial investigative findings and recommendations, if any, to the professional guardian who is the subject of the investigation and to the complainant; requiring the office to provide a certain written statement to the complainant and the professional guardian within a specified timeframe after completing an investigation; deleting obsolete language; amending s. 744.3145, F.S.; providing an additional method of complying with certain

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instruction and education requirements for courtappointed guardians; amending s. 744.368, F.S.; requiring clerks of the court to report to the office within a specified timeframe after the court imposes any sanctions on a professional guardian; providing an effective date.

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

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Section 1. Paragraph (b) of subsection (4) of section 400.0069, Florida Statutes, is amended to read:

400.0069 Long-term care ombudsman districts; local long-term care ombudsman councils; duties; appointment.—

- (4) Each district and local council shall be composed of ombudsmen whose primary residences are located within the boundaries of the district.
- (b) The following individuals may not be appointed as ombudsmen:
- 1. The owner or representative of a long-term care facility.
- 2. A provider or representative of a provider of long-term care service.
  - 3. An employee of the agency.
- 4. An employee of the department who is not employed in the State Long-Term Care Ombudsman Program, except for staff certified as ombudsmen in the district offices.
  - 5. An employee of the Department of Children and Families.
  - 6. An employee of the Agency for Persons with Disabilities.
  - Section 2. Paragraph (b) of subsection (1), paragraphs (a)

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and (c) of subsection (2), and subsection (3) of section 430.0402, Florida Statutes, are amended to read:

430.0402 Screening of direct service providers.-

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- (b) For purposes of this section, the term "direct service provider" means a person 18 years of age or older who, pursuant to a program to provide services to the elderly, has direct, face-to-face contact with a client while providing services to the client and has access to the client's living areas, funds, personal property, or personal identification information as defined in s. 817.568. The term also includes, but is not limited to, the administrator or a similarly titled person who is responsible for the day-to-day operations of the provider, the financial officer or similarly titled person who is responsible for the financial operations of the provider, coordinators, managers, and supervisors of residential facilities, and volunteers, and any other person seeking employment with a provider who is expected to, or whose responsibilities may require him or her to, provide personal care or services directly to clients or have access to client funds, financial matters, legal matters, personal property, or living areas.
- (2) Level 2 background screening pursuant to chapter 435 and this section is not required for the following direct service providers:
- (a) 1. Licensed physicians, nurses, or other professionals licensed by the Department of Health who have been fingerprinted and undergone background screening as part of their licensure; and

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2. Attorneys in good standing with The Florida Bar;

 if they are providing a service that is within the scope of their licensed practice.

(c) Volunteers who assist on an intermittent basis for less than 20 hours per month and who are not listed on the Department of Law Enforcement Career Offender Search or the Dru Sjodin National Sex Offender Public Website.

1. The program that provides services to the elderly is responsible for verifying that the volunteer is not listed on either database.

section.

2. Once the department is participating as a specified agency in the clearinghouse created under s. 435.12, The provider shall forward the volunteer information to the Department of Elderly Affairs if the volunteer is not listed in either database specified in subparagraph 1. The department must then perform a check of the clearinghouse. If a disqualification is identified in the clearinghouse, the volunteer must undergo level 2 background screening pursuant to chapter 435 and this

(3) Until the department is participating as a specified agency in the clearinghouse created under s. 435.12, the department may not require additional level 2 screening if the individual is qualified for licensure or employment by the Agency for Health Care Administration pursuant to the agency's background screening standards under s. 408.809 and the individual is providing a service that is within the scope of his or her licensed practice or employment.

Section 3. Subsections (2) and (3) of section 744.2001,

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Florida Statutes, are amended to read:

744.2001 Office of Public and Professional Guardians.—There is created the Office of Public and Professional Guardians within the Department of Elderly Affairs.

- (2) The executive director shall, within available resources:
- (a) Have oversight responsibilities for all public and professional guardians.
- (b) Establish standards of practice for public and professional guardians by rule, in consultation with professional guardianship associations and other interested stakeholders, no later than October 1, 2016. The executive director shall provide a draft of the standards to the Governor, the Legislature, and the secretary for review by August 1, 2016.
- (c) Review and approve the standards and criteria for the education, registration, and certification of public and professional guardians in Florida.
- (d) Offer and make available online an education course to satisfy the requirements of s. 744.3145(2).
- (e) Produce and make available information about alternatives to and types of guardianship for dissemination by area agencies on aging as defined in s. 430.203 and aging resource centers as described in s. 430.2053.
- (3) The executive director's oversight responsibilities of professional guardians must be finalized by October 1, 2016, and shall include, but are not limited to:
- (a) Developing and implementing a monitoring tool to ensure compliance of professional guardians with the standards of practice established by the Office of Public and Professional

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Guardians. This monitoring tool may not include a financial audit as required by the clerk of the circuit court under s. 744.368.

- (b) Developing procedures, in consultation with professional guardianship associations and other interested stakeholders, for the review of an allegation that a professional guardian has violated the standards of practice established by the Office of Public and Professional Guardians governing the conduct of professional guardians.
- (c) Establishing disciplinary proceedings, conducting hearings, and taking administrative action pursuant to chapter 120.

Section 4. Subsection (3) of section 744.2003, Florida Statutes, is amended to read:

744.2003 Regulation of professional guardians; application; bond required; educational requirements.—

(3) Each professional guardian <u>as</u> defined in s. 744.102(17) and public guardian must receive a minimum of 40 hours of instruction and training. Each professional guardian must receive a minimum of <u>30</u> 16 hours of continuing education every 2 calendar years after the year in which the initial 40-hour educational requirement is met. <u>The required continuing education must include at least 2 hours on fiduciary responsibilities; 2 hours on professional ethics; 1 hour on advance directives; 3 hours on abuse, neglect, and exploitation; and 4 hours on guardianship law. The instruction and education must be completed through a course approved or offered by the Office of Public and Professional Guardians. The expenses incurred to satisfy the educational requirements prescribed in</u>

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this section may not be paid with the assets of any ward. This subsection does not apply to any attorney  $\frac{1}{2}$  licensed to practice law in this state or an institution acting as guardian under s. 744.2002(7).

Section 5. Subsections (1) and (6) of section 744.2004, Florida Statutes, are amended to read:

744.2004 Complaints; disciplinary proceedings; penalties; enforcement.—

- (1) By October 1, 2016, The Office of Public and Professional Guardians shall establish procedures to:
- (a) Review and, if determined legally sufficient, initiate an investigation within 10 business days after receipt of investigate any complaint that a professional guardian has violated the standards of practice established by the Office of Public and Professional Guardians governing the conduct of professional guardians. A complaint is legally sufficient if it contains ultimate facts that show a violation of a standard of practice by a professional guardian has occurred.
- (b) Notify the complainant Initiate an investigation no later than 10 business days after the Office of Public and Professional Guardians determines that a complaint is not legally sufficient receives a complaint.
- (c) Complete and provide initial investigative findings and recommendations, if any, to the professional guardian and the person who filed the complaint within  $\underline{45}$  60 days after receipt of a complaint.
- (d) Obtain supporting information or documentation to determine the legal sufficiency of a complaint.
  - (e) Interview a ward, family member, or interested party to

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determine the legal sufficiency of a complaint.

(f) Dismiss any complaint if, at any time after legal sufficiency is determined, it is found there is insufficient evidence to support the allegations contained in the complaint.

- (g) Within 10 business days after completing an investigation, provide to the complainant and the professional guardian a written statement specifying any finding of a violation of a standard of practice by the professional guardian and any actions taken, or specifying that no such violation was found, as applicable.
- (h) Coordinate, to the greatest extent possible, with the clerks of court to avoid duplication of duties with regard to the financial audits prepared by the clerks pursuant to s. 744.368.
- (6) By October 1, 2016, The Department of Elderly Affairs shall adopt rules to implement the provisions of this section.

Section 6. Subsection (4) of section 744.3145, Florida Statutes, is amended to read:

744.3145 Guardian education requirements.

(4) Each person appointed by the court to be a guardian must complete the required number of hours of instruction and education within 4 months after his or her appointment as guardian. The instruction and education must be completed through a course approved by the chief judge of the circuit court and taught by a court-approved organization or through a course offered by the Office of Public and Professional Guardians under s. 744.2001. Court-approved organizations may include, but are not limited to, community or junior colleges, guardianship organizations, and the local bar association or The

20231396\_\_\_ 36-01294D-23 233 Florida Bar. 234 Section 7. Subsection (8) is added to section 744.368, 235 Florida Statutes, to read: 236 744.368 Responsibilities of the clerk of the circuit 237 court.-238 (8) Within 10 business days after the court imposes any 239 sanctions on a professional guardian, including, but not limited 240 to, contempt of court or removal of the professional guardian, 241 the clerk shall report such actions to the Office of Public and 242 Professional Guardians. 243

Section 8. This act shall take effect July 1, 2023.

By Senator Bradley

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A bill to be entitled

An act relating to mental health; amending s. 394.461, F.S.; authorizing the Department of Children and Families to issue a conditional designation for up to a certain number of days to allow the implementation of certain corrective measures by receiving facilities, treatment facilities, and receiving systems; amending s. 916.107, F.S.; requiring the sheriff to administer or to permit the department to administer the appropriate psychotropic medication to forensic clients before admission to a state mental health treatment facility; amending s. 916.12, F.S.; revising what an expert is required to specifically report on for recommended treatment for a defendant to attain competence to proceed, if the expert finds that a defendant is incompetent to proceed; providing report requirements; amending s. 916.13, F.S.; revising the circumstances under which every defendant who is charged with a felony and who is adjudicated incompetent to proceed may be involuntarily committed for treatment upon specified findings by the court; requiring a court to review the examining expert's report before issuing a commitment order; decreasing the timeframe in which an administrator or his or her designee is required to file a certain report with the court; requiring that a defendant be transported to the committing court's jurisdiction within a certain number of days after certain occurrences; requiring that the referring mental health facility transfer the 6-00907B-23 20231412

patient with medication and assist in discharge planning with medical teams at the receiving county jail to ensure continuity of care; reenacting ss. 394.658(1)(a), 916.106(9), and 916.17(1) and (2), F.S., relating to the Criminal Justice, Mental Health, and Substance Abuse Reinvestment Grant Program requirements; the definition of the term "forensic client" or "client"; and conditional release; respectively, to incorporate the amendment made to s. 916.13, F.S., in references thereto; providing an effective date.

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

Section 1. Section 394.461, Florida Statutes, is amended to read:

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

(1) RECEIVING FACILITY.—The department may designate any community facility as a receiving facility. Any other facility within the state, including a private facility or a federal

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facility, may be so designated by the department, provided that such designation is agreed to by the governing body or authority of the facility.

- (2) TREATMENT FACILITY.—The department may designate any state—owned, state—operated, or state—supported facility as a state treatment facility. A civil patient may shall not be admitted to a state treatment facility without previously undergoing a transfer evaluation. Before a court hearing for involuntary placement in a state treatment facility, the court shall receive and consider the information documented in the transfer evaluation. Any other facility, including a private facility or a federal facility, may be designated as a treatment facility by the department, provided that such designation is agreed to by the appropriate governing body or authority of the facility.
- (3) PRIVATE FACILITIES.—Private facilities designated as receiving and treatment facilities by the department may provide examination and treatment of involuntary patients, as well as voluntary patients, and are subject to all the provisions of this part.
  - (4) REPORTING REQUIREMENTS.-
- (a) A facility designated as a public receiving or treatment facility under this section shall report to the department on an annual basis the following data, unless these data are currently being submitted to the Agency for Health Care Administration:
  - 1. Number of licensed beds.
  - 2. Number of contract days.
  - 3. Number of admissions by payor class and diagnoses.

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- 4. Number of bed days by payor class.
- 5. Average length of stay by payor class.
- 6. Total revenues by payor class.
- (b) For the purposes of this subsection, "payor class" means Medicare, Medicare HMO, Medicaid, Medicaid HMO, private-pay health insurance, private-pay health maintenance organization, private preferred provider organization, the Department of Children and Families, other government programs, self-pay patients, and charity care.
- (c) The data required under this subsection shall be submitted to the department no later than 90 days following the end of the facility's fiscal year.
- (d) The department shall issue an annual report based on the data required pursuant to this subsection. The report shall include individual facilities' data, as well as statewide totals. The report shall be submitted to the Governor, the President of the Senate, and the Speaker of the House of Representatives.
- (5) RECEIVING SYSTEM.—The department shall designate as a receiving system one or more facilities serving a defined geographic area developed pursuant to s. 394.4573 which is responsible for assessment and evaluation, both voluntary and involuntary, and treatment, stabilization, or triage for patients who have a mental illness, a substance use disorder, or co-occurring disorders. Any transportation plans developed pursuant to s. 394.462 must support the operation of the receiving system.
  - (6) RULES.—The department may adopt rules relating to:
  - (a) Procedures and criteria for receiving and evaluating

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facility applications for designation, which may include onsite facility inspection and evaluation of an applicant's licensing status and performance history, as well as consideration of local service needs.

- (b) Minimum standards consistent with this part that a facility must meet and maintain in order to be designated as a receiving or treatment facility and procedures for monitoring continued adherence to such standards.
- (c) Procedures and criteria for designating receiving systems which may include consideration of the adequacy of services provided by facilities within the receiving system to meet the needs of the geographic area using available resources.
- (d) Procedures for receiving complaints against a designated facility or designated receiving system and for initiating inspections and investigations of facilities or receiving systems alleged to have violated the provisions of this part or rules adopted under this part.
- (e) Procedures and criteria for the suspension or withdrawal of designation as a receiving facility or receiving system.

Section 2. Subsection (1) of section 916.107, Florida Statutes, is amended to read:

916.107 Rights of forensic clients.-

- (1) RIGHT TO INDIVIDUAL DIGNITY.-
- (a) The policy of the state is that the individual dignity of the client shall be respected at all times and upon all occasions, including any occasion when the forensic client is detained, transported, or treated. Clients with mental illness, intellectual disability, or autism and who are charged with

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committing felonies shall receive appropriate treatment or training. In a criminal case involving a client who has been adjudicated incompetent to proceed or not quilty by reason of insanity, a jail may be used as an emergency facility for up to 15 days following the date the department or agency receives a completed copy of the court commitment order containing all documentation required by the applicable Florida Rules of Criminal Procedure. For a forensic client who is held in a jail awaiting admission to a facility of the department or agency, evaluation and treatment or training may be provided in the jail by the local community mental health provider for mental health services, by the developmental disabilities program for persons with intellectual disability or autism, the client's physician or psychologist, or any other appropriate program until the client is transferred to a civil or forensic facility. The sheriff shall administer or permit the department to administer the appropriate psychotropic medication to a forensic client before his or her admission to a state mental health treatment facility.

(b) Forensic clients who are initially placed in, or subsequently transferred to, a civil facility as described in part I of chapter 394 or to a residential facility as described in chapter 393 shall have the same rights as other persons committed to these facilities for as long as they remain there.

Section 3. Subsection (4) of section 916.12, Florida Statutes, is amended to read:

916.12 Mental competence to proceed.-

(4) If an expert finds that the defendant is incompetent to proceed, the expert shall report on any recommended treatment

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for the defendant to attain competence to proceed. In considering the issues relating to treatment, the examining expert shall specifically report on <u>all of the following</u>:

- (a) The mental illness causing the incompetence. +
- (b) The completion of a clinical assessment by approved mental health experts trained by the department to ensure the safety of the patient and the community.
- (c) The treatment or treatments appropriate for the mental illness of the defendant and an explanation of each of the possible treatment alternatives, including, at a minimum, mental health services, treatment services, rehabilitative services, support services, and case management services as those terms are defined in s. 394.67(16), which may be provided by or within multidisciplinary community treatment teams, such as Florida Assertive Community Treatment, conditional release programs, outpatient services or intensive outpatient treatment programs, and supportive employment and supportive housing opportunities in treating and supporting the recovery of the patient. in order of choices;
- $\underline{\text{(d)}}$  (c) The availability of acceptable treatment, and, if treatment is available in the community, the expert shall so state in the report.; and
- (e) (d) The likelihood of the defendant's attaining competence under the treatment recommended, an assessment of the probable duration of the treatment required to restore competence, and the probability that the defendant will attain competence to proceed in the foreseeable future.

The examining expert's report to the court must include a full

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and detailed explanation regarding why the alternative treatment options referenced in the evaluation are insufficient to meet the needs of the defendant.

Section 4. Section 916.13, Florida Statutes, is amended to read:

- 916.13 Involuntary commitment of defendant adjudicated incompetent.—
- (1) Every defendant who is charged with a felony and who is adjudicated incompetent to proceed may be involuntarily committed for treatment upon a finding by the court of clear and convincing evidence that:
- (a) The defendant has a mental illness and because of the mental illness:
- 1. The defendant is manifestly incapable of surviving alone or with the help of willing and responsible family or friends, including available alternative services, and, without treatment, the defendant is likely to suffer from neglect or refuse to care for herself or himself and such neglect or refusal poses a real and present threat of substantial harm to the defendant's well-being; or
- 2. There is a substantial likelihood that in the near future the defendant will inflict serious bodily harm on herself or himself or another person, as evidenced by recent behavior causing, attempting, or threatening such harm;
- (b) All available, less restrictive treatment alternatives, including treatment in community residential facilities, or community inpatient or outpatient settings, or any other mental health services, treatment services, rehabilitative services, support services, or case management services as those terms are

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defined or described in s. 394.67(16) which would offer an opportunity for improvement of the defendant's condition have been judged to be inappropriate; and

- (c) There is a substantial probability that the mental illness causing the defendant's incompetence will respond to treatment and the defendant will regain competency to proceed in the reasonably foreseeable future.
- Before issuing a commitment order, the court must review the examining expert's report to ensure alternative treatment options have been fully considered and found insufficient to meet the needs of the defendant.
- (2) A defendant who has been charged with a felony and who has been adjudicated incompetent to proceed due to mental illness, and who meets the criteria for involuntary commitment under this chapter, may be committed to the department, and the department shall retain and treat the defendant.
- (a) Immediately after receipt of a completed copy of the court commitment order containing all documentation required by the applicable Florida Rules of Criminal Procedure, the department shall request all medical information relating to the defendant from the jail. The jail shall provide the department with all medical information relating to the defendant within 3 business days after receipt of the department's request or at the time the defendant enters the physical custody of the department, whichever is earlier.
- (b) Within  $\underline{60 \text{ days}}$   $\underline{6 \text{ months}}$  after the date of admission and at the end of any period of extended commitment, or at any time the administrator or his or her designee determines that the

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defendant has regained competency to proceed or no longer meets the criteria for continued commitment, the administrator or designee shall file a report with the court pursuant to the applicable Florida Rules of Criminal Procedure.

(c) A competency hearing must be held within 30 days after the court receives notification that the defendant is competent to proceed or no longer meets the criteria for continued commitment. The defendant must be transported in accordance with s. 916.107 to the committing court's jurisdiction within 7 days after notification that the defendant is competent to proceed or no longer meets the criteria for continued commitment. A determination on the issue of competency must be made at a hearing within 30 days after the notification for the hearing. If the defendant is receiving psychotropic medication at a mental health facility at the time he or she is discharged and transferred to the jail, the administering of such medication must continue unless the jail physician documents the need to change or discontinue it. To ensure continuity of care, the referring mental health facility shall transfer the patient with up to 30 days of medications and assist in discharge planning with medical teams at the receiving county jail. The jail and department physicians shall collaborate to ensure that medication changes do not adversely affect the defendant's mental health status or his or her ability to continue with court proceedings; however, the final authority regarding the administering of medication to an inmate in jail rests with the jail physician.

Section 5. For the purpose of incorporating the amendment made by this act to section 916.13, Florida Statutes, in a

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reference thereto, paragraph (a) of subsection (1) of section 394.658, Florida Statutes, is reenacted to read:

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

- (1) The Criminal Justice, Mental Health, and Substance Abuse Statewide Grant Review Committee, in collaboration with the Department of Children and Families, the Department of Corrections, the Department of Juvenile Justice, the Department of Elderly Affairs, and the Office of the State Courts Administrator, shall establish criteria to be used to review submitted applications and to select the county that will be awarded a 1-year planning grant or a 3-year implementation or expansion grant. A planning, implementation, or expansion grant may not be awarded unless the application of the county meets the established criteria.
- (a) The application criteria for a 1-year planning grant must include a requirement that the applicant county or counties have a strategic plan to initiate systemic change to identify and treat individuals who have a mental illness, substance abuse disorder, or co-occurring mental health and substance abuse disorders who are in, or at risk of entering, the criminal or juvenile justice systems. The 1-year planning grant must be used to develop effective collaboration efforts among participants in affected governmental agencies, including the criminal, juvenile, and civil justice systems, mental health and substance abuse treatment service providers, transportation programs, and housing assistance programs. The collaboration efforts shall be the basis for developing a problem-solving model and strategic plan for treating adults and juveniles who are in, or at risk of

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entering, the criminal or juvenile justice system and doing so at the earliest point of contact, taking into consideration public safety. The planning grant shall include strategies to divert individuals from judicial commitment to community-based service programs offered by the Department of Children and Families in accordance with ss. 916.13 and 916.17.

Section 6. For the purpose of incorporating the amendment made by this act to section 916.13, Florida Statutes, in a reference thereto, subsection (9) of section 916.106, Florida Statutes, is reenacted to read:

- 916.106 Definitions.—For the purposes of this chapter, the term:
- (9) "Forensic client" or "client" means any defendant who has been committed to the department or agency pursuant to s. 916.13, s. 916.15, or s. 916.302.

Section 7. For the purpose of incorporating the amendment made by this act to section 916.13, Florida Statutes, in references thereto, subsections (1) and (2) of section 916.17, Florida Statutes, are reenacted to read:

916.17 Conditional release.

(1) Except for an inmate currently serving a prison sentence, the committing court may order a conditional release of any defendant in lieu of an involuntary commitment to a facility pursuant to s. 916.13 or s. 916.15 based upon an approved plan for providing appropriate outpatient care and treatment. Upon a recommendation that outpatient treatment of the defendant is appropriate, a written plan for outpatient treatment, including recommendations from qualified professionals, must be filed with the court, with copies to all

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parties. Such a plan may also be submitted by the defendant and filed with the court with copies to all parties. The plan shall include:

- (a) Special provisions for residential care or adequate supervision of the defendant.
  - (b) Provisions for outpatient mental health services.
- (c) If appropriate, recommendations for auxiliary services such as vocational training, educational services, or special medical care.

In its order of conditional release, the court shall specify the conditions of release based upon the release plan and shall direct the appropriate agencies or persons to submit periodic reports to the court regarding the defendant's compliance with the conditions of the release and progress in treatment, with copies to all parties.

(2) Upon the filing of an affidavit or statement under oath by any person that the defendant has failed to comply with the conditions of release, that the defendant's condition has deteriorated to the point that inpatient care is required, or that the release conditions should be modified, the court shall hold a hearing within 7 days after receipt of the affidavit or statement under oath. After the hearing, the court may modify the release conditions. The court may also order that the defendant be returned to the department if it is found, after the appointment and report of experts, that the person meets the criteria for involuntary commitment under s. 916.13 or s. 916.15.

Section 8. This act shall take effect July 1, 2023.



Senate . House	
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The Committee on Children, Families, and Elder Affairs (Bradley) recommended the following:

## Senate Amendment

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Delete lines 181 - 280

4 and insert:

safety of the defendant and the community.

(c) The treatment or treatments appropriate for the mental illness of the defendant and an explanation of each of the possible treatment alternatives, including, at a minimum, mental health services, treatment services, rehabilitative services, support services, and case management services as those terms



are defined in s. 394.67(16), which may be provided by or within multidisciplinary community treatment teams, such as Florida Assertive Community Treatment, conditional release programs, outpatient services or intensive outpatient treatment programs, and supportive employment and supportive housing opportunities in treating and supporting the recovery of the defendant. in order of choices;

(d) (c) The availability of acceptable treatment, and, if treatment is available in the community, the expert shall so state in the report.; and

(e) (d) The likelihood of the defendant's attaining competence under the treatment recommended, an assessment of the probable duration of the treatment required to restore competence, and the probability that the defendant will attain competence to proceed in the foreseeable future.

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The examining expert's report to the court must include a full and detailed explanation regarding why the alternative treatment options referenced in the evaluation are insufficient to meet the needs of the defendant.

Section 4. Section 916.13, Florida Statutes, is amended to read:

- 916.13 Involuntary commitment of defendant adjudicated incompetent.-
- (1) Every defendant who is charged with a felony and who is adjudicated incompetent to proceed may be involuntarily committed for treatment upon a finding by the court of clear and convincing evidence that:
  - (a) The defendant has a mental illness and because of the



mental illness:

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- 1. The defendant is manifestly incapable of surviving alone or with the help of willing and responsible family or friends, including available alternative services, and, without treatment, the defendant is likely to suffer from neglect or refuse to care for herself or himself and such neglect or refusal poses a real and present threat of substantial harm to the defendant's well-being; or
- 2. There is a substantial likelihood that in the near future the defendant will inflict serious bodily harm on herself or himself or another person, as evidenced by recent behavior causing, attempting, or threatening such harm;
- (b) All available, less restrictive treatment alternatives, including treatment in community residential facilities, or community inpatient or outpatient settings, or any other mental health services, treatment services, rehabilitative services, support services, or case management services as those terms are defined or described in s. 394.67(16) which would offer an opportunity for improvement of the defendant's condition have been judged to be inappropriate; and
- (c) There is a substantial probability that the mental illness causing the defendant's incompetence will respond to treatment and the defendant will regain competency to proceed in the reasonably foreseeable future.

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Before issuing a commitment order, the court must review the examining expert's report to ensure alternative treatment options have been fully considered and found insufficient to meet the needs of the defendant.

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- (2) A defendant who has been charged with a felony and who has been adjudicated incompetent to proceed due to mental illness, and who meets the criteria for involuntary commitment under this chapter, may be committed to the department, and the department shall retain and treat the defendant.
- (a) Immediately after receipt of a completed copy of the court commitment order containing all documentation required by the applicable Florida Rules of Criminal Procedure, the department shall request all medical information relating to the defendant from the jail. The jail shall provide the department with all medical information relating to the defendant within 3 business days after receipt of the department's request or at the time the defendant enters the physical custody of the department, whichever is earlier.
- (b) Within 60 days 6 months after the date of admission and at the end of any period of extended commitment, or at any time the administrator or his or her designee determines that the defendant has regained competency to proceed or no longer meets the criteria for continued commitment, the administrator or designee shall file a report with the court pursuant to the applicable Florida Rules of Criminal Procedure.
- (c) A competency hearing must be held within 30 days after the court receives notification that the defendant is competent to proceed or no longer meets the criteria for continued commitment. The defendant must be transported in accordance with s. 916.107 to the committing court's jurisdiction within 7 days after notification that the defendant is competent to proceed or no longer meets the criteria for continued commitment. A determination on the issue of competency must be made at a



hearing within 30 days after the notification for the hearing.
If the defendant is receiving psychotropic medication at a
mental health facility at the time he or she is discharged and
transferred to the jail, the administering of such medication
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change or discontinue it. To ensure continuity of care, the
referring mental health facility shall transfer the defendant
<u>with</u>