Florida Senate - 2009 Bill No. CS for CS for SB 456



LEGISLATIVE ACTION

Senate		House
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Floor: 1/AD/3R		
04/24/2009 10:49 AM		

Senator Gaetz moved the following:

Senate Amendment

Delete lines 45 - 160

and insert:

(2) INVOLUNTARY OUTPATIENT PLACEMENT.-

(a)1. A patient who is being recommended for involuntary outpatient placement by may be retained by a receiving facility upon the recommendation of the administrator of the a receiving facility where the patient has been examined may be retained by the facility and after adherence to the notice of hearing procedures provided in s. 394.4599. The recommendation must be supported by the opinion of a psychiatrist and the second 12

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13 opinion of a clinical psychologist or another psychiatrist, both 14 of whom have personally examined the patient within the 15 preceding 72 hours, that the criteria for involuntary outpatient placement are met. However, in a county having a population of 16 fewer than 50,000, if the administrator certifies that a no 17 psychiatrist or clinical psychologist is not available to 18 provide the second opinion, the second opinion may be provided 19 20 by a licensed physician who has postgraduate training and 21 experience in diagnosis and treatment of mental and nervous 22 disorders or by a psychiatric nurse as defined in this chapter. 23 Any second opinion authorized in this subparagraph may be 24 conducted through a face-to-face examination, in person or by 25 electronic means. Such a recommendation must be entered on an 26 involuntary outpatient placement certificate that authorizes, 27 which certificate must authorize the receiving facility to 28 retain the patient pending completion of a hearing. The 29 certificate shall be made a part of the patient's clinical 30 record.

2. If the patient has been stabilized and no longer meets 31 32 the criteria for involuntary examination pursuant to s. 33 394.463(1), the patient must be released from the receiving 34 facility while awaiting the hearing for involuntary outpatient placement. Before Prior to filing a petition for involuntary 35 36 outpatient treatment, the administrator of a receiving facility 37 or a designated department representative must shall identify the service provider that will have primary responsibility for 38 39 service provision under an order for involuntary outpatient placement, unless the person is otherwise participating in 40 41 outpatient psychiatric treatment and is not in need of public

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42 financing for that treatment, in which case the individual, if 43 eligible, may be ordered to involuntary treatment pursuant to 44 the existing psychiatric treatment relationship.

3. The service provider shall prepare a written proposed 45 46 treatment plan in consultation with the patient or the patient's guardian advocate, if appointed, for the court's consideration 47 48 for inclusion in the involuntary outpatient placement order. The 49 service provider shall also provide a copy of the proposed 50 treatment plan to the patient and the administrator of the 51 receiving facility. The treatment plan must specify the nature 52 and extent of the patient's mental illness, . The treatment plan 53 must address the reduction of symptoms that necessitate 54 involuntary outpatient placement, and include measurable goals 55 and objectives for the services and treatment that are provided 56 to treat the person's mental illness and to assist the person in living and functioning in the community or to attempt to prevent 57 58 a relapse or deterioration. Service providers may select and 59 supervise provide supervision to other individuals to implement 60 specific aspects of the treatment plan. The services in the 61 treatment plan must be deemed to be clinically appropriate by a 62 physician, clinical psychologist, psychiatric nurse, mental 63 health counselor, marriage and family therapist, or clinical social worker, as defined in this chapter, who consults with, or 64 65 is employed or contracted by, the service provider. The service 66 provider must certify to the court in the proposed treatment 67 plan whether sufficient services for improvement and 68 stabilization are currently available and whether the service provider agrees to provide those services. If the service 69 70 provider certifies that the services in the proposed treatment

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71 plan are not available, the petitioner may not file the 72 petition.

(b) If a patient in involuntary inpatient placement meets 73 74 the criteria for involuntary outpatient placement, the 75 administrator of the treatment facility may, before the 76 expiration of the period during which the treatment facility is 77 authorized to retain the patient, recommend involuntary 78 outpatient placement. The recommendation must be supported by 79 the opinion of a psychiatrist and the second opinion of a 80 clinical psychologist or another psychiatrist, both of whom have 81 personally examined the patient within the preceding 72 hours, 82 that the criteria for involuntary outpatient placement are met. However, in a county having a population of fewer than 50,000, 83 84 if the administrator certifies that a no psychiatrist or 85 clinical psychologist is not available to provide the second 86 opinion, the second opinion may be provided by a licensed physician who has postgraduate training and experience in 87 diagnosis and treatment of mental and nervous disorders or by a 88 psychiatric nurse as defined in s. 394.455(23). Any second 89 opinion authorized in this subparagraph may be conducted through 90 91 a face-to-face examination, in person or by electronic means. 92 Such a recommendation must be entered on an involuntary 93 outpatient placement certificate, and the certificate must shall 94 be made a part of the patient's clinical record.

95 Section 4. Subsection (2) of section 394.467, Florida 96 Statutes, is amended to read:

97

394.467 Involuntary inpatient placement.-

98 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be99 retained by a receiving facility or involuntarily placed in a

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100 treatment facility upon the recommendation of the administrator 101 of the a receiving facility where the patient has been examined and after adherence to the notice and hearing procedures 102 103 provided in s. 394.4599. The recommendation must be supported by 104 the opinion of a psychiatrist and the second opinion of a 105 clinical psychologist or another psychiatrist, both of whom have personally examined the patient within the preceding 72 hours, 106 107 that the criteria for involuntary inpatient placement are met. 108 However, in a county that has a population of fewer counties of less than 50,000 population, if the administrator certifies that 109 110 a no psychiatrist or clinical psychologist is not available to 111 provide the second opinion, the such second opinion may be provided by a licensed physician who has with postgraduate 112 113 training and experience in diagnosis and treatment of mental and 114 nervous disorders or by a psychiatric nurse as defined in s. 394.455(23). Any second opinion authorized in this subsection 115 116 may be conducted through a face-to-face examination, in person 117 or by electronic means. Such recommendation shall be entered on 118 an involuntary inpatient placement certificate that authorizes, which certificate shall authorize the receiving facility to 119 120 retain the patient pending transfer to a treatment facility or 121 completion of a hearing.

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