Bill No. CS for CS for CS for SB 700

Amendment No. ____ Barcode 040466

CHAMBER ACTION

	CHAMBER ACTION <u>Senate</u> <u>House</u>
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11	Senators Smith and Peaden moved the following amendment:
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13	Senate Amendment
14	On page 8, line 7, through
15	page 19, line 23, delete those lines
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17	and insert:
18	Section 5. Section 394.4655, Florida Statutes, is
19	created to read:
20	394.4655 Involuntary outpatient placement
21	(1) CRITERIA FOR INVOLUNTARY OUTPATIENT PLACEMENTA
22	person may be ordered to involuntary outpatient placement upon
23	a finding of the court that by clear and convincing evidence:
24	(a) The person is 18 years of age or older;
25	(b) The person has a mental illness;
26	(c) The person is unlikely to survive safely in the
27	community without supervision, based on a clinical
28	determination;
29	(d) The person has a history of lack of compliance
30	with treatment for mental illness;
31	(e) The person has:

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1	1. At least twice within the immediately preceding 36
2	months been involuntarily admitted to a receiving or treatment
3	facility as defined in s. 394.455, or has received mental
4	health services in a forensic or correctional facility. The
5	36-month period does not include any period during which the
6	person was admitted or incarcerated; or
7	2. Engaged in one or more acts of serious violent
8	behavior toward self or others, or attempts at serious bodily
9	harm to himself or herself or others, within the preceding 36
10	months;
11	(f) The person is, as a result of his or her mental
12	illness, unlikely to voluntarily participate in the
13	recommended treatment plan and either he or she has refused
14	voluntary placement for treatment after sufficient and
15	conscientious explanation and disclosure of the purpose of
16	placement for treatment or he or she is unable to determine
17	for himself or herself whether placement is necessary;
18	(g) In view of the person's treatment history and
19	current behavior, the person is in need of involuntary
20	outpatient placement in order to prevent a relapse or
21	deterioration that would be likely to result in serious bodily
22	harm to himself or herself or others, or a substantial harm to
23	his or her well-being as set forth in s. 394.463(1);
24	(h) It is likely that the person will benefit from
25	involuntary outpatient placement; and
26	(i) All available less restrictive alternatives that
27	would offer an opportunity for improvement of his or her
28	condition have been judged to be inappropriate or unavailable.
29	(2) INVOLUNTARY OUTPATIENT PLACEMENT
30	(a)1. A patient may be retained by a receiving
31	facility upon the recommendation of the administrator of a
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receiving facility where the patient has been examined and

after adherence to the notice of hearing procedures provided 3 in s. 394.4599. The recommendation must be supported by the opinion of a psychiatrist and the second opinion of a clinical psychologist or another psychiatrist, both of whom have personally examined the patient within the preceding 72 hours, 6 that the criteria for involuntary outpatient placement are met. However, in a county having a population of fewer than 8 50,000, if the administrator certifies that no psychiatrist or 9 clinical psychologist is available to provide the second 10 11 opinion, the second opinion may be provided by a licensed physician who has postgraduate training and experience in 12 13 diagnosis and treatment of mental and nervous disorders or by a psychiatric nurse as defined in this chapter. Such a 14 15 recommendation must be entered on an involuntary outpatient 16 placement certificate, which certificate must authorize the receiving facility to retain the patient pending completion of 17 a hearing. The certificate shall be made a part of the 18 19 patient's clinical record. 2. If the patient has been stabilized and no longer 20 meets the criteria for involuntary examination pursuant to s. 2.1 394.463(1), the patient must be released from the receiving 2.2 23 facility while awaiting the hearing for involuntary outpatient placement. Prior to filing a petition for involuntary 24 25 outpatient treatment, the administrator of a receiving 26 facility or a designated department representative shall 27 identify the service provider that will have primary responsibility for service provision under an order for 2.8 involuntary outpatient placement, unless the person is otherwise participating in outpatient psychiatric treatment 30 31 and is not in need of public financing for that treatment, in

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which case the individual, if eligible, may be ordered to involuntary treatment pursuant to the existing psychiatric treatment relationship.

3. The service provider shall prepare a written 4 5 proposed treatment plan in consultation with the patient or the patient's quardian advocate, if appointed, for the court's 6 consideration for inclusion in the involuntary outpatient placement order. The service provider shall also provide a 8 copy of the proposed treatment plan to the patient and the 9 administrator of the receiving facility. The treatment plan 10 11 must specify the nature and extent of the patient's mental 12 illness. The treatment plan must address the reduction of 13 symptoms that necessitate involuntary outpatient placement and include measurable goals and objectives for the services and 14 15 treatment that are provided to treat the person's mental 16 illness and to assist the person in living and functioning in the community or to attempt to prevent a relapse or 17 18 deterioration. Service providers may select and provide 19 supervision to other individuals to implement specific aspects of the treatment plan. The services in the treatment plan must 21 be deemed to be clinically appropriate by a physician, clinical psychologist, psychiatric nurse, or clinical social 2.2 23 worker, as defined in this chapter, who consults with, or is employed or contracted by, the service provider. The service 24 25 provider must certify to the court in the proposed treatment 26 plan whether sufficient services for improvement and 27 stabilization are currently available and whether the service provider agrees to provide those services. If the service 2.8 provider certifies that the services in the proposed treatment 30 plan are not available, the petitioner may not file the

31 petition.

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1	(b) If a patient in involuntary inpatient placement
2	meets the criteria for involuntary outpatient placement, the
3	administrator of the treatment facility may, before the
4	expiration of the period during which the treatment facility
5	is authorized to retain the patient, recommend involuntary
6	outpatient placement. The recommendation must be supported by
7	the opinion of a psychiatrist and the second opinion of a
8	clinical psychologist or another psychiatrist, both of whom
9	have personally examined the patient within the preceding 72
10	hours, that the criteria for involuntary outpatient placement
11	are met. However, in a county having a population of fewer
12	than 50,000, if the administrator certifies that no
13	psychiatrist or clinical psychologist is available to provide
14	the second opinion, the second opinion may be provided by a
15	licensed physician who has postgraduate training and
16	experience in diagnosis and treatment of mental and nervous
17	disorders or by a psychiatric nurse as defined in s.
18	394.455(23). Such a recommendation must be entered on an
19	involuntary outpatient placement certificate and the
20	certificate shall be made a part of the patient's clinical
21	record.
22	(c)1. The administrator of the treatment facility
23	shall provide a copy of the involuntary outpatient placement
24	certificate and a copy of the state mental health discharge
25	form to a department representative in the county where the
26	patient will be residing. For persons who are leaving a state
27	mental health treatment facility, the petition for involuntary
28	outpatient placement must be filed in the county where the
29	patient will be residing.
30	2. The service provider that will have primary
31	responsibility for service provision shall be identified by 5

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- 1 | the designated department representative prior to the order
- 2 for involuntary outpatient placement and must, prior to filing
- 3 a petition for involuntary outpatient placement, certify to
- 4 the court whether the services recommended in the patient's
- 5 discharge plan are available in the local community and
- 6 whether the service provider agrees to provide those services.
- 7 The service provider must develop with the patient, or the
- 8 patient's guardian advocate, if appointed, a treatment or
- 9 service plan that addresses the needs identified in the
- 10 discharge plan. The plan must be deemed to be clinically
- 11 appropriate by a physician, clinical psychologist, psychiatric
- 12 nurse, or clinical social worker, as defined in this chapter,
- 13 who consults with, or is employed or contracted by, the
- 15 <u>3. If the service provider certifies that the services</u>
- in the proposed treatment or service plan are not available,
- 17 the petitioner may not file the petition.
- 18 (3) PETITION FOR INVOLUNTARY OUTPATIENT PLACEMENT.--
- 19 <u>(a) A petition for involuntary outpatient placement</u>
- 20 <u>may be filed by:</u>

service provider.

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- 21 <u>1. The administrator of a receiving facility; or</u>
- 22 <u>2. The administrator of a treatment facility.</u>
- 23 (b) Each required criterion for involuntary outpatient
- 24 placement must be alleged and substantiated in the petition
- 25 for involuntary outpatient placement. A copy of the
- 26 certificate recommending involuntary outpatient placement
- 27 completed by a qualified professional specified in subsection
- 28 (2) must be attached to the petition. A copy of the proposed
- 29 treatment plan must be attached to the petition. Before the
- 30 petition is filed, the service provider shall certify that the
- 31 services in the proposed treatment plan are available. If the

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necessary services are not available in the patient's local community to respond to the person's individual needs, the 3 petition may not be filed.

- (c) The petition for involuntary outpatient placement must be filed in the county where the patient is located, unless the patient is being placed from a state treatment facility, in which case, the petition must be filed in the county where the patient will reside. When the petition has been filed, the clerk of the court shall provide copies of the petition and the proposed treatment plan to the department, the patient, the patient's quardian or representative, the state attorney, and the public defender or the patient's private counsel. A fee may not be charged for filing a petition under this subsection.
- (4) APPOINTMENT OF COUNSEL. -- Within 1 court working day after the filing of a petition for involuntary outpatient placement, the court shall appoint the public defender to represent the person who is the subject of the petition, unless the person is otherwise represented by counsel. The clerk of the court shall immediately notify the public defender of the appointment. The public defender shall represent the person until the petition is dismissed, the court order expires, or the patient is discharged from involuntary outpatient placement. An attorney who represents the patient shall have access to the patient, witnesses, and records relevant to the presentation of the patient's case and shall represent the interests of the patient, regardless of the source of payment to the attorney.
- (5) CONTINUANCE OF HEARING. -- The patient is entitled, with the concurrence of the patient's counsel, to at least one 31 continuance of the hearing. The continuance shall be for a

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period of up to 4 weeks.

(6) HEARING ON INVOLUNTARY OUTPATIENT PLACEMENT.--3 (a)1. The court shall hold the hearing on involuntary outpatient placement within 5 working days after the filing of 4 the petition, unless a continuance is granted. The hearing shall be held in the county where the petition is filed, shall 6 be as convenient to the patient as is consistent with orderly procedure, and shall be conducted in physical settings not 8 likely to be injurious to the patient's condition. If the 9 court finds that the patient's attendance at the hearing is 10 11 not consistent with the best interests of the patient and if the patient's counsel does not object, the court may waive the 12 presence of the patient from all or any portion of the hearing. The state attorney for the circuit in which the 14 15 patient is located shall represent the state, rather than the 16 petitioner, as the real party in interest in the proceeding. 2. The court may appoint a master to preside at the 17 hearing. One of the professionals who executed the involuntary 18 19 outpatient placement certificate shall be a witness. The patient and the patient's quardian or representative shall be informed by the court of the right to an independent expert 2.1 examination. If the patient cannot afford such an examination, 2.2 23 the court shall provide for one. The independent expert's 24 report shall be confidential and not discoverable, unless the 25 expert is to be called as a witness for the patient at the 26 hearing. The court shall allow testimony from individuals, 27 including family members, deemed by the court to be relevant under state law, regarding the person's prior history and how 2.8 that prior history relates to the person's current condition. The testimony in the hearing must be given under oath, and the 30 31 proceedings must be recorded. The patient may refuse to

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testify at the hearing.

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(b)1. If the court concludes that the patient meets 3 the criteria for involuntary outpatient placement pursuant to subsection (1), the court shall issue an order for involuntary outpatient placement. The court order shall be for a period of up to 6 months. The order must specify the nature and extent 6 of the patient's mental illness. The order of the court and the treatment plan shall be made part of the patient's clinical record. The service provider shall discharge a patient from involuntary outpatient placement when the order 10 11 expires or any time the patient no longer meets the criteria for involuntary placement. Upon discharge, the service 12 provider shall send a certificate of discharge to the court. 2. The court may not order the department or the 14 15 service provider to provide services if the program or service 16 is not available in the patient's local community, if there is no space available in the program or service for the patient, 17 or if funding is not available for the program or service. A 18 19 copy of the order must be sent to the Agency for Health Care Administration by the service provider within 1 working day after it is received from the court. After the placement order 2.1 is issued, the service provider and the patient may modify 2.2 provisions of the treatment plan. For any material 23 modification of the treatment plan to which the patient or the 24 patient's quardian advocate, if appointed, does agree, the 25 service provider shall send notice of the modification to the 26 27 court. Any material modifications of the treatment plan which are contested by the patient or the patient's quardian 2.8 advocate, if appointed, must be approved or disapproved by the court consistent with subsection (2). 30

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Amendment No. Barcode 040466 patient has failed or has refused to comply with the treatment ordered by the court, and, in the clinical judgment of the 3 physician, efforts were made to solicit compliance and the patient may meet the criteria for involuntary examination, a person may be brought to a receiving facility pursuant to s. 394.463. If, after examination, the patient does not meet the 6 criteria for involuntary inpatient placement pursuant to s. 394.467, the patient must be discharged from the receiving 8 facility. The involuntary outpatient placement order shall 9 remain in effect unless the service provider determines that 10 11 the patient no longer meets the criteria for involuntary outpatient placement or until the order expires. The service 12 provider must determine whether modifications should be made 13 to the existing treatment plan and must attempt to continue to 14 15 engage the patient in treatment. For any material modification 16 of the treatment plan to which the patient or the patient's quardian advocate, if appointed, does agree, the service 17 provider shall send notice of the modification to the court. 18 19 Any material modifications of the treatment plan which are contested by the patient or the patient's quardian advocate, if appointed, must be approved or disapproved by the court 2.1 consistent with subsection (2). 2.2 23 (c) If, at any time before the conclusion of the initial hearing on involuntary outpatient placement, it 24 25 appears to the court that the person does not meet the 26 criteria for involuntary outpatient placement under this 27 section but, instead, meets the criteria for involuntary inpatient placement, the court may order the person admitted 2.8 for involuntary inpatient examination under s. 394.463. If the 29

person instead meets the criteria for involuntary assessment,

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- 1 | 397.675, the court may order the person to be admitted for
- 2 involuntary assessment for a period of 5 days pursuant to s.
- 3 397.6811. Thereafter, all proceedings shall be governed by
- 4 <u>chapter 397.</u>
- 5 <u>(d) At the hearing on involuntary outpatient</u>
- 6 placement, the court shall consider testimony and evidence
- 7 regarding the patient's competence to consent to treatment. If
- 8 the court finds that the patient is incompetent to consent to
- 9 treatment, it shall appoint a quardian advocate as provided in
- 10 s. 394.4598. The quardian advocate shall be appointed or
- 11 discharged in accordance with s. 394.4598.
- 12 (e) The administrator of the receiving facility or the
- 13 designated department representative shall provide a copy of
- 14 the court order and adequate documentation of a patient's
- 15 mental illness to the service provider for involuntary
- 16 outpatient placement. Such documentation must include any
- 17 advance directives made by the patient, a psychiatric
- 18 evaluation of the patient, and any evaluations of the patient
- 19 performed by a clinical psychologist or a clinical social
- 20 worker.
- 21 (7) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT
- 22 PLACEMENT.--
- 23 (a)1. If the person continues to meet the criteria for
- 24 involuntary outpatient placement, the service provider shall,
- 25 before the expiration of the period during which the treatment
- 26 is ordered for the person, file in the circuit court a
- 27 petition for continued involuntary outpatient placement.
- 28 2. The existing involuntary outpatient placement order
- 29 remains in effect until disposition on the petition for
- 30 continued involuntary outpatient placement.
- 3. A certificate shall be attached to the petition

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- which includes a statement from the person's physician or clinical psychologist justifying the request, a brief 3 description of the patient's treatment during the time he or she was involuntarily placed, and an individualized plan of 4 continued treatment.
- 4. The service provider shall develop the 6 individualized plan of continued treatment in consultation with the patient or the patient's quardian advocate, if 8 appointed. When the petition has been filed, the clerk of the 9 court shall provide copies of the certificate and the 10 11 individualized plan of continued treatment to the department, the patient, the patient's quardian advocate, the state 12 attorney, and the patient's private counsel or the public 14 defender.
- 15 (b) Within 1 court working day after the filing of a 16 petition for continued involuntary outpatient placement, the 17 court shall appoint the public defender to represent the person who is the subject of the petition, unless the person 18 is otherwise represented by counsel. The clerk of the court 19 shall immediately notify the public defender of such appointment. The public defender shall represent the person 2.1 until the petition is dismissed or the court order expires or 2.2. 23 the patient is discharged from involuntary outpatient 24 placement. Any attorney representing the patient shall have 25 access to the patient, witnesses, and records relevant to the 26 presentation of the patient's case and shall represent the 27 interests of the patient, regardless of the source of payment 2.8 to the attorney.
- (c) Hearings on petitions for continued involuntary outpatient placement shall be before the circuit court. The 31 court may appoint a master to preside at the hearing. The

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1	procedures for obtaining an order pursuant to this paragraph
2	shall be in accordance with subsection (6), except that the
3	time period included in paragraph (1)(e) is not applicable in
4	determining the appropriateness of additional periods of
5	involuntary outpatient placement.
6	(d) Notice of the hearing shall be provided as set
7	forth in s. 394.4599. The patient and the patient's attorney
8	may agree to a period of continued outpatient placement
9	without a court hearing.
10	(e) The same procedure shall be repeated before the
11	expiration of each additional period the patient is placed in
12	<u>treatment.</u>
13	(f) If the patient has previously been found
14	incompetent to consent to treatment, the court shall consider
15	testimony and evidence regarding the patient's competence.
16	Section 394.4598 governs the discharge of the quardian
17	advocate if the patient's competency to consent to treatment
18	has been restored.
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