

1                                   A bill to be entitled  
2           An act relating to behavioral health care services;  
3           amending s. 394.453, F.S.; revising legislative intent  
4           and providing legislative findings for the Florida  
5           Mental Health Act; amending ss. 394.66 and 397.305,  
6           F.S.; revising legislative intent with respect to  
7           mental health and substance abuse treatment services;  
8           amending s. 394.9082, F.S.; requiring behavioral  
9           health managing entities to coordinate service  
10          delivery plans with their respective counties or  
11          circuits; providing responsibilities of county  
12          governments for designation of receiving facilities  
13          for the examination and assessment of persons with  
14          mental health or substance use disorders; authorizing  
15          the Department of Children and Families to monitor and  
16          enforce compliance with chapter 394, F.S., relating to  
17          mental health; requiring managing entities to provide  
18          certain technical assistance; requiring managing  
19          entities to develop and implement transportation  
20          plans; requiring local law enforcement agencies, local  
21          governments, and certain providers to review and  
22          approve transportation plans; providing departmental  
23          authority for final approval of such plans; amending  
24          s. 397.675, F.S.; revising criteria for involuntary  
25          admission for assessment, stabilization, and treatment  
26          of persons with substance use or mental health

27 disorders; amending s. 397.6793, F.S.; specifying  
28 professionals authorized to execute a certificate for  
29 emergency admission; providing criteria for emergency  
30 admission; amending s. 397.681, F.S.; prohibiting a  
31 court from charging a fee for the filing of a petition  
32 for involuntary assessment and stabilization; amending  
33 s. 397.6811, F.S.; revising who may file a petition  
34 for involuntary assessment and stabilization; amending  
35 s. 397.6818, F.S.; providing a time limitation on a  
36 court order authorizing involuntary assessment and  
37 stabilization; amending ss. 397.697, 397.6971 and  
38 397.6977, F.S.; revising the maximum duration of  
39 court-ordered involuntary treatment and conforming  
40 provisions; amending s. 397.6955, F.S.; revising  
41 requirements for scheduling a hearing on a petition  
42 for involuntary treatment; requiring the Louis de la  
43 Parte Florida Mental Health Institute within the  
44 University of South Florida to provide certain  
45 information to the department on a monthly basis;  
46 providing an effective date.

47  
48 Be It Enacted by the Legislature of the State of Florida:

49  
50 Section 1. Section 394.453, Florida Statutes, is amended  
51 to read:

52 394.453 Legislative findings and intent.—

53       (1) The Legislature finds that mental health and substance  
54 use disorders are diseases of the brain; are complex medical  
55 conditions that encompass biological, genetic, psychological,  
56 cultural, and social factors; and are subspecialties within the  
57 field of medical practice. The Legislature recognizes that  
58 behavioral health disorders may temporarily or permanently  
59 affect a person's ability to reason, exercise good judgment,  
60 recognize the need for services, or sufficiently provide self-  
61 care; thus responsibility for such a person's care must be  
62 delegated to a third party and may be vested in an authorized,  
63 licensed, qualified health professional who can provide  
64 behavioral health services.

65       (2) It is the intent of the Legislature:

66       (a) To authorize licensed, qualified health professionals  
67 to exercise the full authority of their respective scopes of  
68 practice in the performance of professional functions necessary  
69 to carry out the intent of this part.

70       (b) To ensure that local systems of acute care services  
71 use a common protocol and apply consistent practice standards  
72 that provide for nondiscriminatory and equitable access to the  
73 level and duration of care based on the specific needs and  
74 preferences of the persons served.

75       (c) That services provided to persons in this state use  
76 the coordination-of-care principles characteristic of recovery-  
77 oriented services and include social support services, such as  
78 housing support, life skills and vocational training, and

79 employment assistance, necessary for persons with mental health  
 80 and substance use disorders to live successfully in their  
 81 communities.

82 (d) To authorize and direct the Department of Children and  
 83 Families to evaluate, research, plan, and recommend to the  
 84 Governor and the Legislature programs designed to reduce the  
 85 occurrence, severity, duration, and disabling aspects of mental,  
 86 emotional, and behavioral disorders.

87 (e) That state policy and funding decisions be driven by  
 88 data that is representative of the populations served and the  
 89 effectiveness of services provided.

90 (f) ~~It is the intent of the Legislature~~ That treatment  
 91 programs for such disorders shall include, but not be limited  
 92 to, comprehensive health, social, educational, and  
 93 rehabilitative services to persons requiring intensive short-  
 94 term and continued treatment in order to encourage them to  
 95 assume responsibility for their treatment and recovery. It is  
 96 intended that:

97 1. Such persons be provided with emergency service and  
 98 temporary detention for evaluation when required;

99 2. Such persons ~~that they~~ be admitted to treatment  
 100 facilities on a voluntary basis when extended or continuing care  
 101 is needed and unavailable in the community;

102 3. ~~that~~ Involuntary placement be provided only when expert  
 103 evaluation determines that it is necessary;

104 4. ~~that~~ Any involuntary treatment or examination be

105 accomplished in a setting that ~~which~~ is clinically appropriate  
 106 and most likely to facilitate the person's return to the  
 107 community as soon as possible; and

108 5. ~~that~~ Individual dignity and human rights be guaranteed  
 109 to all persons who are admitted to mental health facilities or  
 110 who are being held under s. 394.463. ~~It is the further intent of~~  
 111 ~~the Legislature that the least restrictive means of intervention~~  
 112 ~~be employed based on the individual needs of each person, within~~  
 113 ~~the scope of available services.~~

114 (3) It is the policy of this state that the use of  
 115 restraint and seclusion on clients is justified only as an  
 116 emergency safety measure to be used in response to imminent  
 117 danger to the client or others. It is, therefore, the intent of  
 118 the Legislature to achieve an ongoing reduction in the use of  
 119 restraint and seclusion in programs and facilities serving  
 120 persons with mental illness.

121 Section 2. Subsection (2) of section 394.66, Florida  
 122 Statutes, is amended to read:

123 394.66 Legislative intent with respect to substance abuse  
 124 and mental health services.—It is the intent of the Legislature  
 125 to:

126 (2) Recognize that mental health and substance use  
 127 disorders are diseases of the brain; are complex medical  
 128 conditions that encompass biological, genetic, psychological,  
 129 cultural, and social factors; and are subspecialties within the  
 130 field of medical practice. The Legislature recognizes that

131 behavioral health disorders may temporarily or permanently  
132 affect a person's ability to reason, exercise good judgment,  
133 recognize the need for services, or sufficiently provide self-  
134 care, thus responsibility for such a person's care must be  
135 delegated to a third party and may be vested in an authorized,  
136 licensed, qualified health professional who can provide  
137 behavioral health services ~~mental illness and substance abuse~~  
138 ~~impairment are diseases that are responsive to medical and~~  
139 ~~psychological interventions and management that integrate~~  
140 ~~treatment, rehabilitative, and support services to achieve~~  
141 ~~recovery.~~

142 Section 3. Subsections (4) through (12) of section  
143 394.9082, Florida Statutes, are renumbered as subsections (6)  
144 though (14), respectively, and new subsections (4) and (5) are  
145 added to that section to read:

146 394.9082 Behavioral health managing entities.—

147 (4) COMMUNITY PLANNING.—Each managing entity shall develop  
148 a plan with each county or circuit in its geographic area to  
149 establish and maintain a behavioral health service system that  
150 has sufficient capacity to ensure that all persons with mental  
151 health or substance use disorders who are subject to involuntary  
152 admission under this chapter receive prompt assessment of the  
153 need for evaluation and treatment. At a minimum, the plan must  
154 include the following components:

155 (a) Each county shall work with managing entities, the  
156 department, community-based treatment providers, private

157 providers, local hospitals and health departments, law  
158 enforcement agencies, the courts, and other local government  
159 agencies to designate a receiving facility that shall be used by  
160 law enforcement officers, but may be used by other authorized  
161 persons, for voluntary and involuntary assessments or  
162 examinations.

163 1. A county may have more than one facility or may use or  
164 share the resources of adjacent counties.

165 2. The department shall suspend or withdraw such  
166 designation for failure to comply with this chapter and rules  
167 adopted under this chapter. Unless designated by the department,  
168 a facility may not hold or treat involuntary patients under this  
169 chapter.

170 (b) A managing entity shall coordinate the development of  
171 a local plan that:

172 1. Includes the county or circuit.

173 2. Establishes the specifications and minimum standards  
174 for access to care available in each community and specifies the  
175 roles, processes, and responsibilities of community intervention  
176 programs for the diversion of persons from acute care  
177 placements.

178 3. Specifies the method by which local hospitals,  
179 ambulatory centers, designated receiving facilities, and acute  
180 care inpatient and detoxification providers will coordinate  
181 activities to assess, examine, triage, intake, and process  
182 persons presented on an involuntary basis.

183 4. Includes a local transportation plan as provided in s.  
 184 394.462.

185 5. Provides an option to procure nonmedical transportation  
 186 contracts for the transportation of patients between facilities.

187 (c) A managing entity shall provide technical assistance  
 188 to counties or circuits for the development, receipt, and  
 189 approval of such plans and incorporate the community resources  
 190 designated in such plans when conducting the needs assessment  
 191 and coordinating the resources within its assigned region.

192 (5) TRANSPORTATION PLANS.-

193 (a) Each managing entity shall develop, in consultation  
 194 with local law enforcement agencies, county officials, and local  
 195 acute care providers, a transportation plan for each county or  
 196 circuit within its assigned region. At a minimum, the plan must  
 197 address the following:

198 1. The designated public or private substance abuse  
 199 receiving facility or residential detoxification facility to be  
 200 used by local law enforcement agencies as their primary  
 201 receiving facility.

202 2. The method of transporting a person after a law  
 203 enforcement officer has relinquished physical custody of the  
 204 person at a designated public or private substance abuse  
 205 receiving facility or residential detoxification facility.

206 3. Provide for consumer choice with respect to a receiving  
 207 facility or other designated facility, or other acute care  
 208 service provider capable of meeting the person's needs, within



209 reasonable parameters of funding, geography, and safety.

210 4. Specify responsibility for and the means by which  
211 transportation to and between facilities of persons in need of  
212 behavioral health services will be implemented to support  
213 involuntary assessments or examinations, provision of emergency  
214 services, acute care placements, and attendance at involuntary  
215 court proceedings and resulting commitments.

216 (b) The transportation plan shall be initiated by the  
217 local managing entity and must be reviewed and approved by local  
218 law enforcement agencies, county commissioners, and designated  
219 acute care providers in the county or circuit before submission  
220 to the managing entity. The department has final review and  
221 approval authority for the transportation plan.

222 Section 4. Section 397.305, Florida Statutes, is amended  
223 to read:

224 397.305 Legislative findings, intent, and purpose.—

225 (1) The Legislature finds that mental health and substance  
226 use disorders are diseases of the brain; are complex medical  
227 conditions that encompass biological, genetic, psychological,  
228 cultural, and social factors; and are subspecialties within the  
229 field of medical practice. The Legislature recognizes that  
230 behavioral health disorders may temporarily or permanently  
231 affect a person's ability to reason, exercise good judgment,  
232 recognize the need for services, or sufficiently provide self-  
233 care, thus responsibility for such a person's care must be  
234 delegated to a third party and may be vested in an authorized,

235 licensed, qualified health professional who can provide  
236 behavioral health services.

237 (2)~~(1)~~ Substance abuse is a major health problem that  
238 affects multiple service systems and leads to such profoundly  
239 disturbing consequences as serious impairment, chronic  
240 addiction, criminal behavior, vehicular casualties, spiraling  
241 health care costs, AIDS, and business losses, and significantly  
242 affects the culture, socialization, and learning ability of  
243 children within our schools and educational systems. Substance  
244 abuse impairment is a disease which affects the whole family and  
245 the whole society and requires a system of care that includes  
246 prevention, intervention, clinical treatment, and recovery  
247 support services that support and strengthen the family unit.  
248 ~~Further, it is the intent of the Legislature to require the~~  
249 ~~collaboration of state agencies, service systems, and program~~  
250 ~~offices to achieve the goals of this chapter and address the~~  
251 ~~needs of the public; to establish a comprehensive system of care~~  
252 ~~for substance abuse; and to reduce duplicative requirements~~  
253 ~~across state agencies.~~ This chapter is designed to provide for  
254 substance abuse services.

255 (3)~~(2)~~ It is the goal of the Legislature to discourage  
256 substance abuse by promoting healthy lifestyles; healthy  
257 families; and drug-free schools, workplaces, and communities.

258 (4)~~(3)~~ It is the purpose of this chapter to provide for a  
259 comprehensive continuum of accessible and quality substance  
260 abuse prevention, intervention, clinical treatment, and recovery

261 support services in the least restrictive environment which  
262 promotes long-term recovery while protecting and respecting the  
263 rights of individuals, primarily through community-based private  
264 not-for-profit providers working with local governmental  
265 programs involving a wide range of agencies from both the public  
266 and private sectors.

267 (5) It is the intent of the Legislature to authorize  
268 licensed, qualified health professionals to exercise the full  
269 authority of their respective scopes of practice in the  
270 performance of professional functions necessary to carry out the  
271 intent of this chapter.

272 (6) It is the intent of the Legislature that state policy  
273 and funding decisions be driven by data that is representative  
274 of the populations served and the effectiveness of services  
275 provided.

276 (7) It is the intent of the Legislature to establish  
277 expectations that services provided to persons in this state use  
278 the coordination-of-care principles characteristic of recovery-  
279 oriented services and include social support services, such as  
280 housing support, life skills and vocational training, and  
281 employment assistance, necessary for persons with mental health  
282 and substance use disorders to live successfully in their  
283 communities.

284 (8)-(4) It is the intent of the Legislature to ensure  
285 within available resources a full system of care for substance  
286 abuse services based on identified needs, delivered without

287 discrimination and with adequate provision for specialized  
288 needs.

289 (9)~~(5)~~ It is the intent of the Legislature to establish  
290 services for individuals with co-occurring substance abuse and  
291 mental disorders.

292 (10)~~(6)~~ It is the intent of the Legislature to provide an  
293 alternative to criminal imprisonment for substance abuse  
294 impaired adults and juvenile offenders by encouraging the  
295 referral of such offenders to service providers not generally  
296 available within the juvenile justice and correctional systems,  
297 instead of or in addition to criminal penalties.

298 (11)~~(7)~~ It is the intent of the Legislature to provide,  
299 within the limits of appropriations and safe management of the  
300 juvenile justice and correctional systems, substance abuse  
301 services to substance abuse impaired offenders who are placed by  
302 the Department of Juvenile Justice or who are incarcerated  
303 within the Department of Corrections, in order to better enable  
304 these offenders or inmates to adjust to the conditions of  
305 society presented to them when their terms of placement or  
306 incarceration end.

307 (12)~~(8)~~ It is the intent of the Legislature to provide for  
308 assisting substance abuse impaired persons primarily through  
309 health and other rehabilitative services in order to relieve the  
310 police, courts, correctional institutions, and other criminal  
311 justice agencies of a burden that interferes with their ability  
312 to protect people, apprehend offenders, and maintain safe and

313 orderly communities.

314 (13)~~(9)~~ It is the intent of the Legislature that the  
 315 freedom of religion of all citizens ~~shall~~ be inviolate. ~~Nothing~~  
 316 ~~in~~ This act does not ~~shall~~ give any governmental entity  
 317 jurisdiction to regulate religious, spiritual, or ecclesiastical  
 318 services.

319 Section 5. Section 397.675, Florida Statutes, is amended  
 320 to read:

321 397.675 Criteria for involuntary admissions, including  
 322 protective custody, emergency admission, and other involuntary  
 323 assessment, involuntary treatment, and alternative involuntary  
 324 assessment for minors, for purposes of assessment and  
 325 stabilization, and for involuntary treatment.—A person meets the  
 326 criteria for involuntary admission if there is good faith reason  
 327 to believe the person has a substance use or co-occurring mental  
 328 health disorder and, because of this condition, has refused or  
 329 is unable to determine whether examination is necessary. The  
 330 refusal of services is insufficient evidence of an inability to  
 331 determine whether an examination is necessary unless, without  
 332 care or treatment is substance abuse impaired and, because of  
 333 such impairment:

334 (1) The person is likely to neglect or refuse care for  
 335 himself or herself to the extent that the neglect or refusal  
 336 poses a real and present threat of substantial harm to his or  
 337 her well-being;

338 (2) The person is at risk of the deterioration of his or

339 her physical or mental health and this condition may not be  
 340 avoided despite assistance from willing family members, friends,  
 341 or other services; or

342 (3) There is a substantial likelihood that the person will  
 343 cause serious bodily harm to himself or herself or others, as  
 344 shown by the person's recent behavior. ~~Has lost the power of~~  
 345 ~~self-control with respect to substance use; and either~~

346 ~~(2) (a) Has inflicted, or threatened or attempted to~~  
 347 ~~inflict, or unless admitted is likely to inflict, physical harm~~  
 348 ~~on himself or herself or another; or~~

349 ~~(b) Is in need of substance abuse services and, by reason~~  
 350 ~~of substance abuse impairment, his or her judgment has been so~~  
 351 ~~impaired that the person is incapable of appreciating his or her~~  
 352 ~~need for such services and of making a rational decision in~~  
 353 ~~regard thereto; however, mere refusal to receive such services~~  
 354 ~~does not constitute evidence of lack of judgment with respect to~~  
 355 ~~his or her need for such services.~~

356 Section 6. Section 397.6793, Florida Statutes, is amended  
 357 to read:

358 397.6793 Professional Physician's certificate for  
 359 emergency admission.—

360 (1) A physician, clinical psychologist, physician's  
 361 assistant working under the scope of practice of the supervising  
 362 physician, psychiatric nurse, advanced registered nurse  
 363 practitioner, licensed mental health counselor, licensed  
 364 marriage and family therapist, master's level certified

365 addiction professional for substance abuse services, or licensed  
366 clinical social worker may execute a certificate stating that he  
367 or she has examined a person within the preceding 5 days and  
368 finds that the person appears to meet the criteria for emergency  
369 admission and stating the observations upon which that  
370 conclusion is based. The professional ~~physician's~~ certificate  
371 must include the name of the person to be admitted, the  
372 relationship between the person and the professional executing  
373 the certificate ~~physician~~, the relationship between the  
374 applicant and the professional executing the certificate  
375 ~~physician~~, and any relationship between the professional  
376 executing the certificate ~~physician~~ and the licensed service  
377 provider, ~~and a statement that the person has been examined and~~  
378 ~~assessed within 5 days of the application date,~~ and must include  
379 factual allegations with respect to the need for emergency  
380 admission, including:

381 (a) The reason for the ~~physician's~~ belief that the person  
382 is substance abuse impaired; and

383 (b) The reason for the ~~physician's~~ belief that because of  
384 such impairment the person has lost the power of self-control  
385 with respect to substance abuse; and either

386 (c) ~~1.~~ The reason for the belief that, without care or  
387 treatment:

388 1. The person is likely to neglect or refuse to care for  
389 himself or herself to the extent that the neglect or refusal  
390 poses a real and present threat of substantial harm to his or

391 her well-being;

392 2. The person is at risk of the deterioration of his or  
393 her physical or mental health and that this condition may not be  
394 avoided despite assistance from willing family members, friends,  
395 or other services; or

396 3. There is a substantial likelihood that the person will  
397 cause serious bodily harm to himself or herself or others, as  
398 shown by the person's recent behavior. ~~the physician believes~~  
399 ~~that the person has inflicted or is likely to inflict physical~~  
400 ~~harm on himself or herself or others unless admitted; or~~

401 ~~2. The reason the physician believes that the person's~~  
402 ~~refusal to voluntarily receive care is based on judgment so~~  
403 ~~impaired by reason of substance abuse that the person is~~  
404 ~~incapable of appreciating his or her need for care and of making~~  
405 ~~a rational decision regarding his or her need for care.~~

406 (2) The professional ~~physician's~~ certificate must  
407 recommend the least restrictive type of service that is  
408 appropriate for the person. The certificate must be signed by  
409 the professional ~~physician~~. If other less restrictive means are  
410 not available, such as voluntary appearance for outpatient  
411 evaluation, a law enforcement officer shall take the person  
412 named in the certificate into custody and deliver him or her to  
413 the nearest facility selected by the county for emergency  
414 admission.

415 (3) A signed copy of the professional ~~physician's~~  
416 certificate shall accompany the person, and shall be made a part



417 of the person's clinical record, together with a signed copy of  
418 the application. The application and professional ~~physician's~~  
419 certificate authorize the involuntary admission of the person  
420 pursuant to, and subject to the provisions of, ss. 397.679-  
421 397.6797.

422 (4) The professional ~~physician's~~ certificate must indicate  
423 whether the person requires transportation assistance for  
424 delivery for emergency admission and specify, pursuant to s.  
425 397.6795, the type of transportation assistance necessary.

426 Section 7. Subsection (1) of section 397.681, Florida  
427 Statutes, is amended to read:

428 397.681 Involuntary petitions; general provisions; court  
429 jurisdiction and right to counsel.—

430 (1) JURISDICTION.—The courts have jurisdiction of  
431 involuntary assessment and stabilization petitions and  
432 involuntary treatment petitions for substance abuse impaired  
433 persons, and such petitions must be filed with the clerk of the  
434 court in the county where the person is located. The court may  
435 not charge a fee for the filing of a petition under this  
436 section. The chief judge may appoint a general or special  
437 magistrate to preside over all or part of the proceedings. The  
438 alleged impaired person is named as the respondent.

439 Section 8. Subsection (1) of section 397.6811, Florida  
440 Statutes, is amended to read:

441 397.6811 Involuntary assessment and stabilization.—A  
442 person determined by the court to appear to meet the criteria

443 for involuntary admission under s. 397.675 may be admitted for a  
444 period of 5 days to a hospital or to a licensed detoxification  
445 facility or addictions receiving facility, for involuntary  
446 assessment and stabilization or to a less restrictive component  
447 of a licensed service provider for assessment only upon entry of  
448 a court order or upon receipt by the licensed service provider  
449 of a petition. Involuntary assessment and stabilization may be  
450 initiated by the submission of a petition to the court.

451 (1) If the person upon whose behalf the petition is being  
452 filed is an adult, a petition for involuntary assessment and  
453 stabilization may be filed by the respondent's spouse or  
454 guardian, any relative, a private practitioner, the director of  
455 a licensed service provider or the director's designee, or any  
456 adult willing to provide testimony that he or she has personally  
457 observed the actions of that person and believes that person to  
458 be a threat to himself or herself or others ~~three adults who~~  
459 ~~have personal knowledge of the respondent's substance abuse~~  
460 ~~impairment.~~

461 Section 9. Subsection (4) is added to section 397.6818,  
462 Florida Statutes, to read:

463 397.6818 Court determination.—At the hearing initiated in  
464 accordance with s. 397.6811(1), the court shall hear all  
465 relevant testimony. The respondent must be present unless the  
466 court has reason to believe that his or her presence is likely  
467 to be injurious to him or her, in which event the court shall  
468 appoint a guardian advocate to represent the respondent. The

469 respondent has the right to examination by a court-appointed  
470 qualified professional. After hearing all the evidence, the  
471 court shall determine whether there is a reasonable basis to  
472 believe the respondent meets the involuntary admission criteria  
473 of s. 397.675.

474 (4) The order is valid only until executed or, if not  
475 executed, for the period specified in the order. If no time  
476 limit is specified in the order, the order is valid for 7 days  
477 after the date the order is signed.

478 Section 10. Subsection (1) of section 397.697, Florida  
479 Statutes, is amended to read:

480 397.697 Court determination; effect of court order for  
481 involuntary substance abuse treatment.—

482 (1) When the court finds that the conditions for  
483 involuntary substance abuse treatment have been proved by clear  
484 and convincing evidence, it may order the respondent to undergo  
485 involuntary treatment by a licensed service provider for a  
486 period not to exceed 90 ~~60~~ days. If the court finds it  
487 necessary, it may direct the sheriff to take the respondent into  
488 custody and deliver him or her to the licensed service provider  
489 specified in the court order, or to the nearest appropriate  
490 licensed service provider, for involuntary treatment. When the  
491 conditions justifying involuntary treatment no longer exist, the  
492 individual must be released as provided in s. 397.6971. When the  
493 conditions justifying involuntary treatment are expected to  
494 exist after 90 ~~60~~ days of treatment, a renewal of the

495 involuntary treatment order may be requested pursuant to s.  
 496 397.6975 before ~~prior to~~ the end of the 90-day ~~60-day~~ period.

497 Section 11. Section 397.6971, Florida Statutes, is amended  
 498 to read:

499 397.6971 Early release from involuntary substance abuse  
 500 treatment.—

501 (1) At any time before ~~prior to~~ the end of the 90-day ~~60-~~  
 502 ~~day~~ involuntary treatment period, or before ~~prior to~~ the end of  
 503 any extension granted pursuant to s. 397.6975, an individual  
 504 admitted for involuntary treatment may be determined eligible  
 505 for discharge to the most appropriate referral or disposition  
 506 for the individual when:

507 (a) The individual no longer meets the criteria specified  
 508 in s. 397.675 for involuntary admission and has given his or her  
 509 informed consent to be transferred to voluntary treatment  
 510 status;

511 (b) If the individual was admitted on the grounds of  
 512 likelihood of infliction of physical harm upon himself or  
 513 herself or others, such likelihood no longer exists; ~~or~~

514 (c) If the individual was admitted on the grounds of need  
 515 for assessment and stabilization or treatment, accompanied by  
 516 inability to make a determination respecting such need, either:

- 517 1. Such inability no longer exists; or
- 518 2. It is evident that further treatment will not bring  
 519 about further significant improvements in the individual's  
 520 condition;

521 (d) The individual is no longer in need of services; or  
 522 (e) The director of the service provider determines that  
 523 the individual is beyond the safe management capabilities of the  
 524 provider.

525 (2) Whenever a qualified professional determines that an  
 526 individual admitted for involuntary treatment is ready for early  
 527 release for any of the reasons listed in subsection (1), the  
 528 service provider shall immediately discharge the individual, and  
 529 must notify all persons specified by the court in the original  
 530 treatment order.

531 Section 12. Section 397.6977, Florida Statutes, is amended  
 532 to read:

533 397.6977 Disposition of individual upon completion of  
 534 involuntary substance abuse treatment.—At the conclusion of the  
 535 90-day ~~60-day~~ period of court-ordered involuntary treatment, the  
 536 individual is automatically discharged unless a motion for  
 537 renewal of the involuntary treatment order has been filed with  
 538 the court pursuant to s. 397.6975.

539 Section 13. Section 397.6955, Florida Statutes, is amended  
 540 to read:

541 397.6955 Duties of court upon filing of petition for  
 542 involuntary treatment.—Upon the filing of a petition for the  
 543 involuntary treatment of a substance abuse impaired person with  
 544 the clerk of the court, the court shall immediately determine  
 545 whether the respondent is represented by an attorney or whether  
 546 the appointment of counsel for the respondent is appropriate.

547 The court shall schedule a hearing to be held on the petition  
548 within 5 ~~10~~ days, unless a continuance is granted. A copy of the  
549 petition and notice of the hearing must be provided to the  
550 respondent; the respondent's parent, guardian, or legal  
551 custodian, in the case of a minor; the respondent's attorney, if  
552 known; the petitioner; the respondent's spouse or guardian, if  
553 applicable; and such other persons as the court may direct, and  
554 have such petition and order personally delivered to the  
555 respondent if he or she is a minor. The court shall also issue a  
556 summons to the person whose admission is sought.

557 Section 14. In order to maximize efficiency, avoid  
558 duplication, and provide cost savings, the Louis de la Parte  
559 Florida Mental Health Institute within the University of South  
560 Florida shall provide monthly to the Department of Children and  
561 Families copies of each of the following:

- 562 (1) Ex parte orders for involuntary examination.  
563 (2) Professional certificates for initiating involuntary  
564 examination.  
565 (3) Law enforcement reports on involuntary examination.  
566 (4) Involuntary outpatient placement orders.  
567 (5) Involuntary inpatient placement orders.

568 Section 15. This act shall take effect July 1, 2016.