CS for SB 1712

By the Committee on Criminal Justice; and Senator Storms

	591-03532-12 20121712c1
1	A bill to be entitled
2	An act relating to mental health; amending s. 916.107,
3	F.S.; authorizing, in certain circumstances,
4	continuation of psychotherapeutic medication for
5	individuals receiving such medication in a jail before
6	admission to a psychiatric or forensic facility;
7	amending s. 916.111, F.S.; requiring forensic
8	evaluator training for mental health experts appointed
9	to evaluate defendants for competency to proceed or
10	for sanity at the time of the commission of the
11	offense; amending s. 916.115, F.S.; requiring the
12	Department of Children and Family Services to maintain
13	and annually provide the courts with a forensic
14	evaluator registry; amending s. 916.13, F.S.;
15	providing timeframes for competency hearings to be
16	held; amending s. 916.15, F.S.; providing timeframes
17	for commitment hearings to be held; amending s.
18	985.19, F.S.; standardizing the protocols, procedures,
19	and criteria used in reporting expert findings in
20	determining competency in juvenile cases; revising
21	requirements related to the forensic evaluator
22	training program that appointed experts must complete;
23	requiring experts after a specified date to have
24	completed such training; providing an effective date.
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26	Be It Enacted by the Legislature of the State of Florida:
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28	Section 1. Paragraph (a) of subsection (3) of section
29	916.107, Florida Statutes, is amended to read:

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591-03532-12 20121712c1 30 916.107 Rights of forensic clients.-31 (3) RIGHT TO EXPRESS AND INFORMED CONSENT.-32 (a) A forensic client shall be asked to give express and informed written consent for treatment. If a client refuses such 33 34 treatment as is deemed necessary and essential by the client's 35 multidisciplinary treatment team for the appropriate care of the 36 client, such treatment may be provided under the following 37 circumstances: 1. In an emergency situation in which there is immediate 38 39 danger to the safety of the client or others, such treatment may be provided upon the written order of a physician for a period 40 41 not to exceed 48 hours, excluding weekends and legal holidays. 42 If, after the 48-hour period, the client has not given express 43 and informed consent to the treatment initially refused, the 44 administrator or designee of the civil or forensic facility 45 shall, within 48 hours, excluding weekends and legal holidays, 46 petition the committing court or the circuit court serving the 47 county in which the facility is located, at the option of the facility administrator or designee, for an order authorizing the 48 49 continued treatment of the client. In the interim, the need for 50 treatment shall be reviewed every 48 hours and may be continued 51 without the consent of the client upon the continued written 52 order of a physician who has determined that the emergency 53 situation continues to present a danger to the safety of the 54 client or others.

55 2. In a situation other than an emergency situation, the 56 administrator or designee of the facility shall petition the 57 court for an order authorizing necessary and essential treatment 58 for the client.

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         a. If the client has been receiving psychotherapeutic
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    medication at the jail at the time of transfer to the forensic
    or civil facility and lacks the capacity to make an informed
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    decision regarding mental health treatment at the time of
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    admission, the admitting physician may order continued
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    administration of the psychotherapeutic medication if, in the
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    clinical judgment of the physician, abrupt cessation of the
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    psychotherapeutic medication could cause a risk to the health
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    and safety of the client during the time a court order to
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    medicate is pursued. The jail physician shall provide a current
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    psychotherapeutic medication order at the time of transfer to
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    the forensic or civil facility.
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         b. The court order shall allow such treatment for up to \frac{1}{2}
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    period not to exceed 90 days after following the date of the
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    entry of the order. Unless the court is notified in writing that
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    the client has provided express and informed consent in writing
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    or that the client has been discharged by the committing court,
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76 the administrator or designee shall, <u>before</u> prior to the 77 expiration of the initial 90-day order, petition the court for 78 an order authorizing the continuation of treatment for another 79 <u>90 days</u> <del>90-day period</del>. This procedure shall be repeated until 80 the client provides consent or is discharged by the committing 81 court.

3. At the hearing on the issue of whether the court should enter an order authorizing treatment for which a client was unable to or refused to give express and informed consent, the court shall determine by clear and convincing evidence that the client has mental illness, retardation, or autism, that the treatment not consented to is essential to the care of the

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88	client, and that the treatment not consented to is not
89	experimental and does not present an unreasonable risk of
90	serious, hazardous, or irreversible side effects. In arriving at
91	the substitute judgment decision, the court must consider at
92	least the following factors:
93	a. The client's expressed preference regarding treatment;
94	b. The probability of adverse side effects;
95	c. The prognosis without treatment; and
96	d. The prognosis with treatment.
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98	The hearing shall be as convenient to the client as may be
99	consistent with orderly procedure and shall be conducted in
100	physical settings not likely to be injurious to the client's
101	condition. The court may appoint a general or special magistrate
102	to preside at the hearing. The client or the client's guardian,
103	and the representative, shall be provided with a copy of the
104	petition and the date, time, and location of the hearing. The
105	client has the right to have an attorney represent him or her at
106	the hearing, and, if the client is indigent, the court shall
107	appoint the office of the public defender to represent the
108	client at the hearing. The client may testify or not, as he or
109	she chooses, and has the right to cross-examine witnesses and
110	may present his or her own witnesses.
111	Section 2. Section 916.111, Florida Statutes, is amended to
112	read:
113	916.111 Training of mental health experts
114	(1) The evaluation of defendants for competency to proceed
115	or for sanity at the time of the commission of the offense shall
116	be conducted in such a way as to ensure uniform application of

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117	the criteria enumerated in Rules 3.210 and 3.216, Florida Rules
118	of Criminal Procedure.
119	(2) Appointed experts shall have completed forensic
120	evaluator training as specified in this section.
121	(3) A forensic evaluator training course approved by the
122	Department or given by a statewide professional association of
123	physicians in Florida accredited to provide educational
124	activities designated for AMA PRA Category I credit or AOA
125	Category 1-A credit must be provided at least annually to ensure
126	that mental health professionals have the opportunity to be
127	placed on the department's forensic evaluator registry.
128	(a) Beginning July 1, 2013, if an expert chooses to remain
129	on the registry, he or she must have completed or retaken the
130	required training course within the previous 5 years. Once
131	trained, experts must retake the required training course every
132	5 years in order to remain on the registry. Those who have not
133	completed the training course or have not retaken the training
134	course within 5 years must be removed from the registry and may
135	not conduct competency evaluations for the courts.
136	(b) A mental health professional who has completed the
137	training course within the previous 5 years must maintain
138	documentation of completion of the required training course and
139	provide current contact information to the department.
140	(4) The department shall develop, and may contract with
141	accredited institutions:
142	<u>(a)</u> To provide:
143	1(a) A plan for training mental health professionals to
144	perform forensic evaluations and to standardize the criteria and
145	procedures to be used in these evaluations;

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591-03532-12 20121712c1 146 2.(b) Clinical protocols and procedures based upon the 147 criteria of Rules 3.210 and 3.216, Florida Rules of Criminal Procedure; and 148 149 3.(c) Training for mental health professionals in the 150 application of these protocols and procedures in performing 151 forensic evaluations and providing reports to the courts; and 152 (b) (2) To compile and maintain the necessary information 153 for evaluating the success of this program, including the number 154 of persons trained, the cost of operating the program, and the 155 effect on the quality of forensic evaluations as measured by 156 appropriateness of admissions to state forensic facilities and 157 to community-based care programs. 158 Section 3. Paragraph (b) of subsection (1) of section 159 916.115, Florida Statutes, is amended to read: 160 916.115 Appointment of experts.-161 (1) The court shall appoint no more than three experts to 162 determine the mental condition of a defendant in a criminal 163 case, including competency to proceed, insanity, involuntary placement, and treatment. The experts may evaluate the defendant 164 165 in jail or in another appropriate local facility or in a 166 facility of the Department of Corrections. 167 (b) The department shall maintain and annually provide the courts with a forensic evaluator registry list of available 168 mental health professionals who have completed the approved 169 170 training as experts. 171 Section 4. Subsection (2) of section 916.13, Florida 172 Statutes, is amended to read: 173 916.13 Involuntary commitment of defendant adjudicated 174 incompetent.-

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175	(2) A defendant who has been charged with a felony and who
176	has been adjudicated incompetent to proceed due to mental
177	illness, and who meets the criteria for involuntary commitment
178	to the department under the provisions of this chapter, may be
179	committed to the department, and the department shall retain and
180	treat the defendant.
181	(a) Within <del>No later than</del> 6 months after the date of
182	admission and at the end of any period of extended commitment,
183	or at any time the administrator or designee <u>has</u> <del>shall have</del>
184	determined that the defendant has regained competency to proceed
185	or no longer meets the criteria for continued commitment, the
186	administrator or designee shall file a report with the court
187	pursuant to the applicable Florida Rules of Criminal Procedure.
188	(b) A competency hearing must be held within 30 days after
189	a court receives notification that the defendant is competent to
190	proceed or no longer meets the criteria for continued
191	commitment.
192	Section 5. Subsection (5) is added to section 916.15,
193	Florida Statutes, to read:
194	916.15 Involuntary commitment of defendant adjudicated not
195	guilty by reason of insanity
196	(5) The commitment hearing must be held within 30 days
197	after the court receives notification that the defendant no
198	longer meets the criteria for continued commitment.
199	Section 6. Subsection (1) of section 985.19, Florida
200	Statutes, is amended, subsection (7) is renumbered as subsection
201	(8), and a new subsection (7) is added to that section, to read:
202	985.19 Incompetency in juvenile delinquency cases
202 203	985.19 Incompetency in juvenile delinquency cases.— (1) If, at any time prior to or during a delinquency case,

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591-03532-12 20121712c1 204 the court has reason to believe that the child named in the 205 petition may be incompetent to proceed with the hearing, the 206 court on its own motion may, or on the motion of the child's 207 attorney or state attorney must, stay all proceedings and order an evaluation of the child's mental condition. 208 (a) Any motion questioning the child's competency to 209 210 proceed must be served upon the child's attorney, the state 211 attorney, the attorneys representing the Department of Juvenile Justice, and the attorneys representing the Department of 212 Children and Family Services. Thereafter, any motion, notice of 213 214 hearing, order, or other legal pleading relating to the child's 215 competency to proceed with the hearing must be served upon the 216 child's attorney, the state attorney, the attorneys representing 217 the Department of Juvenile Justice, and the attorneys 218 representing the Department of Children and Family Services. 219 (b) All determinations of competency must shall be made at 220 a hearing, with findings of fact based on an evaluation of the 221 child's mental condition made by at least not less than two but 222 not nor more than three experts appointed by the court. The 223 basis for the determination of incompetency must be specifically 224 stated in the evaluation. In addition, a recommendation as to 225 whether residential or nonresidential treatment or training is 226 required must be included in the evaluation. Experts appointed 227 by the court to determine the mental condition of a child shall 228 be allowed reasonable fees for services rendered. State

employees may be paid expenses pursuant to s. 112.061. The fees shall be taxed as costs in the case.

(c) A child is competent to proceed if the child has
 sufficient present ability to consult with counsel with a

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233	reasonable degree of rational understanding and the child has a
234	rational and factual understanding of the present proceedings.
235	(d) The basis for the determination of a child's mental
236	condition must be specifically stated in the expert's competency
237	evaluation report and must include written findings that:
238	1. Identify the specific matters referred for evaluation.
239	2. Identify the sources of information used by the expert.
240	3. Describe the procedures, techniques, and diagnostic
241	tests used in the examination to determine the basis of the
242	child's mental condition.
243	4. Address the child's capacity to:
244	a. Appreciate the charges or allegations against the child.
245	b. Appreciate the range and nature of possible penalties
246	that may be imposed in the proceedings against the child, if
247	applicable.
248	c. Understand the adversarial nature of the legal process.
249	d. Disclose to counsel facts pertinent to the proceedings
250	at issue.
251	e. Display appropriate courtroom behavior.
252	f. Testify relevantly.
253	5. Present the factual basis for the expert's clinical
254	findings and opinions of the child's mental condition.
255	(e) If the evaluator determines the child to be incompetent
256	to proceed to trial, the evaluator must report on the mental
257	disorder that forms the basis of the incompetency.
258	(f) The expert's factual basis of his or her clinical
259	findings and opinions must be supported by the diagnostic
260	criteria found in the most recent edition of the Diagnostic and
261	Statistical Manual of Mental Disorders of the American

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262	Psychiatric Association and must be presented in a section of
263	his or her competency evaluation report that shall be identified
264	as a summary of findings. This section must include:
265	1. The day, month, year, and length of time of the face-to-
266	face diagnostic clinical interview to determine the child's
267	mental condition.
268	2. A statement that identifies the mental disorder causing
269	the child's incompetence. In reporting on the mental disorder,
270	the evaluator shall use the clinical name and associated
271	diagnostic code found in the most recent edition of the
272	Diagnostic and Statistical Manual of Mental Disorders of the
273	American Psychiatric Association.
274	3. A statement of how the child would benefit from
275	competency restoration services in the community or in a secure
276	residential treatment facility.
277	4. An assessment of the probable duration of the treatment
278	to restore competence, and the probability that the child will
279	attain competence to proceed in the foreseeable future.
280	5. A description of recommended treatment or education
281	appropriate for the mental disorder.
282	(g) (c) All court orders determining incompetency must
283	include specific written findings by the court as to the nature
284	of the incompetency and whether the child requires <u>a</u> secure or
285	nonsecure treatment or training <u>environment</u> environments.
286	(h) (d) For competency incompetency evaluations related to
287	mental illness, the Department of Children and Family Services
288	shall maintain and annually provide the courts with a <u>forensic</u>
289	evaluator registry <del>list</del> of available mental health professionals
290	who have completed the approved a training as experts pursuant

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291	to this section <del>program approved by the Department of Children</del>
292	and Family Services to perform the evaluations.
293	<u>(i)</u> For <u>competency</u> incompetency evaluations related to
294	mental retardation or autism, the court shall order the Agency
295	for Persons with Disabilities to examine the child to determine
296	if the child meets the definition of "retardation" or "autism"
297	in s. 393.063 and <u>provide a clinical opinion as to</u> , if so,
298	whether the child is competent to proceed with delinquency
299	proceedings.
300	(f) A child is competent to proceed if the child has
301	sufficient present ability to consult with counsel with a
302	reasonable degree of rational understanding and the child has a
303	rational and factual understanding of the present proceedings.
304	The report must address the child's capacity to:
305	1. Appreciate the charges or allegations against the child.
306	2. Appreciate the range and nature of possible penalties
307	that may be imposed in the proceedings against the child, if
308	applicable.
309	3. Understand the adversarial nature of the legal process.
310	4. Disclose to counsel facts pertinent to the proceedings
311	at issue.
312	5. Display appropriate courtroom behavior.
313	6. Testify relevantly.
314	<u>(j)</u> Immediately upon the filing of the court order
315	finding a child incompetent to proceed, the clerk of the court
316	shall notify the Department of Children and Family Services and
317	the Agency for Persons with Disabilities and fax or hand deliver
318	to the department and to the agency a referral packet that
319	includes, at a minimum, the court order, the charging documents,

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320	the petition, and the court-appointed evaluator's reports.
321	(k) (h) After placement of the child in the appropriate
322	setting, the Department of Children and Family Services in
323	consultation with the Agency for Persons with Disabilities, as
324	appropriate, must, within 30 days after placement of the child,
325	prepare and submit to the court a treatment or training plan for
326	the child's restoration of competency. A copy of the plan must
327	be served upon the child's attorney, the state attorney, and the
328	attorneys representing the Department of Juvenile Justice.
329	(7) Effective July 1, 2013, court-appointed experts must
330	have completed forensic evaluator training approved by the
331	Department of Children and Family Services or given by a
332	statewide professional association of physicians in Florida
333	accredited to provide educational activities designated for AMA
334	PRA Category I credit or AOA Category 1-A credit. Court-
335	appointed experts must also comply with these additional
336	requirements:
337	(a) If an expert chooses to remain on the registry, the
338	expert must have completed or retaken the required training
339	course within the previous 5 years. Once trained, an expert must
340	retake the required training course every 5 years in order to
341	remain on the registry. An expert who has not completed the
342	required training course or has not retaken the training course
343	within 5 years must be removed from the registry and may not
344	conduct competency evaluations for the courts.
345	(b) A mental health professional who has completed the
346	training course within the previous 5 years must maintain
347	documentation of having completed the required training and
348	provide current contact information to the Department of

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Children and Family Services.

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Page 13 of 13 CODING: Words stricken are deletions; words underlined are additions.

Section 7. This act shall take effect July 1, 2012.

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