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2009 A bill to be entitled An act relating to mental illness; amending s. 394.462, F.S.; requiring a law enforcement agency that transports persons to a receiving facility to have a memorandum of understanding with the facility; requiring that custody of a person who is transported to a receiving or treatment facility be relinquished to a responsible person at the facility; amending ss. 394.4655 and 394.467, F.S.; specifying that a psychiatric examination by certain personnel be conducted face-to-face or by electronic means; providing an effective date. Be It Enacted by the Legislature of the State of Florida: Section 1. Present paragraphs (k) and (l) of subsection (1) of section 394.462, Florida Statutes, are redesignated as paragraphs (1) and (m), respectively, a new paragraph (k) is added to that subsection, present subsection (3) of that section is renumbered as subsection (4), and a new subsection (3) is added to that section, to read: 394.462 Transportation. --TRANSPORTATION TO A RECEIVING FACILITY .--(1)Each law enforcement agency shall develop a memorandum (k) of understanding with each receiving facility within the law enforcement agency's jurisdiction that reflects a single set of protocols for the safe and secure transportation of the person and transfer of custody of the person. These protocols must also address crisis intervention measures.

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29 TRANSFER OF CUSTODY .-- Custody of a person who is (3) 30 transported pursuant to this part, along with related documentation, shall be relinquished to a responsible individual 31 32 at the appropriate receiving or treatment facility. 33 Section 2. Paragraphs (a) and (b) of subsection (2) of 34 section 394.4655, Florida Statutes, are amended to read: 394.4655 Involuntary outpatient placement.--35 36 (2) INVOLUNTARY OUTPATIENT PLACEMENT. --37 (a)1. A patient who is being recommended for involuntary 38 outpatient placement by may be retained by a receiving facility 39 upon the recommendation of the administrator of the a receiving facility where the patient has been examined may be retained by 40 41 the facility and after adherence to the notice of hearing 42 procedures provided in s. 394.4599. The recommendation must be 43 supported by the opinion of a psychiatrist and the second 44 opinion of a clinical psychologist or another psychiatrist, both 45 of whom have personally examined the patient face-to-face or by electronic means within the preceding 72 hours, that the 46 47 criteria for involuntary outpatient placement are met. However, in a county having a population of fewer than 50,000, if the 48 49 administrator certifies that a no psychiatrist or clinical 50 psychologist is not available to provide the second opinion, the 51 second opinion may be provided through a face-to-face 52 examination or electronic means conducted by a licensed physician who has postgraduate training and experience in 53 diagnosis and treatment of mental and nervous disorders or by a 54 psychiatric nurse as defined in this chapter. Such a 55 56 recommendation must be entered on an involuntary outpatient Page 2 of 6

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57 placement certificate <u>that authorizes</u>, which certificate must 38 authorize the receiving facility to retain the patient pending 59 completion of a hearing. The certificate shall be made a part of 60 the patient's clinical record.

2. If the patient has been stabilized and no longer meets 61 62 the criteria for involuntary examination pursuant to s. 63 394.463(1), the patient must be released from the receiving facility while awaiting the hearing for involuntary outpatient 64 65 placement. Before Prior to filing a petition for involuntary 66 outpatient treatment, the administrator of a receiving facility 67 or a designated department representative must shall identify the service provider that will have primary responsibility for 68 service provision under an order for involuntary outpatient 69 70 placement, unless the person is otherwise participating in 71 outpatient psychiatric treatment and is not in need of public 72 financing for that treatment, in which case the individual, if 73 eligible, may be ordered to involuntary treatment pursuant to 74 the existing psychiatric treatment relationship.

75 3. The service provider shall prepare a written proposed 76 treatment plan in consultation with the patient or the patient's 77 guardian advocate, if appointed, for the court's consideration 78 for inclusion in the involuntary outpatient placement order. The 79 service provider shall also provide a copy of the proposed 80 treatment plan to the patient and the administrator of the receiving facility. The treatment plan must specify the nature 81 and extent of the patient's mental illness, . The treatment plan 82 83 must address the reduction of symptoms that necessitate 84 involuntary outpatient placement, and include measurable goals Page 3 of 6

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85 and objectives for the services and treatment that are provided 86 to treat the person's mental illness and to assist the person in 87 living and functioning in the community or to attempt to prevent 88 a relapse or deterioration. Service providers may select and 89 supervise provide supervision to other individuals to implement 90 specific aspects of the treatment plan. The services in the 91 treatment plan must be deemed to be clinically appropriate by a physician, clinical psychologist, psychiatric nurse, mental 92 93 health counselor, marriage and family therapist, or clinical 94 social worker, as defined in this chapter, who consults with, or 95 is employed or contracted by, the service provider. The service provider must certify to the court in the proposed treatment 96 97 plan whether sufficient services for improvement and 98 stabilization are currently available and whether the service 99 provider agrees to provide those services. If the service 100 provider certifies that the services in the proposed treatment plan are not available, the petitioner may not file the 101 102 petition.

103 (b) If a patient in involuntary inpatient placement meets 104 the criteria for involuntary outpatient placement, the 105 administrator of the treatment facility may, before the 106 expiration of the period during which the treatment facility is 107 authorized to retain the patient, recommend involuntary 108 outpatient placement. The recommendation must be supported by 109 the opinion of a psychiatrist and the second opinion of a clinical psychologist or another psychiatrist, both of whom have 110 111 personally examined the patient face-to-face or by electronic means within the preceding 72 hours, that the criteria for 112

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113 involuntary outpatient placement are met. However, in a county 114 having a population of fewer than 50,000, if the administrator 115 certifies that a no psychiatrist or clinical psychologist is not 116 available to provide the second opinion, the second opinion may 117 be provided through a face-to-face examination or electronic means conducted by a licensed physician who has postgraduate 118 119 training and experience in diagnosis and treatment of mental and nervous disorders or by a psychiatric nurse as defined in s. 120 121 394.455(23). Such a recommendation must be entered on an 122 involuntary outpatient placement certificate, and the 123 certificate must shall be made a part of the patient's clinical 124 record.

Section 3. Subsection (2) of section 394.467, Florida Statutes, is amended to read:

127

394.467 Involuntary inpatient placement.--

128 (2)ADMISSION TO A TREATMENT FACILITY .-- A patient may be 129 retained by a receiving facility or involuntarily placed in a 130 treatment facility upon the recommendation of the administrator 131 of the a receiving facility where the patient has been examined 132 and after adherence to the notice and hearing procedures 133 provided in s. 394.4599. The recommendation must be supported by 134 the opinion of a psychiatrist and the second opinion of a 135 clinical psychologist or another psychiatrist, both of whom have 136 personally examined the patient face-to-face or by electronic means within the preceding 72 hours, that the criteria for 137 involuntary inpatient placement are met. However, in a county 138 139 that has a population of fewer counties of less than 50,000 population, if the administrator certifies that a no 140

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141 psychiatrist or clinical psychologist is not available to 142 provide the second opinion, the such second opinion may be 143 provided through a face-to-face examination or electronic means conducted by a licensed physician who has with postgraduate 144 145 training and experience in diagnosis and treatment of mental and 146 nervous disorders or by a psychiatric nurse as defined in s. 147 394.455(23). Such recommendation shall be entered on an 148 involuntary inpatient placement certificate that authorizes τ 149 which certificate shall authorize the receiving facility to 150 retain the patient pending transfer to a treatment facility or 151 completion of a hearing. 152 Section 4. This act shall take effect July 1, 2009.

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