

By Senator Book

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1 A bill to be entitled
2 An act relating to mental health; amending s. 27.59,
3 F.S.; authorizing public defenders and regional
4 counsel to have access to persons held in a facility
5 licensed under chapter 394 or chapter 397; amending s.
6 394.455, F.S.; conforming a cross-reference; defining
7 the terms "neglect or refuse to care for himself or
8 herself" and "real and present threat of substantial
9 harm"; amending s. 394.459, F.S.; requiring that
10 respondents with a serious mental illness be afforded
11 essential elements of care and placed in a continuum
12 of care regimen; requiring the Department of Children
13 and Families to adopt certain rules; amending s.
14 394.461, F.S.; authorizing the state to establish that
15 a transfer evaluation was performed by providing the
16 court with a copy of the evaluation before the close
17 of the state's case in chief; prohibiting the court
18 from considering substantive information in the
19 transfer evaluation unless the evaluator testifies at
20 the hearing; amending s. 394.463, F.S.; revising the
21 requirements for when a person may be taken to a
22 receiving facility for involuntary examination;
23 conforming provisions to changes made by the act;
24 amending s. 394.4655, F.S.; revising the requirements
25 for involuntary outpatient treatment; amending s.
26 394.467, F.S.; revising the requirements for when a
27 person may be ordered for involuntary inpatient
28 placement; revising requirements for continuances of
29 hearings; revising the time period in which a court is

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30 required to hold a hearing on involuntary inpatient
31 placement; revising the conditions under which a court
32 may waive the requirement for a patient to be present
33 at an involuntary inpatient placement hearing;
34 authorizing the court to permit all witnesses to
35 remotely attend and testify at the hearing through
36 certain means; authorizing the state attorney to
37 access certain persons and records; revising the
38 period of time a court may require a patient to
39 receive services; providing an exception to the
40 prohibition on a court ordering certain individuals to
41 be involuntarily placed in a state treatment facility;
42 conforming a cross-reference; amending s. 397.305,
43 F.S.; revising the purposes of ch. 397, F.S.; amending
44 s. 397.311, F.S.; defining the terms "involuntary
45 treatment," "neglect or refuse to care for himself or
46 herself," and "real and present threat of substantial
47 harm"; amending s. 397.334, F.S.; providing
48 requirements for holding a minor in contempt of court
49 in cases that involve a minor violating an involuntary
50 treatment order; requiring service providers to
51 prioritize a minor's placement into treatment under
52 certain circumstances; creating s. 397.412, F.S.;
53 authorizing licensed service providers to refuse an
54 individual's request to prematurely leave a court-
55 ordered involuntary treatment program under certain
56 circumstances; requiring certain licensed service
57 providers to install certain security features and
58 enact certain policies; specifying the installation of

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59 such security features does not make the treatment
60 center a secure facility; amending s. 397.501, F.S.;
61 requiring that respondents with serious substance
62 abuse addictions be afforded essential elements of
63 care and placed in a continuum of care regimen;
64 requiring the department to adopt certain rules;
65 amending s. 397.675, F.S.; revising the criteria for
66 involuntary admissions; amending s. 397.6751, F.S.;
67 revising the responsibilities of a service provider;
68 amending s. 397.681, F.S.; requiring that the state
69 attorney represent the state as the real party of
70 interest in an involuntary proceeding; authorizing the
71 state attorney to access certain persons and records;
72 specifying that certain changes are contingent on
73 legislative funding; conforming provisions to changes
74 made by the act; repealing s. 397.6811, F.S., relating
75 to involuntary assessment and stabilization; repealing
76 s. 397.6814, F.S., relating to petitions for
77 involuntary assessment and stabilization; repealing s.
78 397.6815, F.S., relating to involuntary assessment and
79 stabilization procedures; repealing s. 397.6818, F.S.,
80 relating to court determinations for petitions for
81 involuntary assessment and stabilization; repealing s.
82 397.6819, F.S., relating to the responsibilities of
83 licensed service providers with regard to involuntary
84 assessment and stabilization; repealing s. 397.6821,
85 F.S., relating to extensions of time for completion of
86 involuntary assessment and stabilization; repealing s.
87 397.6822, F.S., relating to the disposition of

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88 individuals after involuntary assessments; amending s.
89 397.693, F.S.; revising the circumstances under which
90 a person is eligible for court-ordered involuntary
91 treatment; amending s. 397.695, F.S.; authorizing the
92 court or clerk of the court to waive or prohibit any
93 service of process fees for an indigent petitioner;
94 amending s. 397.6951, F.S.; revising the requirements
95 for the contents of a petition for involuntary
96 treatment; providing that a petitioner may include a
97 certificate or report of a qualified professional with
98 the petition; requiring the certificate or report to
99 contain certain information; requiring that certain
100 additional information must be included if an
101 emergency exists; amending s. 397.6955, F.S.;
102 requiring the clerk of the court to notify the state
103 attorney's office upon the receipt of a petition filed
104 for involuntary treatment; revising when a hearing
105 must be held on the petition; providing requirements
106 for when a petitioner asserts that emergency
107 circumstances are present or the court determines that
108 an emergency exists; amending s. 397.6957, F.S.;
109 expanding the exemption from the requirement that a
110 respondent be present at a hearing on a petition for
111 involuntary treatment; authorizing the court to permit
112 all witnesses to remotely attend and testify at the
113 hearing through certain means; deleting a provision
114 requiring the court to appoint a guardian advocate
115 under certain circumstances; requiring the court to
116 give a respondent who was not assessed or had

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117 previously refused to be assessed the opportunity to
118 consent to a certain examination; requiring that the
119 court reschedule and continue the hearing to allow for
120 such examination, if the respondent consents;
121 requiring that the assessment of a respondent occur
122 within a specified timeframe; authorizing a service
123 provider to petition the court for an extension of
124 time under certain circumstances; authorizing the
125 court to grant additional time to complete an
126 evaluation; requiring a qualified professional to
127 provide copies of his or her report to the court and
128 all relevant parties and counsel; authorizing certain
129 entities to take specified actions based upon the
130 involuntary assessment; authorizing a court or
131 magistrate to order certain persons to take a
132 respondent into custody and transport him or her to or
133 from certain service providers or the court; revising
134 the petitioner's burden of proof in the hearing;
135 authorizing the court to initiate involuntary
136 proceedings under certain circumstances; requiring
137 that, if a treatment order is issued, it must include
138 certain findings; providing that a treatment order may
139 designate a specific service provider; amending s.
140 397.697, F.S.; requiring that an individual meet
141 certain requirements to qualify for involuntary
142 outpatient treatment; specifying that certain hearings
143 may be set by the motion of a party or under the
144 court's own authority; providing requirements for
145 holding a minor in contempt of court in cases that

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146 involve a minor violating an involuntary treatment
147 order; requiring service providers to prioritize a
148 minor's placement into treatment under certain
149 circumstances; specifying that a service provider's
150 authority is separate and distinct from the court's
151 jurisdiction; amending s. 397.6975, F.S.; requiring
152 that a petition for renewal of involuntary treatment
153 be filed before the expiration of the court-ordered
154 treatment period; authorizing certain entities to file
155 such a petition; revising the timeframe within which
156 the court is required to schedule a hearing;
157 authorizing the court to order additional treatment
158 under certain circumstances; providing that such
159 treatment period must be deducted from time granted in
160 a subsequent extension petition; creating s. 397.6976,
161 F.S.; authorizing the court to commit certain persons
162 to inpatient or outpatient treatment, or a combination
163 thereof, without an assessment, under certain
164 circumstances; limiting the treatment period to a
165 specified number of days unless the period is
166 extended; defining the term "habitual abuser";
167 repealing s. 397.6978, F.S., relating to the
168 appointment of guardian advocates; amending s.
169 397.706, F.S.; providing requirements for holding a
170 minor in contempt of court in cases that involve a
171 minor violating an involuntary treatment order;
172 requiring service providers to prioritize a minor's
173 placement into treatment under certain circumstances;
174 amending ss. 394.4599, 394.4615, 397.6971, and

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175 397.6977, F.S.; conforming provisions to changes made
 176 by the act; amending ss. 212.055, 394.4598, 394.462,
 177 394.495, 394.496, 394.9085, 397.416, 409.972, 440.102,
 178 464.012, 744.2007, and 790.065, F.S.; conforming
 179 cross-references; providing an effective date.
 180

181 Be It Enacted by the Legislature of the State of Florida:
 182

183 Section 1. Section 27.59, Florida Statutes, is amended to
 184 read:

185 27.59 Access to prisoners and patients in mental health or
 186 treatment facilities.—The public defenders, assistant public
 187 defenders, criminal conflict and civil regional counsel, and
 188 assistant regional counsel shall be empowered to inquire of all
 189 persons who are incarcerated in lieu of bond or are held in a
 190 facility licensed under chapter 394 or chapter 397 and to tender
 191 them advice and counsel at any time., ~~but the provisions of This~~
 192 section does ~~shall~~ not apply ~~with respect~~ to persons who have
 193 engaged private counsel.

194 Section 2. Present subsections (31) through (38) and (39)
 195 through (48) of section 394.455, Florida Statutes, are
 196 redesignated as subsections (32) through (39) and (41) through
 197 (50), respectively, subsection (22) of that section is amended,
 198 and new subsections (31) and (40) are added to that section, to
 199 read:

200 394.455 Definitions.—As used in this part, the term:

201 (22) "Involuntary examination" means an examination
 202 performed under s. 394.463, s. 397.6772, s. 397.679, or s.
 203 397.6798, ~~or s. 397.6811~~ to determine whether a person qualifies

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204 for involuntary services.

205 (31) "Neglect or refuse to care for himself or herself"
206 includes, but is not limited to, evidence that a person:

207 (a) Is unable to satisfy basic needs for nourishment,
208 medical care, shelter, or safety in a manner that creates a
209 substantial probability of imminent death, serious physical
210 debilitation, or disease;

211 (b) Is substantially unable to make an informed treatment
212 choice; or

213 (c) Needs care or treatment to prevent deterioration.

214 (40) "Real and present threat of substantial harm"
215 includes, but is not limited to, evidence of a substantial
216 probability that the untreated person will:

217 (a) Lack, refuse, or not receive services for health or
218 safety; or

219 (b) Suffer severe mental, emotional, or physical harm that
220 will result in the loss of ability to function in the community
221 or the loss of cognitive or volitional control over thoughts or
222 actions.

223 Section 3. Subsection (13) is added to section 394.459,
224 Florida Statutes, to read:

225 394.459 Rights of patients.—

226 (13) POST-DISCHARGE RIGHT TO CONTINUUM OF CARE.—Upon
227 discharge, a respondent with a serious mental illness must be
228 afforded the essential elements of recovery and placed in a
229 continuum of care regimen. The department shall adopt rules
230 specifying the services that must be provided to such
231 respondents and identifying which serious mental illnesses
232 entitle a respondent to such services.

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233 Section 4. Subsection (2) of section 394.461, Florida
234 Statutes, is amended to read:

235 394.461 Designation of receiving and treatment facilities
236 and receiving systems.—The department is authorized to designate
237 and monitor receiving facilities, treatment facilities, and
238 receiving systems and may suspend or withdraw such designation
239 for failure to comply with this part and rules adopted under
240 this part. Unless designated by the department, facilities are
241 not permitted to hold or treat involuntary patients under this
242 part.

243 (2) TREATMENT FACILITY.— The department may designate any
244 state-owned, state-operated, or state-supported facility as a
245 state treatment facility. A civil patient may ~~shall~~ not be
246 admitted to a state treatment facility without previously
247 undergoing a transfer evaluation. Before the close of the
248 state's case in chief in a court hearing for involuntary
249 placement ~~in a state treatment facility~~, the state may establish
250 that the transfer evaluation was performed and the document
251 properly executed by providing the court with a copy of the
252 transfer evaluation. The court may not ~~shall receive and~~
253 consider the substantive information ~~documented~~ in the transfer
254 evaluation unless the evaluator testifies at the hearing. Any
255 other facility, including a private facility or a federal
256 facility, may be designated as a treatment facility by the
257 department, provided that such designation is agreed to by the
258 appropriate governing body or authority of the facility.

259 Section 5. Subsection (1) and paragraphs (g) and (h) of
260 subsection (2) of section 394.463, Florida Statutes, are amended
261 to read:

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262 394.463 Involuntary examination.—

263 (1) CRITERIA.—A person may be taken to a receiving facility
264 for involuntary examination if there is reason to believe that
265 the person has a mental illness and because of his or her mental
266 illness:

267 (a)1. The person has refused voluntary examination after
268 conscientious explanation and disclosure of the purpose of the
269 examination; or

270 2. The person is unable to determine for himself or herself
271 whether examination is necessary; and

272 (b)1. Without care or treatment, the person is likely to
273 suffer from neglect or refuse to care for himself or herself;
274 such neglect or refusal poses a real and present threat of
275 substantial harm to his or her well-being; and it is not
276 apparent that such harm may be avoided through the help of
277 willing, able, and responsible family members or friends or the
278 provision of other services; or

279 2. There is a substantial likelihood that without care or
280 treatment the person will cause serious ~~bodily~~ harm to himself
281 or herself or others in the near future, as evidenced by his or
282 her recent behavior, actions, or omissions. Such harm includes,
283 but is not limited to, property damage.

284 (2) INVOLUNTARY EXAMINATION.—

285 (g) The examination period must be for up to 72 hours. For
286 a minor, the examination shall be initiated within 12 hours
287 after the patient's arrival at the facility. Within the
288 examination period or, if the examination period ends on a
289 weekend or holiday, no later than the next working day
290 thereafter, one of the following actions must be taken, based on

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291 the individual needs of the patient:

292 1. The patient shall be released, unless he or she is
293 charged with a crime, in which case the patient shall be
294 returned to the custody of a law enforcement officer;

295 2. The patient shall be released, subject to subparagraph
296 1., for voluntary outpatient treatment;

297 3. The patient, unless he or she is charged with a crime,
298 shall be asked to give express and informed consent to placement
299 as a voluntary patient and, if such consent is given, the
300 patient shall be admitted as a voluntary patient; or

301 4. A petition for involuntary services shall be filed in
302 the circuit court ~~if inpatient treatment is deemed necessary~~ or
303 with a the criminal county court, as described in s. 394.4655
304 ~~defined in s. 394.4655(1)~~, as applicable. When inpatient
305 treatment is deemed necessary, the least restrictive treatment
306 consistent with the optimum improvement of the patient's
307 condition shall be made available. The petition ~~When a petition~~
308 ~~is to be filed for involuntary outpatient placement, it shall be~~
309 ~~filed by one of the petitioners specified in s. 394.4655(4)(a).~~
310 ~~A petition for involuntary inpatient placement shall be filed by~~
311 the facility administrator.

312 (h) A person for whom an involuntary examination has been
313 initiated who is being evaluated or treated at a hospital for an
314 emergency medical condition specified in s. 395.002 must be
315 examined by a facility within the examination period specified
316 in paragraph (g). The examination period begins when the patient
317 arrives at the hospital and ceases when the attending physician
318 documents that the patient has an emergency medical condition.
319 If the patient is examined at a hospital providing emergency

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320 medical services by a professional qualified to perform an
321 involuntary examination and is found as a result of that
322 examination not to meet the criteria for involuntary outpatient
323 services pursuant to s. 394.4655 ~~s. 394.4655(2)~~ or involuntary
324 inpatient placement pursuant to s. 394.467(1), the patient may
325 be offered voluntary services or placement, if appropriate, or
326 released directly from the hospital providing emergency medical
327 services. The finding by the professional that the patient has
328 been examined and does not meet the criteria for involuntary
329 inpatient services or involuntary outpatient placement must be
330 entered into the patient's clinical record. This paragraph is
331 not intended to prevent a hospital providing emergency medical
332 services from appropriately transferring a patient to another
333 hospital before stabilization if the requirements of s.
334 395.1041(3)(c) have been met.

335 Section 6. Section 394.4655, Florida Statutes, is amended
336 to read:

337 394.4655 Involuntary outpatient services.—

338 (1)(a) In lieu of inpatient treatment, the court may order
339 a respondent into outpatient treatment for up to 6 months if,
340 during a hearing under s. 394.467, it is established that the
341 respondent meets involuntary placement criteria and has been
342 involuntarily ordered into inpatient treatment under this
343 chapter at least twice during the last 36 months, the outpatient
344 treatment is provided in the county in which the respondent
345 resides, and the respondent's treating physician certifies,
346 within a reasonable degree of medical probability, that the
347 respondent:

348 1. Can be more appropriately treated on an outpatient

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349 basis;

350 2. Can follow a prescribed treatment plan; and

351 3. Is not likely become dangerous, suffer more serious harm
352 or illness, or further deteriorate if such plan is followed.

353 (b) For the duration of his or her treatment, the
354 respondent must be supervised by a willing, able, and
355 responsible friend, family member, social worker, case manager
356 of a licensed service provider, guardian, or guardian advocate.
357 Such supervisor must inform the court, state attorney, and
358 public defender of any failure by the respondent to comply with
359 his or her outpatient program.

360 (2) As the circumstances may require, the court shall
361 retain jurisdiction over the case and parties for the entry of
362 such further orders after a hearing.

363 (3) A criminal county court exercising its original
364 jurisdiction in a misdemeanor case under s. 34.01 may also order
365 a person into involuntary outpatient services.

366 ~~(1) DEFINITIONS. As used in this section, the term:~~

367 ~~(a) "Court" means a circuit court or a criminal county~~
368 ~~court.~~

369 ~~(b) "Criminal county court" means a county court exercising~~
370 ~~its original jurisdiction in a misdemeanor case under s. 34.01.~~

371 ~~(2) CRITERIA FOR INVOLUNTARY OUTPATIENT SERVICES. A person~~
372 ~~may be ordered to involuntary outpatient services upon a finding~~
373 ~~of the court, by clear and convincing evidence, that the person~~
374 ~~meets all of the following criteria:~~

375 ~~(a) The person is 18 years of age or older.~~

376 ~~(b) The person has a mental illness.~~

377 ~~(c) The person is unlikely to survive safely in the~~

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378 ~~community without supervision, based on a clinical~~
379 ~~determination.~~

380 ~~(d) The person has a history of lack of compliance with~~
381 ~~treatment for mental illness.~~

382 ~~(e) The person has:~~

383 ~~1. At least twice within the immediately preceding 36~~
384 ~~months been involuntarily admitted to a receiving or treatment~~
385 ~~facility as defined in s. 394.455, or has received mental health~~
386 ~~services in a forensic or correctional facility. The 36-month~~
387 ~~period does not include any period during which the person was~~
388 ~~admitted or incarcerated; or~~

389 ~~2. Engaged in one or more acts of serious violent behavior~~
390 ~~toward self or others, or attempts at serious bodily harm to~~
391 ~~himself or herself or others, within the preceding 36 months.~~

392 ~~(f) The person is, as a result of his or her mental~~
393 ~~illness, unlikely to voluntarily participate in the recommended~~
394 ~~treatment plan and has refused voluntary services for treatment~~
395 ~~after sufficient and conscientious explanation and disclosure of~~
396 ~~why the services are necessary or is unable to determine for~~
397 ~~himself or herself whether services are necessary.~~

398 ~~(g) In view of the person's treatment history and current~~
399 ~~behavior, the person is in need of involuntary outpatient~~
400 ~~services in order to prevent a relapse or deterioration that~~
401 ~~would be likely to result in serious bodily harm to himself or~~
402 ~~herself or others, or a substantial harm to his or her well-~~
403 ~~being as set forth in s. 394.463(1).~~

404 ~~(h) It is likely that the person will benefit from~~
405 ~~involuntary outpatient services.~~

406 ~~(i) All available, less restrictive alternatives that would~~

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407 ~~offer an opportunity for improvement of his or her condition~~
408 ~~have been judged to be inappropriate or unavailable.~~

409 ~~(3) INVOLUNTARY OUTPATIENT SERVICES.—~~

410 ~~(a)1. A patient who is being recommended for involuntary~~
411 ~~outpatient services by the administrator of the facility where~~
412 ~~the patient has been examined may be retained by the facility~~
413 ~~after adherence to the notice procedures provided in s.~~
414 ~~394.4599. The recommendation must be supported by the opinion of~~
415 ~~a psychiatrist and the second opinion of a clinical psychologist~~
416 ~~or another psychiatrist, both of whom have personally examined~~
417 ~~the patient within the preceding 72 hours, that the criteria for~~
418 ~~involuntary outpatient services are met. However, if the~~
419 ~~administrator certifies that a psychiatrist or clinical~~
420 ~~psychologist is not available to provide the second opinion, the~~
421 ~~second opinion may be provided by a licensed physician who has~~
422 ~~postgraduate training and experience in diagnosis and treatment~~
423 ~~of mental illness, a physician assistant who has at least 3~~
424 ~~years' experience and is supervised by such licensed physician~~
425 ~~or a psychiatrist, a clinical social worker, or by a psychiatric~~
426 ~~nurse. Any second opinion authorized in this subparagraph may be~~
427 ~~conducted through a face-to-face examination, in person or by~~
428 ~~electronic means. Such recommendation must be entered on an~~
429 ~~involuntary outpatient services certificate that authorizes the~~
430 ~~facility to retain the patient pending completion of a hearing.~~
431 ~~The certificate must be made a part of the patient's clinical~~
432 ~~record.~~

433 ~~2. If the patient has been stabilized and no longer meets~~
434 ~~the criteria for involuntary examination pursuant to s.~~
435 ~~394.463(1), the patient must be released from the facility while~~

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436 ~~awaiting the hearing for involuntary outpatient services. Before~~
437 ~~filing a petition for involuntary outpatient services, the~~
438 ~~administrator of the facility or a designated department~~
439 ~~representative must identify the service provider that will have~~
440 ~~primary responsibility for service provision under an order for~~
441 ~~involuntary outpatient services, unless the person is otherwise~~
442 ~~participating in outpatient psychiatric treatment and is not in~~
443 ~~need of public financing for that treatment, in which case the~~
444 ~~individual, if eligible, may be ordered to involuntary treatment~~
445 ~~pursuant to the existing psychiatric treatment relationship.~~

446 ~~3. The service provider shall prepare a written proposed~~
447 ~~treatment plan in consultation with the patient or the patient's~~
448 ~~guardian advocate, if appointed, for the court's consideration~~
449 ~~for inclusion in the involuntary outpatient services order that~~
450 ~~addresses the nature and extent of the mental illness and any~~
451 ~~co-occurring substance use disorder that necessitate involuntary~~
452 ~~outpatient services. The treatment plan must specify the likely~~
453 ~~level of care, including the use of medication, and anticipated~~
454 ~~discharge criteria for terminating involuntary outpatient~~
455 ~~services. Service providers may select and supervise other~~
456 ~~individuals to implement specific aspects of the treatment plan.~~
457 ~~The services in the plan must be deemed clinically appropriate~~
458 ~~by a physician, clinical psychologist, psychiatric nurse, mental~~
459 ~~health counselor, marriage and family therapist, or clinical~~
460 ~~social worker who consults with, or is employed or contracted~~
461 ~~by, the service provider. The service provider must certify to~~
462 ~~the court in the proposed plan whether sufficient services for~~
463 ~~improvement and stabilization are currently available and~~
464 ~~whether the service provider agrees to provide those services.~~

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465 ~~If the service provider certifies that the services in the~~
466 ~~proposed treatment plan are not available, the petitioner may~~
467 ~~not file the petition. The service provider must notify the~~
468 ~~managing entity if the requested services are not available. The~~
469 ~~managing entity must document such efforts to obtain the~~
470 ~~requested services.~~

471 ~~(b) If a patient in involuntary inpatient placement meets~~
472 ~~the criteria for involuntary outpatient services, the~~
473 ~~administrator of the facility may, before the expiration of the~~
474 ~~period during which the facility is authorized to retain the~~
475 ~~patient, recommend involuntary outpatient services. The~~
476 ~~recommendation must be supported by the opinion of a~~
477 ~~psychiatrist and the second opinion of a clinical psychologist~~
478 ~~or another psychiatrist, both of whom have personally examined~~
479 ~~the patient within the preceding 72 hours, that the criteria for~~
480 ~~involuntary outpatient services are met. However, if the~~
481 ~~administrator certifies that a psychiatrist or clinical~~
482 ~~psychologist is not available to provide the second opinion, the~~
483 ~~second opinion may be provided by a licensed physician who has~~
484 ~~postgraduate training and experience in diagnosis and treatment~~
485 ~~of mental illness, a physician assistant who has at least 3~~
486 ~~years' experience and is supervised by such licensed physician~~
487 ~~or a psychiatrist, a clinical social worker, or by a psychiatric~~
488 ~~nurse. Any second opinion authorized in this subparagraph may be~~
489 ~~conducted through a face-to-face examination, in person or by~~
490 ~~electronic means. Such recommendation must be entered on an~~
491 ~~involuntary outpatient services certificate, and the certificate~~
492 ~~must be made a part of the patient's clinical record.~~

493 ~~(c)1. The administrator of the treatment facility shall~~

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494 ~~provide a copy of the involuntary outpatient services~~
495 ~~certificate and a copy of the state mental health discharge form~~
496 ~~to the managing entity in the county where the patient will be~~
497 ~~residing. For persons who are leaving a state mental health~~
498 ~~treatment facility, the petition for involuntary outpatient~~
499 ~~services must be filed in the county where the patient will be~~
500 ~~residing.~~

501 ~~2. The service provider that will have primary~~
502 ~~responsibility for service provision shall be identified by the~~
503 ~~designated department representative before the order for~~
504 ~~involuntary outpatient services and must, before filing a~~
505 ~~petition for involuntary outpatient services, certify to the~~
506 ~~court whether the services recommended in the patient's~~
507 ~~discharge plan are available and whether the service provider~~
508 ~~agrees to provide those services. The service provider must~~
509 ~~develop with the patient, or the patient's guardian advocate, if~~
510 ~~appointed, a treatment or service plan that addresses the needs~~
511 ~~identified in the discharge plan. The plan must be deemed to be~~
512 ~~clinically appropriate by a physician, clinical psychologist,~~
513 ~~psychiatric nurse, mental health counselor, marriage and family~~
514 ~~therapist, or clinical social worker, as defined in this~~
515 ~~chapter, who consults with, or is employed or contracted by, the~~
516 ~~service provider.~~

517 ~~3. If the service provider certifies that the services in~~
518 ~~the proposed treatment or service plan are not available, the~~
519 ~~petitioner may not file the petition. The service provider must~~
520 ~~notify the managing entity if the requested services are not~~
521 ~~available. The managing entity must document such efforts to~~
522 ~~obtain the requested services.~~

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523 ~~(4) PETITION FOR INVOLUNTARY OUTPATIENT SERVICES.—~~

524 ~~(a) A petition for involuntary outpatient services may be~~
525 ~~filed by:~~

526 ~~1. The administrator of a receiving facility; or~~

527 ~~2. The administrator of a treatment facility.~~

528 ~~(b) Each required criterion for involuntary outpatient~~
529 ~~services must be alleged and substantiated in the petition for~~
530 ~~involuntary outpatient services. A copy of the certificate~~
531 ~~recommending involuntary outpatient services completed by a~~
532 ~~qualified professional specified in subsection (3) must be~~
533 ~~attached to the petition. A copy of the proposed treatment plan~~
534 ~~must be attached to the petition. Before the petition is filed,~~
535 ~~the service provider shall certify that the services in the~~
536 ~~proposed plan are available. If the necessary services are not~~
537 ~~available, the petition may not be filed. The service provider~~
538 ~~must notify the managing entity if the requested services are~~
539 ~~not available. The managing entity must document such efforts to~~
540 ~~obtain the requested services.~~

541 ~~(c) The petition for involuntary outpatient services must~~
542 ~~be filed in the county where the patient is located, unless the~~
543 ~~patient is being placed from a state treatment facility, in~~
544 ~~which case the petition must be filed in the county where the~~
545 ~~patient will reside. When the petition has been filed, the clerk~~
546 ~~of the court shall provide copies of the petition and the~~
547 ~~proposed treatment plan to the department, the managing entity,~~
548 ~~the patient, the patient's guardian or representative, the state~~
549 ~~attorney, and the public defender or the patient's private~~
550 ~~counsel. A fee may not be charged for filing a petition under~~
551 ~~this subsection.~~

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552 ~~(5) APPOINTMENT OF COUNSEL. Within 1 court working day~~
553 ~~after the filing of a petition for involuntary outpatient~~
554 ~~services, the court shall appoint the public defender to~~
555 ~~represent the person who is the subject of the petition, unless~~
556 ~~the person is otherwise represented by counsel. The clerk of the~~
557 ~~court shall immediately notify the public defender of the~~
558 ~~appointment. The public defender shall represent the person~~
559 ~~until the petition is dismissed, the court order expires, or the~~
560 ~~patient is discharged from involuntary outpatient services. An~~
561 ~~attorney who represents the patient must be provided access to~~
562 ~~the patient, witnesses, and records relevant to the presentation~~
563 ~~of the patient's case and shall represent the interests of the~~
564 ~~patient, regardless of the source of payment to the attorney.~~

565 ~~(6) CONTINUANCE OF HEARING. The patient is entitled, with~~
566 ~~the concurrence of the patient's counsel, to at least one~~
567 ~~continuance of the hearing. The continuance shall be for a~~
568 ~~period of up to 4 weeks.~~

569 ~~(7) HEARING ON INVOLUNTARY OUTPATIENT SERVICES.—~~

570 ~~(a)1. The court shall hold the hearing on involuntary~~
571 ~~outpatient services within 5 working days after the filing of~~
572 ~~the petition, unless a continuance is granted. The hearing must~~
573 ~~be held in the county where the petition is filed, must be as~~
574 ~~convenient to the patient as is consistent with orderly~~
575 ~~procedure, and must be conducted in physical settings not likely~~
576 ~~to be injurious to the patient's condition. If the court finds~~
577 ~~that the patient's attendance at the hearing is not consistent~~
578 ~~with the best interests of the patient and if the patient's~~
579 ~~counsel does not object, the court may waive the presence of the~~
580 ~~patient from all or any portion of the hearing. The state~~

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581 ~~attorney for the circuit in which the patient is located shall~~
582 ~~represent the state, rather than the petitioner, as the real~~
583 ~~party in interest in the proceeding.~~

584 ~~2. The court may appoint a magistrate to preside at the~~
585 ~~hearing. One of the professionals who executed the involuntary~~
586 ~~outpatient services certificate shall be a witness. The patient~~
587 ~~and the patient's guardian or representative shall be informed~~
588 ~~by the court of the right to an independent expert examination.~~
589 ~~If the patient cannot afford such an examination, the court~~
590 ~~shall ensure that one is provided, as otherwise provided by law.~~
591 ~~The independent expert's report is confidential and not~~
592 ~~discoverable, unless the expert is to be called as a witness for~~
593 ~~the patient at the hearing. The court shall allow testimony from~~
594 ~~individuals, including family members, deemed by the court to be~~
595 ~~relevant under state law, regarding the person's prior history~~
596 ~~and how that prior history relates to the person's current~~
597 ~~condition. The testimony in the hearing must be given under~~
598 ~~oath, and the proceedings must be recorded. The patient may~~
599 ~~refuse to testify at the hearing.~~

600 ~~(b)1. If the court concludes that the patient meets the~~
601 ~~criteria for involuntary outpatient services pursuant to~~
602 ~~subsection (2), the court shall issue an order for involuntary~~
603 ~~outpatient services. The court order shall be for a period of up~~
604 ~~to 90 days. The order must specify the nature and extent of the~~
605 ~~patient's mental illness. The order of the court and the~~
606 ~~treatment plan must be made part of the patient's clinical~~
607 ~~record. The service provider shall discharge a patient from~~
608 ~~involuntary outpatient services when the order expires or any~~
609 ~~time the patient no longer meets the criteria for involuntary~~

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610 ~~placement. Upon discharge, the service provider shall send a~~
611 ~~certificate of discharge to the court.~~

612 ~~2. The court may not order the department or the service~~
613 ~~provider to provide services if the program or service is not~~
614 ~~available in the patient's local community, if there is no space~~
615 ~~available in the program or service for the patient, or if~~
616 ~~funding is not available for the program or service. The service~~
617 ~~provider must notify the managing entity if the requested~~
618 ~~services are not available. The managing entity must document~~
619 ~~such efforts to obtain the requested services. A copy of the~~
620 ~~order must be sent to the managing entity by the service~~
621 ~~provider within 1 working day after it is received from the~~
622 ~~court. The order may be submitted electronically through~~
623 ~~existing data systems. After the order for involuntary services~~
624 ~~is issued, the service provider and the patient may modify the~~
625 ~~treatment plan. For any material modification of the treatment~~
626 ~~plan to which the patient or, if one is appointed, the patient's~~
627 ~~guardian advocate agrees, the service provider shall send notice~~
628 ~~of the modification to the court. Any material modifications of~~
629 ~~the treatment plan which are contested by the patient or the~~
630 ~~patient's guardian advocate, if applicable, must be approved or~~
631 ~~disapproved by the court consistent with subsection (3).~~

632 ~~3. If, in the clinical judgment of a physician, the patient~~
633 ~~has failed or has refused to comply with the treatment ordered~~
634 ~~by the court, and, in the clinical judgment of the physician,~~
635 ~~efforts were made to solicit compliance and the patient may meet~~
636 ~~the criteria for involuntary examination, a person may be~~
637 ~~brought to a receiving facility pursuant to s. 394.463. If,~~
638 ~~after examination, the patient does not meet the criteria for~~

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639 ~~involuntary inpatient placement pursuant to s. 394.467, the~~
640 ~~patient must be discharged from the facility. The involuntary~~
641 ~~outpatient services order shall remain in effect unless the~~
642 ~~service provider determines that the patient no longer meets the~~
643 ~~criteria for involuntary outpatient services or until the order~~
644 ~~expires. The service provider must determine whether~~
645 ~~modifications should be made to the existing treatment plan and~~
646 ~~must attempt to continue to engage the patient in treatment. For~~
647 ~~any material modification of the treatment plan to which the~~
648 ~~patient or the patient's guardian advocate, if applicable,~~
649 ~~agrees, the service provider shall send notice of the~~
650 ~~modification to the court. Any material modifications of the~~
651 ~~treatment plan which are contested by the patient or the~~
652 ~~patient's guardian advocate, if applicable, must be approved or~~
653 ~~disapproved by the court consistent with subsection (3).~~

654 ~~(c) If, at any time before the conclusion of the initial~~
655 ~~hearing on involuntary outpatient services, it appears to the~~
656 ~~court that the person does not meet the criteria for involuntary~~
657 ~~outpatient services under this section but, instead, meets the~~
658 ~~criteria for involuntary inpatient placement, the court may~~
659 ~~order the person admitted for involuntary inpatient examination~~
660 ~~under s. 394.463. If the person instead meets the criteria for~~
661 ~~involuntary assessment, protective custody, or involuntary~~
662 ~~admission pursuant to s. 397.675, the court may order the person~~
663 ~~to be admitted for involuntary assessment for a period of 5 days~~
664 ~~pursuant to s. 397.6811. Thereafter, all proceedings are~~
665 ~~governed by chapter 397.~~

666 ~~(d) At the hearing on involuntary outpatient services, the~~
667 ~~court shall consider testimony and evidence regarding the~~

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668 ~~patient's competence to consent to services. If the court finds~~
669 ~~that the patient is incompetent to consent to treatment, it~~
670 ~~shall appoint a guardian advocate as provided in s. 394.4598.~~
671 ~~The guardian advocate shall be appointed or discharged in~~
672 ~~accordance with s. 394.4598.~~

673 ~~(e) The administrator of the receiving facility or the~~
674 ~~designated department representative shall provide a copy of the~~
675 ~~court order and adequate documentation of a patient's mental~~
676 ~~illness to the service provider for involuntary outpatient~~
677 ~~services. Such documentation must include any advance directives~~
678 ~~made by the patient, a psychiatric evaluation of the patient,~~
679 ~~and any evaluations of the patient performed by a psychologist~~
680 ~~or a clinical social worker.~~

681 ~~(8) PROCEDURE FOR CONTINUED INVOLUNTARY OUTPATIENT~~
682 ~~SERVICES.—~~

683 ~~(a)1. If the person continues to meet the criteria for~~
684 ~~involuntary outpatient services, the service provider shall, at~~
685 ~~least 10 days before the expiration of the period during which~~
686 ~~the treatment is ordered for the person, file in the court that~~
687 ~~issued the order for involuntary outpatient services a petition~~
688 ~~for continued involuntary outpatient services. The court shall~~
689 ~~immediately schedule a hearing on the petition to be held within~~
690 ~~15 days after the petition is filed.~~

691 ~~2. The existing involuntary outpatient services order~~
692 ~~remains in effect until disposition on the petition for~~
693 ~~continued involuntary outpatient services.~~

694 ~~3. A certificate shall be attached to the petition which~~
695 ~~includes a statement from the person's physician or clinical~~
696 ~~psychologist justifying the request, a brief description of the~~

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697 ~~patient's treatment during the time he or she was receiving~~
698 ~~involuntary services, and an individualized plan of continued~~
699 ~~treatment.~~

700 ~~4. The service provider shall develop the individualized~~
701 ~~plan of continued treatment in consultation with the patient or~~
702 ~~the patient's guardian advocate, if applicable. When the~~
703 ~~petition has been filed, the clerk of the court shall provide~~
704 ~~copies of the certificate and the individualized plan of~~
705 ~~continued services to the department, the patient, the patient's~~
706 ~~guardian advocate, the state attorney, and the patient's private~~
707 ~~counsel or the public defender.~~

708 ~~(b) Within 1 court working day after the filing of a~~
709 ~~petition for continued involuntary outpatient services, the~~
710 ~~court shall appoint the public defender to represent the person~~
711 ~~who is the subject of the petition, unless the person is~~
712 ~~otherwise represented by counsel. The clerk of the court shall~~
713 ~~immediately notify the public defender of such appointment. The~~
714 ~~public defender shall represent the person until the petition is~~
715 ~~dismissed or the court order expires or the patient is~~
716 ~~discharged from involuntary outpatient services. Any attorney~~
717 ~~representing the patient shall have access to the patient,~~
718 ~~witnesses, and records relevant to the presentation of the~~
719 ~~patient's case and shall represent the interests of the patient,~~
720 ~~regardless of the source of payment to the attorney.~~

721 ~~(c) Hearings on petitions for continued involuntary~~
722 ~~outpatient services must be before the court that issued the~~
723 ~~order for involuntary outpatient services. The court may appoint~~
724 ~~a magistrate to preside at the hearing. The procedures for~~
725 ~~obtaining an order pursuant to this paragraph must meet the~~

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726 ~~requirements of subsection (7), except that the time period~~
727 ~~included in paragraph (2) (c) is not applicable in determining~~
728 ~~the appropriateness of additional periods of involuntary~~
729 ~~outpatient placement.~~

730 ~~(d) Notice of the hearing must be provided as set forth in~~
731 ~~s. 394.4599. The patient and the patient's attorney may agree to~~
732 ~~a period of continued outpatient services without a court~~
733 ~~hearing.~~

734 ~~(e) The same procedure must be repeated before the~~
735 ~~expiration of each additional period the patient is placed in~~
736 ~~treatment.~~

737 ~~(f) If the patient has previously been found incompetent to~~
738 ~~consent to treatment, the court shall consider testimony and~~
739 ~~evidence regarding the patient's competence. Section 394.4598~~
740 ~~governs the discharge of the guardian advocate if the patient's~~
741 ~~competency to consent to treatment has been restored.~~

742 Section 7. Subsections (1) and (5) and paragraphs (a), (b),
743 and (c) of subsection (6) of section 394.467, Florida Statutes,
744 are amended to read:

745 394.467 Involuntary inpatient placement.—

746 (1) CRITERIA.—A person may be ordered for involuntary
747 inpatient placement for treatment upon a finding of the court by
748 clear and convincing evidence that:

749 (a) He or she has a mental illness and because of his or
750 her mental illness:

751 1.a. He or she has refused voluntary inpatient placement
752 for treatment after sufficient and conscientious explanation and
753 disclosure of the purpose of inpatient placement for treatment;
754 or

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755 b. He or she is unable to determine for himself or herself
756 whether inpatient placement is necessary; and

757 2.a. He or she is incapable of surviving alone or with the
758 help of willing, able, and responsible family or friends,
759 including available alternative services, and, without
760 treatment, is likely to suffer from neglect or refuse to care
761 for himself or herself, and such neglect or refusal poses a real
762 and present threat of substantial harm to his or her well-being;
763 or

764 b. There is substantial likelihood that in the near future
765 he or she will inflict serious ~~bodily~~ harm to ~~on~~ self or others,
766 which includes property damage, as evidenced by acts, omissions,
767 or recent behavior causing, attempting, or threatening such
768 harm; and

769 (b) All available less restrictive treatment alternatives
770 that would offer an opportunity for improvement of his or her
771 condition have been judged to be inappropriate.

772 (5) CONTINUANCE OF HEARING.—The patient and the state are
773 independently entitled ~~is entitled, with the concurrence of the~~
774 ~~patient's counsel,~~ to at least one continuance of the hearing.
775 The patient's continuance may be for a period of ~~for~~ up to 4
776 weeks and requires the concurrence of his or her counsel. The
777 state's continuance may be for a period of up to 7 court working
778 days and requires a showing of good cause and due diligence by
779 the state before requesting the continuance. The state's failure
780 to timely review any readily available document or failure to
781 attempt to contact a known witness does not warrant a
782 continuance.

783 (6) HEARING ON INVOLUNTARY INPATIENT PLACEMENT.—

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784 (a)1. The court shall hold the hearing on involuntary
785 inpatient placement within 7 ~~5~~ court working days, unless a
786 continuance is granted.

787 2. Except for good cause documented in the court file, the
788 hearing must be held in the county or the facility, as
789 appropriate, where the patient is located, must be as convenient
790 to the patient as is consistent with orderly procedure, and
791 shall be conducted in physical settings not likely to be
792 injurious to the patient's condition. If the court finds that
793 the patient's attendance at the hearing is not consistent with
794 the best interests of the patient or is likely injurious to the
795 patient, or the patient knowingly, intelligently, and
796 voluntarily waives his or her right to be present, and the
797 patient's counsel does not object, the court may waive the
798 presence of the patient from all or any portion of the hearing.
799 Absent a showing of good cause, the court may permit all
800 witnesses, including, but not limited to, any medical
801 professionals or personnel who are or have been involved with
802 the patient's treatment, to remotely attend and testify at the
803 hearing under oath via the most appropriate and convenient
804 technological method of communication available to the court,
805 including, but not limited to, teleconference. The state
806 attorney for the circuit in which the patient is located shall
807 represent the state, rather than the petitioning facility
808 administrator, as the real party in interest in the proceeding.
809 In preparing its case, the state attorney may access, by
810 subpoena if necessary, the patient, witnesses, and records that
811 are relevant to the state's case. Such records include, but are
812 not limited to, any social media, school records, and reports

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813 documenting contact the patient may have had with law
814 enforcement officers or other state agencies.

815 3. The court may appoint a magistrate to preside at the
816 hearing. One of the professionals who executed the petition for
817 involuntary inpatient placement certificate shall be a witness.
818 The patient and the patient's guardian or representative shall
819 be informed by the court of the right to an independent expert
820 examination. If the patient cannot afford such an examination,
821 the court shall ensure that one is provided, as otherwise
822 provided for by law. The independent expert's report is
823 confidential and not discoverable, unless the expert is to be
824 called as a witness for the patient at the hearing. The
825 testimony in the hearing must be given under oath, and the
826 proceedings must be recorded. The patient may refuse to testify
827 at the hearing.

828 (b) If the court concludes that the patient meets the
829 criteria for involuntary inpatient placement, it may order that
830 the patient be transferred to a treatment facility or, if the
831 patient is at a treatment facility, that the patient be retained
832 there or be treated at any other appropriate facility, or that
833 the patient receive services, on an involuntary basis, for up to
834 ~~90 days. However, any order for involuntary mental health~~
835 ~~services in a treatment facility may be for up to 6 months.~~ The
836 order shall specify the nature and extent of the patient's
837 mental illness. The court may not order an individual with
838 traumatic brain injury or dementia who lacks a co-occurring
839 mental illness to be involuntarily placed in a state treatment
840 facility unless evaluations such as, but not limited to, the
841 Glasgow Outcome Scale or the Rancho Los Amigos Levels of

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842 Cognitive Functioning Scale show that such individuals may
843 benefit from behavioral health treatment. Such individuals must
844 be referred to the Agency for Persons with Disabilities or the
845 Department of Elderly Affairs for further evaluation and
846 placement in a medical rehabilitation facility or supportive
847 residential placement that addresses their individual needs. The
848 facility shall discharge a patient any time the patient no
849 longer meets the criteria for involuntary inpatient placement,
850 unless the patient has transferred to voluntary status.

851 (c) If at any time before the conclusion of the hearing on
852 involuntary inpatient placement it appears to the court that the
853 person does not meet the criteria for involuntary inpatient
854 placement under this section, but instead meets the criteria for
855 involuntary outpatient services, the court may order the person
856 into evaluated for involuntary outpatient services if the
857 requirements of s. 394.4655 are met pursuant to s. 394.4655. The
858 ~~petition and hearing procedures set forth in s. 394.4655 shall~~
859 ~~apply.~~ If the person instead meets the criteria for involuntary
860 assessment, protective custody, or involuntary admission
861 pursuant to s. 397.675, then the court may order the person to
862 be admitted for involuntary assessment ~~for a period of 5 days~~
863 pursuant to s. 397.6957 ~~s. 397.6811~~. Thereafter, all proceedings
864 are governed by chapter 397.

865 Section 8. Subsection (3) of section 397.305, Florida
866 Statutes, is amended to read:

867 397.305 Legislative findings, intent, and purpose.—

868 (3) It is the purpose of this chapter to provide for a
869 comprehensive continuum of accessible and quality substance
870 abuse prevention, intervention, clinical treatment, and recovery

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871 support services in the most appropriate and least restrictive
872 environment which promotes long-term recovery while protecting
873 and respecting the rights of individuals, primarily through
874 community-based private not-for-profit providers working with
875 local governmental programs involving a wide range of agencies
876 from both the public and private sectors.

877 Section 9. Present subsections (29) through (35) and (36)
878 through (49) of section 397.311, Florida Statutes, are
879 redesignated as subsections (30) through (36) and (38) through
880 (51), respectively, subsection (23) of that section is amended,
881 and new subsections (29) and (37) are added to that section, to
882 read:

883 397.311 Definitions.—As used in this chapter, except part
884 VIII, the term:

885 (23) “Involuntary treatment services” means an array of
886 behavioral health services that may be ordered by the court for
887 persons with substance abuse impairment or co-occurring
888 substance abuse impairment and mental health disorders.

889 (29) “Neglect or refuse to care for himself or herself”
890 includes, but is not limited to, evidence that a person:

891 (a) Is unable to satisfy basic needs for nourishment,
892 medical care, shelter, or safety in a manner that creates a
893 substantial probability of imminent death, serious physical
894 debilitation, or disease;

895 (b) Is substantially unable to make an informed treatment
896 choice; or

897 (c) Needs care or treatment to prevent deterioration.

898 (37) “Real and present threat of substantial harm”
899 includes, but is not limited to, evidence of a substantial

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900 probability that the untreated person will:

901 (a) Lack, refuse, or not receive services for health or
902 safety; or

903 (b) Suffer severe mental, emotional, or physical harm that
904 will result in the loss of ability to function in the community
905 or the loss of cognitive or volitional control over thoughts or
906 actions.

907 Section 10. Subsection (5) of section 397.334, Florida
908 Statutes, is amended to read:

909 397.334 Treatment-based drug court programs.—

910 (5) Treatment-based drug court programs may include
911 pretrial intervention programs as provided in ss. 948.08,
912 948.16, and 985.345, treatment-based drug court programs
913 authorized in chapter 39, postadjudicatory programs as provided
914 in ss. 948.01, 948.06, and 948.20, and review of the status of
915 compliance or noncompliance of sentenced offenders through a
916 treatment-based drug court program. While enrolled in a
917 treatment-based drug court program, the participant is subject
918 to a coordinated strategy developed by a drug court team under
919 subsection (4). The coordinated strategy must be provided in
920 writing to the participant before the participant agrees to
921 enter into a treatment-based drug court program. The coordinated
922 strategy may include a protocol of sanctions that may be imposed
923 upon the participant for noncompliance with program rules. The
924 protocol of sanctions may include, but is not limited to,
925 placement in a substance abuse treatment program offered by a
926 licensed service provider as defined in s. 397.311 or in a jail-
927 based treatment program or serving a period of secure detention
928 under chapter 985 if a child or a period of incarceration ~~within~~

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929 ~~the time limits established for contempt of court if an adult.~~
930 In cases involving minors violating an involuntary treatment
931 order, the court's civil contempt powers are exempt from the
932 time limitations of chapters 984 and 985 and the court may
933 instead hold the minor in contempt for the same amount of time
934 as their court-ordered treatment, provided that the court
935 clearly informs the minor that he or she can immediately purge
936 the contempt finding by complying with the treatment order.
937 Should this contempt order result in incarceration, the court
938 must hold a status conference every 2 to 4 weeks to assess the
939 minor's well-being and inquire into whether he or she will go
940 to, and remain in, treatment. If the incarcerated minor agrees
941 to comply with the court's involuntary treatment order, service
942 providers must prioritize his or her placement into treatment
943 ~~The coordinated strategy must be provided in writing to the~~
944 ~~participant before the participant agrees to enter into a~~
945 ~~treatment-based drug court program.~~

946 Section 11. Section 397.412, Florida Statutes, is created
947 to read:

948 397.412 Ability to hold involuntarily committed persons.—

949 (1) Unless presented with a court order releasing a person
950 from care, all service providers licensed under this chapter may
951 refuse an individual's request to prematurely leave his or her
952 court-ordered involuntary treatment program provided that all of
953 the following criteria are met:

954 (a) Said individual still meets the involuntary treatment
955 criteria.

956 (b) There are no available, lesser restrictive means of
957 care that adequately address the person's needs. Facilities must

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958 notify the court and all relevant parties in writing if an
959 individual is released.

960 (2) Notwithstanding this chapter or any state
961 administrative rule, all service providers licensed to provide
962 residential treatment under this chapter must install the
963 necessary security features in their facilities to safely
964 prevent the premature departure of their involuntary patients
965 and must enact policies that enable the differentiation of
966 voluntary and involuntary patients at the facility. The
967 installation of such security features does not make the
968 treatment center a secure facility and does not require the
969 treatment center to comply with any other law or regulation
970 governing secured facilities.

971 Section 12. Subsection (11) is added to section 397.501,
972 Florida Statutes, to read:

973 397.501 Rights of individuals.—Individuals receiving
974 substance abuse services from any service provider are
975 guaranteed protection of the rights specified in this section,
976 unless otherwise expressly provided, and service providers must
977 ensure the protection of such rights.

978 (11) POST-DISCHARGE RIGHT TO CONTINUUM OF CARE.—Upon
979 discharge, a respondent with a serious substance abuse addiction
980 must be afforded the essential elements of recovery and placed
981 in a continuum of care regimen. The department shall adopt rules
982 specifying the services that must be provided to such
983 respondents and identifying which substance abuse addictions
984 entitle a respondent to such services.

985 Section 13. Subsection (2) of section 397.675, Florida
986 Statutes, is amended to read:

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987 397.675 Criteria for involuntary admissions, including
988 protective custody, emergency admission, and other involuntary
989 assessment, involuntary treatment, and alternative involuntary
990 assessment for minors, for purposes of assessment and
991 stabilization, and for involuntary treatment.—A person meets the
992 criteria for involuntary admission if there is good faith reason
993 to believe that the person is substance abuse impaired or has a
994 co-occurring mental health disorder and, because of such
995 impairment or disorder:

996 (2) (a) Is in need of substance abuse services and, by
997 reason of substance abuse impairment, his or her judgment has
998 been so impaired that he or she is incapable of appreciating his
999 or her need for such services and of making a rational decision
1000 in that regard, although mere refusal to receive such services
1001 does not constitute evidence of lack of judgment with respect to
1002 his or her need for such services; ~~or~~

1003 (b) Without care or treatment, is likely to suffer from
1004 neglect or refuse to care for himself or herself; that such
1005 neglect or refusal poses a real and present threat of
1006 substantial harm to his or her well-being; and that it is not
1007 apparent that such harm may be avoided through the help of
1008 willing, able, and responsible family members or friends or the
1009 provision of other services; or

1010 (c) There is substantial likelihood that the person has
1011 inflicted, or threatened to or attempted to inflict, or, unless
1012 admitted, in the near future, as evidenced by his or her
1013 behavior, actions, or omissions, will likely ~~is likely to~~
1014 inflict serious, physical harm to self or others. Such harm
1015 includes, but is not limited to, property damage ~~on himself,~~

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1016 ~~herself, or another.~~

1017 Section 14. Subsection (1) of section 397.6751, Florida
 1018 Statutes, is amended to read:

1019 397.6751 Service provider responsibilities regarding
 1020 involuntary admissions.—

1021 (1) It is the responsibility of the service provider to:

1022 (a) Ensure that a person who is admitted to a licensed
 1023 service component meets the admission criteria specified in s.
 1024 397.675;

1025 (b) Ascertain whether the medical and behavioral conditions
 1026 of the person, as presented, are beyond the safe management
 1027 capabilities of the service provider;

1028 (c) Provide for the admission of the person to the service
 1029 component that represents the most appropriate and least
 1030 restrictive available setting that is responsive to the person's
 1031 treatment needs;

1032 (d) Verify that the admission of the person to the service
 1033 component does not result in a census in excess of its licensed
 1034 service capacity;

1035 (e) Determine whether the cost of services is within the
 1036 financial means of the person or those who are financially
 1037 responsible for the person's care; and

1038 (f) Take all necessary measures to ensure that each
 1039 individual in treatment is provided with a safe environment, and
 1040 to ensure that each individual whose medical condition or
 1041 behavioral problem becomes such that he or she cannot be safely
 1042 managed by the service component is discharged and referred to a
 1043 more appropriate setting for care.

1044 Section 15. Section 397.681, Florida Statutes, is amended

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1045 to read:

1046 397.681 Involuntary petitions; general provisions; court
1047 jurisdiction and right to counsel.—

1048 (1) JURISDICTION.—The courts have jurisdiction of
1049 ~~involuntary assessment and stabilization petitions and~~
1050 involuntary treatment petitions for substance abuse impaired
1051 persons, and such petitions must be filed with the clerk of the
1052 court in the county where the person is located. The clerk of
1053 the court may not charge a fee for the filing of a petition
1054 under this section. The chief judge may appoint a general or
1055 special magistrate to preside over all or part of the
1056 proceedings. The alleged impaired person is named as the
1057 respondent.

1058 (2) RIGHT TO COUNSEL.—A respondent has the right to counsel
1059 at every stage of a proceeding relating to a petition for his or
1060 her ~~involuntary assessment and a petition for his or her~~
1061 involuntary treatment for substance abuse impairment. A
1062 respondent who desires counsel and is unable to afford private
1063 counsel has the right to court-appointed counsel and to the
1064 benefits of s. 57.081. If the court believes that the respondent
1065 needs the assistance of counsel, the court shall appoint such
1066 counsel for the respondent without regard to the respondent's
1067 wishes. If the respondent is a minor not otherwise represented
1068 in the proceeding, the court shall immediately appoint a
1069 guardian ad litem to act on the minor's behalf.

1070 (3) STATE REPRESENTATIVE.—For all court-involved
1071 involuntary proceedings under this chapter, the state attorney
1072 for the circuit in which the respondent is located shall
1073 represent the state rather than the petitioner as the real party

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1074 of interest in the proceeding, but the state attorney must be
1075 respectful of the petitioner's interests and concerns. The state
1076 attorney may access, by subpoena if necessary, the respondent,
1077 witnesses, and records that are relevant to the state's case.
1078 Such records include, but are not limited to, any social media,
1079 school records, and reports documenting contact the respondent
1080 may have had with law enforcement officers or other state
1081 agencies. The petitioner may not access any records obtained by
1082 the state attorney unless such records are entered into the
1083 court file. This subsection shall take effect only when the
1084 Legislature provides the requisite funding to the state attorney
1085 for its additional staffing needs.

1086 Section 16. Section 397.6811, Florida Statutes, is
1087 repealed.

1088 Section 17. Section 397.6814, Florida Statutes, is
1089 repealed.

1090 Section 18. Section 397.6815, Florida Statutes, is
1091 repealed.

1092 Section 19. Section 397.6818, Florida Statutes, is
1093 repealed.

1094 Section 20. Section 397.6819, Florida Statutes, is
1095 repealed.

1096 Section 21. Section 397.6821, Florida Statutes, is
1097 repealed.

1098 Section 22. Section 397.6822, Florida Statutes, is
1099 repealed.

1100 Section 23. Section 397.693, Florida Statutes, is amended
1101 to read:

1102 397.693 Involuntary treatment.—A person may be the subject

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1103 of a petition for court-ordered involuntary treatment pursuant
1104 to this part, if that person:

1105 (1) Reasonably appears to meet ~~meets~~ the criteria for
1106 involuntary admission provided in s. 397.675; ~~and:~~

1107 (2) ~~(1)~~ Has been placed under protective custody pursuant to
1108 s. 397.677 within the previous 10 days;

1109 (3) ~~(2)~~ Has been subject to an emergency admission pursuant
1110 to s. 397.679 within the previous 10 days;

1111 (4) ~~(3)~~ Has been assessed by a qualified professional within
1112 30 ~~5~~ days;

1113 ~~(4) Has been subject to involuntary assessment and~~
1114 ~~stabilization pursuant to s. 397.6818 within the previous 12~~
1115 ~~days; or~~

1116 (5) Has been subject to alternative involuntary treatment
1117 ~~admission~~ pursuant to s. 397.6957(1)(c) ~~s. 397.6822~~ within the
1118 previous 30 ~~12~~ days.

1119 Section 24. Section 397.695, Florida Statutes, is amended
1120 to read:

1121 397.695 Involuntary treatment ~~services~~; persons who may
1122 petition.—

1123 (1) If the respondent is an adult, a petition for
1124 involuntary treatment ~~services~~ may be filed by the respondent's
1125 spouse or legal guardian, any relative, a service provider, or
1126 an adult who has direct personal knowledge of the respondent's
1127 substance abuse impairment and his or her prior course of
1128 assessment and treatment.

1129 (2) If the respondent is a minor, a petition for
1130 involuntary treatment may be filed by a parent, legal guardian,
1131 or service provider.

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(3) The court or the clerk of the court may waive or prohibit any service of process fees if a petitioner is determined to be indigent under s. 57.082.

Section 25. Section 397.6951, Florida Statutes, is amended to read:

397.6951 Contents of petition for involuntary treatment services.—

(1) A petition for involuntary treatment services must contain the name of the respondent; the name of the petitioner or petitioners; the relationship between the respondent and the petitioner; the name of the respondent’s attorney, if known; ~~the findings and recommendations of the assessment performed by the qualified professional;~~ and the factual allegations presented by the petitioner establishing the need for involuntary ~~outpatient~~ services. The factual allegations must demonstrate:

(a)~~(1)~~ The reason for the petitioner’s belief that the respondent is substance abuse impaired;

(b)~~(2)~~ The reason for the petitioner’s belief that because of such impairment the respondent has lost the power of self-control with respect to substance abuse; and

(c)~~1.~~~~(3)~~~~(a)~~ The reason the petitioner believes that either:

a. The respondent, without care or treatment, is likely to suffer from neglect or refuse to care for himself or herself; that such neglect or refusal poses a real and present threat of substantial harm to his or her well-being; and that it is not apparent that such harm may be avoided through the help of willing, able, and responsible family members or friends or the provision of other services; or

b.(I) There is substantial likelihood that the person has

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1161 inflicted, or threatened to or attempted to inflict, serious
1162 harm to self or others, which includes property damage; or
1163 (II) Unless admitted, in the near future, as evidenced by
1164 his or her behavior, actions, or omissions, the person will
1165 likely inflict serious harm to self or others, which includes
1166 property damage ~~has inflicted or is likely to inflict physical~~
1167 ~~harm on himself or herself or others unless the court orders the~~
1168 ~~involuntary services; or~~

1169 2. ~~(b)~~ The reason the petitioner believes that the
1170 respondent is in need of substance abuse services but refuses
1171 ~~respondent's refusal~~ to voluntarily receive care is due to ~~based~~
1172 ~~on~~ judgment so impaired by reason of substance abuse that the
1173 respondent is incapable of appreciating his or her need for care
1174 and of making a rational decision regarding that need for care.

1175 (2) The petition may be accompanied by a certificate or
1176 report of a qualified professional or a licensed physician who
1177 has examined the respondent within 30 days before the petition's
1178 submission. Such certificate or report must include the
1179 qualified professional or physician's findings relating to his
1180 or her assessment of the patient and his or her treatment
1181 recommendations. In the event that the respondent refuses to
1182 submit to an evaluation, such refusal must be documented in the
1183 petition.

1184 (3) In the event of an emergency, the petition must also
1185 describe the respondent's exigent circumstances and include a
1186 request for an expedited hearing or the issuance of an ex parte
1187 assessment and stabilization order that is to be executed while
1188 the hearing is pending.

1189 Section 26. Section 397.6955, Florida Statutes, is amended

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1190 to read:

1191 397.6955 Duties of court upon filing of petition for
1192 involuntary treatment ~~services~~.-

1193 (1) Upon the filing of a petition for involuntary treatment
1194 ~~services~~ for a substance abuse impaired person with the clerk of
1195 the court, the clerk must notify the state attorney's office. In
1196 addition, the court shall immediately determine whether the
1197 respondent is represented by an attorney or whether the
1198 appointment of counsel for the respondent is appropriate. If,
1199 based on the contents of the petition, the court appoints
1200 counsel for the person, the clerk of the court shall immediately
1201 notify the office of criminal conflict and civil regional
1202 counsel, created pursuant to s. 27.511, of the appointment. The
1203 office of criminal conflict and civil regional counsel shall
1204 represent the person until the petition is dismissed, the court
1205 order expires, or the person is discharged from involuntary
1206 treatment ~~services~~. An attorney that represents the person named
1207 in the petition shall have access to the person, witnesses, and
1208 records relevant to the presentation of the person's case and
1209 shall represent the interests of the person, regardless of the
1210 source of payment to the attorney.

1211 (2) The court shall schedule a hearing to be held on the
1212 petition within 10 court working ~~5~~ days unless a continuance is
1213 granted. The court may appoint a magistrate to preside at the
1214 hearing.

1215 (3) A copy of the petition and notice of the hearing must
1216 be provided to the respondent; the respondent's parent,
1217 guardian, or legal custodian, in the case of a minor; the
1218 respondent's attorney, if known; the petitioner; the

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1219 respondent's spouse or guardian, if applicable; and such other
1220 persons as the court may direct. If the respondent is a minor, a
1221 copy of the petition and notice of the hearing must be
1222 personally delivered to the respondent. The court shall also
1223 issue a summons to the person whose admission is sought.

1224 (4) When the petitioner asserts that emergency
1225 circumstances are present, or when upon review of the petition
1226 the court determines that an emergency exists, the court may
1227 rely solely on the contents of the petition and, without the
1228 appointment of an attorney, enter an ex parte order authorizing
1229 the involuntary assessment and stabilization of the respondent.
1230 The court may also order a law enforcement officer or other
1231 designated agent of the court to take the respondent into
1232 custody and deliver him or her to the nearest appropriate
1233 licensed service provider to be evaluated while the full hearing
1234 is pending. The service provider may hold the respondent until
1235 his or her hearing, which may be held on an expedited basis if,
1236 upon compliance with subsections (1) and (3), proof of service
1237 on all relevant parties is provided.

1238 Section 27. Section 397.6957, Florida Statutes, is amended
1239 to read:

1240 397.6957 Hearing on petition for involuntary treatment
1241 ~~services~~.—

1242 (1) (a) The respondent must be present at a hearing on a
1243 petition for involuntary treatment unless he or she knowingly,
1244 intelligently, and voluntarily waived his or her right to be
1245 present, or the court finds that his or her presence is not
1246 consistent with his or her best interests or is likely to be
1247 injurious to himself or herself or others. ~~services~~, The court

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1248 shall hear and review all relevant evidence, including testimony
1249 from individuals such as family members familiar with the
1250 respondent's prior history and how it relates to his or her
1251 current condition; and the ~~review of~~ results of the assessment
1252 completed by the qualified professional in connection with this
1253 chapter. Absent a showing of good cause, the court may permit
1254 all witnesses, such as any medical professionals or personnel
1255 who are or have been involved with the respondent's treatment,
1256 to remotely attend and testify at the hearing under oath via the
1257 most appropriate and convenient technological method of
1258 communication available to the court, including, but not limited
1259 to, teleconference ~~the respondent's protective custody,~~
1260 emergency admission, involuntary assessment, or alternative
1261 involuntary admission. The respondent must be present unless the
1262 court finds that his or her presence is likely to be injurious
1263 to himself or herself or others, in which event the court must
1264 appoint a guardian advocate to act in behalf of the respondent
1265 throughout the proceedings.

1266 (b) If the respondent was not, or had previously refused to
1267 be, assessed by a qualified professional or a licensed physician
1268 and the court reasonably believes, based on the petition and
1269 evidence presented, that the respondent qualifies for
1270 involuntary placement, the court must give the respondent an
1271 opportunity to consent to an examination by a court-appointed or
1272 otherwise agreed upon physician. If the respondent consents, the
1273 court shall reschedule the hearing within 10 court working days
1274 and, after notifying the parties of the rescheduled hearing
1275 date, continue the case. The assessment must occur before the
1276 rescheduled hearing date unless the court orders otherwise.

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1277 However, if the respondent refuses to be assessed, or if the
1278 respondent agrees to be assessed but the court suspects that the
1279 respondent will not voluntarily appear at a rescheduled hearing,
1280 the court may enter a preliminary order committing the
1281 respondent to an appropriate treatment facility for further
1282 evaluation until the date of the rescheduled hearing.

1283 (c)1. The respondent's assessment by a qualified
1284 professional must occur within 72 hours of his or her arrival at
1285 the licensed service provider. If the person conducting the
1286 assessment is not a licensed physician, the assessment must be
1287 reviewed by a licensed physician within the 72-hour period.
1288 However, the service provider may petition the court in writing
1289 for an extension of time to complete an evaluation if a
1290 qualified professional is unable to complete the assessment and
1291 stabilize the respondent within 72 hours after the respondent's
1292 arrival. The service provider must furnish copies of its request
1293 to all parties in accordance with applicable confidentiality
1294 requirements. With or without a hearing, the court may grant
1295 additional time, not to exceed 3 days before the rescheduled
1296 treatment hearing.

1297 2. Upon the completion of his or her report, the qualified
1298 professional, in accordance with applicable confidentiality
1299 requirements, shall provide copies to the court and all relevant
1300 parties and counsel. Based upon the involuntary assessment, a
1301 service provider; a qualified professional of the hospital,
1302 detoxification facility, or addictions receiving facility; or,
1303 when a less restrictive component has been used, a qualified
1304 professional may hold the respondent until the rescheduled
1305 hearing and may initiate treatment. If the court subsequently

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1306 finds that treatment is necessary, any days of treatment
1307 provided before such hearing may be deducted from the court's
1308 final treatment order. Alternatively, the qualified professional
1309 or service provider may either release the individual and, if
1310 appropriate, refer him or her to another treatment facility or
1311 service provider or to community services; or allow the
1312 individual, with his or her consent, to remain voluntarily at
1313 the licensed service provider.

1314 (d) The court or magistrate may order a law enforcement
1315 officer or other designated agent of the court to take the
1316 respondent into custody and transport him or her to or from the
1317 treating or assessing service provider and the court for his or
1318 her hearing.

1319 (2) The petitioner has the burden of proving by clear and
1320 convincing evidence that:

1321 (a) The respondent is substance abuse impaired, has lost
1322 the power of self-control with respect to substance abuse, and
1323 has a history of lack of compliance with treatment for substance
1324 abuse; and

1325 (b) Because of such impairment the respondent is unlikely
1326 to voluntarily participate in the recommended services or is
1327 unable to determine for himself or herself whether services are
1328 necessary and:

1329 1.a. Without services, the respondent is likely to suffer
1330 from neglect or refuse to care for himself or herself; that such
1331 neglect or refusal poses a real and present threat of
1332 substantial harm to his or her well-being; and that it is not
1333 apparent that such harm may be avoided through the help of
1334 willing, able, and responsible family members or friends or the

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1335 provisions of other services; or

1336 b. There is a substantial likelihood that, unless admitted,
1337 ~~without services~~ the respondent has inflicted, or threatened to
1338 or attempted to inflict, or in the near future, as evidenced by
1339 his or her behavior, acts, or omissions, will likely cause
1340 serious harm to self or others, which includes property damage
1341 ~~will cause serious bodily harm to himself, herself, or another~~
1342 ~~in the near future, as evidenced by recent behavior; or~~

1343 2. The respondent is in need of substance abuse services
1344 but refuses ~~respondent's refusal~~ to voluntarily receive care due
1345 ~~to is based on~~ judgment so impaired by reason of substance abuse
1346 that the respondent is incapable of appreciating his or her need
1347 for care and of making a rational decision regarding that need
1348 for care. Mere refusal to receive such services does not
1349 constitute evidence of lack of judgment with respect to his or
1350 her need for services.

1351 (3) ~~One of the qualified professionals who executed the~~
1352 ~~involuntary services certificate must be a witness. The court~~
1353 ~~shall allow testimony from individuals, including family~~
1354 ~~members, deemed by the court to be relevant under state law,~~
1355 ~~regarding the respondent's prior history and how that prior~~
1356 ~~history relates to the person's current condition. The Testimony~~
1357 in the hearing must be taken under oath, and the proceedings
1358 must be recorded. The respondent patient may refuse to testify
1359 at the hearing.

1360 (4) If at any point during the hearing the court has reason
1361 to believe that the respondent, due to mental illness other than
1362 or in addition to substance abuse impairment, is likely to
1363 injure himself or herself or another if allowed to remain at

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1364 liberty, or otherwise meets the involuntary commitment
1365 provisions of part I of chapter 394, the court may initiate
1366 involuntary proceedings under such provisions.

1367 (5)-(4) At the conclusion of the hearing, the court shall
1368 either dismiss the petition or order the respondent to receive
1369 involuntary treatment ~~services~~ from his or her chosen licensed
1370 service provider if possible and appropriate. Any treatment
1371 order must include findings regarding the respondent's need for
1372 treatment and the appropriateness of other least restrictive
1373 alternatives. Such order may designate a specific service
1374 provider.

1375 Section 28. Section 397.697, Florida Statutes, is amended
1376 to read:

1377 397.697 Court determination; effect of court order for
1378 involuntary treatment ~~services~~.-

1379 (1) (a) When the court finds that the conditions for
1380 involuntary treatment ~~services~~ have been proved by clear and
1381 convincing evidence, it may order the respondent to receive
1382 involuntary treatment ~~services~~ from a publicly funded licensed
1383 service provider for a period not to exceed 90 days. The court
1384 may also order a respondent to undergo treatment through a
1385 privately funded licensed service provider if the respondent has
1386 the ability to pay for the treatment, or if any person on the
1387 respondent's behalf voluntarily demonstrates a willingness and
1388 an ability to pay for the treatment. If the court finds it
1389 necessary, it may direct the sheriff to take the respondent into
1390 custody and deliver him or her to the licensed service provider
1391 specified in the court order, or to the nearest appropriate
1392 licensed service provider, for involuntary treatment ~~services~~.

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1393 When the conditions justifying involuntary treatment ~~services~~ no
1394 longer exist, the individual must be released as provided in s.
1395 397.6971. When the conditions justifying involuntary treatment
1396 ~~services~~ are expected to exist after 90 days of treatment
1397 ~~services~~, a renewal of the involuntary treatment ~~services~~ order
1398 may be requested pursuant to s. 397.6975 before the end of the
1399 90-day period.

1400 (b) To qualify for involuntary outpatient treatment, an
1401 individual must be supervised by a willing, able, and
1402 responsible friend, family member, social worker, guardian,
1403 guardian advocate, or case manager of a licensed service
1404 provider; and this supervisor shall inform the court if the
1405 respondent fails to comply with his or her outpatient program.
1406 In addition, unless the respondent has been involuntarily
1407 ordered into inpatient treatment under this chapter at least
1408 twice during the last 36 months, he or she must receive an
1409 assessment from a qualified professional or licensed physician
1410 expressly recommending outpatient services, and the respondent
1411 must agree to follow a prescribed outpatient treatment plan. It
1412 must also appear that the respondent is unlikely to become
1413 dangerous, suffer more serious harm or illness, or further
1414 deteriorate if such plan is followed.

1415 (2) In all cases resulting in an order for involuntary
1416 treatment ~~services~~, the court shall retain jurisdiction over the
1417 case and the parties for the entry of such further orders as the
1418 circumstances may require, including, but not limited to,
1419 monitoring compliance with treatment, changing the treatment
1420 modality, or initiating contempt of court proceedings for
1421 violating any valid order issued pursuant to chapter 397.

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1422 Hearings under this section may be set by motion of the parties
1423 or under the court's own authority. In cases involving minors
1424 violating an involuntary treatment order, the court's civil
1425 contempt powers are exempt from the time limitations of chapters
1426 984 and 985 and the court may instead hold the minor in contempt
1427 for the same amount of time as their court-ordered treatment,
1428 provided that the court clearly informs the minor that he or she
1429 can immediately purge the contempt finding by complying with the
1430 treatment order. Should this contempt order result in
1431 incarceration, the court must hold a status conference every 2
1432 to 4 weeks to assess the minor's well-being and inquire into
1433 whether he or she will go to, and remain in, treatment. If the
1434 incarcerated minor agrees to comply with the court's involuntary
1435 treatment order, service providers must prioritize his or her
1436 placement into treatment. The court's requirements for
1437 notification of proposed release must be included in the
1438 original order.

1439 (3) An involuntary treatment ~~services~~ order also authorizes
1440 the licensed service provider to require the individual to
1441 receive treatment ~~services~~ that will benefit him or her,
1442 including treatment ~~services~~ at any licensable service component
1443 of a licensed service provider. While subject to the court's
1444 oversight, the service provider's authority under this section
1445 is separate and distinct from the court's continuing
1446 jurisdiction under subsection (2).

1447 (4) If the court orders involuntary treatment ~~services~~, a
1448 copy of the order must be sent to the managing entity within 1
1449 working day after it is received from the court. Documents may
1450 be submitted electronically through ~~through~~ existing data

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1451 systems, if applicable.

1452 Section 29. Section 397.6975, Florida Statutes, is amended
1453 to read:

1454 397.6975 Extension of involuntary treatment ~~services~~
1455 period.-

1456 (1) Whenever a service provider believes that an individual
1457 who is nearing the scheduled date of his or her release from
1458 involuntary care ~~services~~ continues to meet the criteria for
1459 involuntary treatment ~~services~~ in s. 397.693, a petition for
1460 renewal of the involuntary treatment ~~services~~ order must ~~may~~ be
1461 filed with the court ~~at least 10 days~~ before the expiration of
1462 the court-ordered treatment ~~services~~ period, preferably at least
1463 10 days before the expiration of such period. The petition may
1464 be filed by the service provider or by the petitioner of the
1465 initial treatment order if the petition is accompanied by
1466 supporting documentation from the service provider. The court
1467 shall immediately schedule a hearing to be held not more than 10
1468 court working ~~15~~ days after filing of the petition. Should the
1469 original treatment period expire while such hearing is pending,
1470 the court may order additional treatment if, upon reviewing the
1471 extension petition, the court concludes that an extension order
1472 will likely be granted. However, any additional treatment time
1473 must be deducted from any extension of treatment time granted.
1474 The court shall provide the copy of the petition for renewal and
1475 the notice of the hearing to all parties to the proceeding. The
1476 hearing is conducted pursuant to s. 397.6957.

1477 (2) If the court finds that the petition for renewal of the
1478 involuntary treatment ~~services~~ order should be granted, it may
1479 order the respondent to receive involuntary treatment ~~services~~

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1480 for a period not to exceed an additional 90 days. When the
1481 conditions justifying involuntary treatment ~~services~~ no longer
1482 exist, the individual must be released as provided in s.
1483 397.6971. When the conditions justifying involuntary treatment
1484 ~~services~~ continue to exist after an additional 90 days of
1485 treatment ~~service~~, a new petition requesting renewal of the
1486 involuntary treatment ~~services~~ order may be filed pursuant to
1487 this section.

1488 (3) Within 1 court working day after the filing of a
1489 petition for continued involuntary treatment ~~services~~, the court
1490 shall appoint the office of criminal conflict and civil regional
1491 counsel to represent the respondent, unless the respondent is
1492 otherwise represented by counsel. The clerk of the court shall
1493 immediately notify the office of criminal conflict and civil
1494 regional counsel of such appointment. The office of criminal
1495 conflict and civil regional counsel shall represent the
1496 respondent until the petition is dismissed or the court order
1497 expires or the respondent is discharged from involuntary
1498 treatment ~~services~~. Any attorney representing the respondent
1499 shall have access to the respondent, witnesses, and records
1500 relevant to the presentation of the respondent's case and shall
1501 represent the interests of the respondent, regardless of the
1502 source of payment to the attorney.

1503 (4) Hearings on petitions for continued involuntary
1504 treatment ~~services~~ shall be before the circuit court. The court
1505 may appoint a magistrate to preside at the hearing. The
1506 procedures for obtaining an order pursuant to this section shall
1507 be in accordance with s. 397.697.

1508 (5) Notice of hearing shall be provided to the respondent

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1509 or his or her counsel. The respondent and the respondent's
1510 counsel may agree to a period of continued involuntary treatment
1511 ~~services~~ without a court hearing.

1512 (6) The same procedure shall be repeated before the
1513 expiration of each additional period of involuntary treatment
1514 ~~services~~.

1515 (7) If the respondent has previously been found incompetent
1516 to consent to treatment, the court shall consider testimony and
1517 evidence regarding the respondent's competence.

1518 Section 30. Section 397.6976, Florida Statutes, is created
1519 to read:

1520 397.6976 Involuntary treatment of habitual abusers.—Upon
1521 petition by any person authorized under s. 397.695, a person who
1522 meets the involuntary treatment criteria of this chapter who is
1523 also determined to be an habitual abuser may be committed by the
1524 court, after notice and hearing as provided in this chapter, to
1525 inpatient or outpatient treatment, or some combination thereof,
1526 without an assessment. Such commitment may not be for longer
1527 than 90 days, unless extended pursuant to s. 397.6975. For
1528 purposes of this section, "habitual abuser" means any person who
1529 has been involuntarily treated for substance abuse under this
1530 chapter three or more times during the 24 months before the date
1531 of the hearing, if each prior commitment order was initially for
1532 a period of 90 days.

1533 Section 31. Section 397.6978, Florida Statutes, is
1534 repealed.

1535 Section 32. Subsection (4) of section 397.706, Florida
1536 Statutes, is amended to read:

1537 397.706 Screening, assessment, and disposition of juvenile

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1538 offenders.-

1539 (4) The court may require juvenile offenders and their
 1540 families to participate in substance abuse assessment and
 1541 treatment services in accordance with the provisions of chapter
 1542 984 or chapter 985 and may use its contempt powers to enforce
 1543 its orders. In cases involving minors violating an involuntary
 1544 treatment order, the court's civil contempt powers are exempt
 1545 from the time limitations of chapters 984 and 985 and the court
 1546 may instead hold the minor in contempt for the same amount of
 1547 time as their court-ordered treatment, provided that the court
 1548 clearly informs the minor that he or she can immediately purge
 1549 the contempt finding by complying with the treatment order.
 1550 Should this contempt order result in incarceration, the court
 1551 must hold a status conference every 2 to 4 weeks to assess the
 1552 minor's well-being and inquire into whether he or she will go
 1553 to, and remain in, treatment. If the incarcerated minor agrees
 1554 to comply with the court's involuntary treatment order, service
 1555 providers must prioritize his or her placement into treatment.

1556 Section 33. Paragraph (d) of subsection (2) of section
 1557 394.4599, Florida Statutes, is amended to read:

1558 394.4599 Notice.-

1559 (2) INVOLUNTARY ADMISSION.-

1560 (d) The written notice of the filing of the petition for
 1561 involuntary services for an individual being held must contain
 1562 the following:

1563 1. Notice that the petition for~~+~~

1564 ~~a.~~ involuntary inpatient treatment pursuant to s. 394.467
 1565 has been filed with the circuit court in the county in which the
 1566 individual is hospitalized and the address of such court~~;~~~~or~~

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1567 ~~b. Involuntary outpatient services pursuant to s. 394.4655~~
1568 ~~has been filed with the criminal county court, as defined in s.~~
1569 ~~394.4655(1), or the circuit court, as applicable, in the county~~
1570 ~~in which the individual is hospitalized and the address of such~~
1571 ~~court.~~

1572 2. Notice that the office of the public defender has been
1573 appointed to represent the individual in the proceeding, if the
1574 individual is not otherwise represented by counsel.

1575 3. The date, time, and place of the hearing and the name of
1576 each examining expert and every other person expected to testify
1577 in support of continued detention.

1578 4. Notice that the individual, the individual's guardian,
1579 guardian advocate, health care surrogate or proxy, or
1580 representative, or the administrator may apply for a change of
1581 venue for the convenience of the parties or witnesses or because
1582 of the condition of the individual.

1583 5. Notice that the individual is entitled to an independent
1584 expert examination and, if the individual cannot afford such an
1585 examination, that the court will provide for one.

1586 Section 34. Subsection (3) of section 394.4615, Florida
1587 Statutes, is amended to read:

1588 394.4615 Clinical records; confidentiality.—

1589 (3) Information from the clinical record may be released in
1590 the following circumstances:

1591 (a) When a patient has declared an intention to harm other
1592 persons. When such declaration has been made, the administrator
1593 may authorize the release of sufficient information to provide
1594 adequate warning to the person threatened with harm by the
1595 patient.

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1596 (b) When the administrator of the facility or secretary of
1597 the department deems release to a qualified researcher as
1598 defined in administrative rule, an aftercare treatment provider,
1599 or an employee or agent of the department is necessary for
1600 treatment of the patient, maintenance of adequate records,
1601 compilation of treatment data, aftercare planning, or evaluation
1602 of programs.

1603
1604 For the purpose of determining whether a person meets the
1605 criteria for involuntary outpatient placement ~~or for preparing~~
1606 ~~the proposed treatment plan pursuant to s. 394.4655,~~ the
1607 clinical record may be released to the state attorney, the
1608 public defender or the patient's private legal counsel, the
1609 court, and to the appropriate mental health professionals,
1610 ~~including the service provider identified in s.~~
1611 ~~394.4655(7)(b)2.,~~ in accordance with state and federal law.

1612 Section 35. Section 397.6971, Florida Statutes, is amended
1613 to read:

1614 397.6971 Early release from involuntary treatment
1615 services.—

1616 (1) At any time before the end of the 90-day involuntary
1617 treatment services period, or before the end of any extension
1618 granted pursuant to s. 397.6975, an individual receiving
1619 involuntary treatment services may be determined eligible for
1620 discharge to the most appropriate referral or disposition for
1621 the individual when any of the following apply:

1622 (a) The individual no longer meets the criteria for
1623 involuntary admission and has given his or her informed consent
1624 to be transferred to voluntary treatment status.

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1625 (b) If the individual was admitted on the grounds of
1626 likelihood of infliction of physical harm upon himself or
1627 herself or others, such likelihood no longer exists.

1628 (c) If the individual was admitted on the grounds of need
1629 for assessment and stabilization or treatment, accompanied by
1630 inability to make a determination respecting such need:

1631 1. Such inability no longer exists; or

1632 2. It is evident that further treatment will not bring
1633 about further significant improvements in the individual's
1634 condition.

1635 (d) The individual is no longer in need of treatment
1636 ~~services~~.

1637 (e) The director of the service provider determines that
1638 the individual is beyond the safe management capabilities of the
1639 provider.

1640 (2) Whenever a qualified professional determines that an
1641 individual admitted for involuntary treatment ~~services~~ qualifies
1642 for early release under subsection (1), the service provider
1643 shall immediately discharge the individual and must notify all
1644 persons specified by the court in the original treatment order.

1645 Section 36. Section 397.6977, Florida Statutes, is amended
1646 to read:

1647 397.6977 Disposition of individual upon completion of
1648 involuntary treatment ~~services~~.—At the conclusion of the 90-day
1649 period of court-ordered involuntary treatment ~~services~~, the
1650 respondent is automatically discharged unless a motion for
1651 renewal of the involuntary treatment ~~services~~ order has been
1652 filed with the court pursuant to s. 397.6975.

1653 Section 37. Paragraph (e) of subsection (5) of section

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1654 212.055, Florida Statutes, is amended to read:

1655 212.055 Discretionary sales surtaxes; legislative intent;
1656 authorization and use of proceeds.—It is the legislative intent
1657 that any authorization for imposition of a discretionary sales
1658 surtax shall be published in the Florida Statutes as a
1659 subsection of this section, irrespective of the duration of the
1660 levy. Each enactment shall specify the types of counties
1661 authorized to levy; the rate or rates which may be imposed; the
1662 maximum length of time the surtax may be imposed, if any; the
1663 procedure which must be followed to secure voter approval, if
1664 required; the purpose for which the proceeds may be expended;
1665 and such other requirements as the Legislature may provide.
1666 Taxable transactions and administrative procedures shall be as
1667 provided in s. 212.054.

1668 (5) COUNTY PUBLIC HOSPITAL SURTAX.—Any county as defined in
1669 s. 125.011(1) may levy the surtax authorized in this subsection
1670 pursuant to an ordinance either approved by extraordinary vote
1671 of the county commission or conditioned to take effect only upon
1672 approval by a majority vote of the electors of the county voting
1673 in a referendum. In a county as defined in s. 125.011(1), for
1674 the purposes of this subsection, “county public general
1675 hospital” means a general hospital as defined in s. 395.002
1676 which is owned, operated, maintained, or governed by the county
1677 or its agency, authority, or public health trust.

1678 (e) A governing board, agency, or authority shall be
1679 chartered by the county commission upon this act becoming law.
1680 The governing board, agency, or authority shall adopt and
1681 implement a health care plan for indigent health care services.
1682 The governing board, agency, or authority shall consist of no

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1683 more than seven and no fewer than five members appointed by the
1684 county commission. The members of the governing board, agency,
1685 or authority shall be at least 18 years of age and residents of
1686 the county. No member may be employed by or affiliated with a
1687 health care provider or the public health trust, agency, or
1688 authority responsible for the county public general hospital.
1689 The following community organizations shall each appoint a
1690 representative to a nominating committee: the South Florida
1691 Hospital and Healthcare Association, the Miami-Dade County
1692 Public Health Trust, the Dade County Medical Association, the
1693 Miami-Dade County Homeless Trust, and the Mayor of Miami-Dade
1694 County. This committee shall nominate between 10 and 14 county
1695 citizens for the governing board, agency, or authority. The
1696 slate shall be presented to the county commission and the county
1697 commission shall confirm the top five to seven nominees,
1698 depending on the size of the governing board. Until such time as
1699 the governing board, agency, or authority is created, the funds
1700 provided for in subparagraph (d)2. shall be placed in a
1701 restricted account set aside from other county funds and not
1702 disbursed by the county for any other purpose.

1703 1. The plan shall divide the county into a minimum of four
1704 and maximum of six service areas, with no more than one
1705 participant hospital per service area. The county public general
1706 hospital shall be designated as the provider for one of the
1707 service areas. Services shall be provided through participants'
1708 primary acute care facilities.

1709 2. The plan and subsequent amendments to it shall fund a
1710 defined range of health care services for both indigent persons
1711 and the medically poor, including primary care, preventive care,

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1712 hospital emergency room care, and hospital care necessary to
1713 stabilize the patient. For the purposes of this section,
1714 "stabilization" means stabilization as defined in s. 397.311 ~~s.~~
1715 ~~397.311(45)~~. Where consistent with these objectives, the plan
1716 may include services rendered by physicians, clinics, community
1717 hospitals, and alternative delivery sites, as well as at least
1718 one regional referral hospital per service area. The plan shall
1719 provide that agreements negotiated between the governing board,
1720 agency, or authority and providers shall recognize hospitals
1721 that render a disproportionate share of indigent care, provide
1722 other incentives to promote the delivery of charity care to draw
1723 down federal funds where appropriate, and require cost
1724 containment, including, but not limited to, case management.
1725 From the funds specified in subparagraphs (d)1. and 2. for
1726 indigent health care services, service providers shall receive
1727 reimbursement at a Medicaid rate to be determined by the
1728 governing board, agency, or authority created pursuant to this
1729 paragraph for the initial emergency room visit, and a per-member
1730 per-month fee or capitation for those members enrolled in their
1731 service area, as compensation for the services rendered
1732 following the initial emergency visit. Except for provisions of
1733 emergency services, upon determination of eligibility,
1734 enrollment shall be deemed to have occurred at the time services
1735 were rendered. The provisions for specific reimbursement of
1736 emergency services shall be repealed on July 1, 2001, unless
1737 otherwise reenacted by the Legislature. The capitation amount or
1738 rate shall be determined before program implementation by an
1739 independent actuarial consultant. In no event shall such
1740 reimbursement rates exceed the Medicaid rate. The plan must also

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1741 provide that any hospitals owned and operated by government
1742 entities on or after the effective date of this act must, as a
1743 condition of receiving funds under this subsection, afford
1744 public access equal to that provided under s. 286.011 as to any
1745 meeting of the governing board, agency, or authority the subject
1746 of which is budgeting resources for the retention of charity
1747 care, as that term is defined in the rules of the Agency for
1748 Health Care Administration. The plan shall also include
1749 innovative health care programs that provide cost-effective
1750 alternatives to traditional methods of service and delivery
1751 funding.

1752 3. The plan's benefits shall be made available to all
1753 county residents currently eligible to receive health care
1754 services as indigents or medically poor as defined in paragraph
1755 (4) (d).

1756 4. Eligible residents who participate in the health care
1757 plan shall receive coverage for a period of 12 months or the
1758 period extending from the time of enrollment to the end of the
1759 current fiscal year, per enrollment period, whichever is less.

1760 5. At the end of each fiscal year, the governing board,
1761 agency, or authority shall prepare an audit that reviews the
1762 budget of the plan, delivery of services, and quality of
1763 services, and makes recommendations to increase the plan's
1764 efficiency. The audit shall take into account participant
1765 hospital satisfaction with the plan and assess the amount of
1766 poststabilization patient transfers requested, and accepted or
1767 denied, by the county public general hospital.

1768 Section 38. Subsection (1) of section 394.4598, Florida
1769 Statutes, is amended to read:

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1770 394.4598 Guardian advocate.—

1771 (1) The administrator may petition the court for the
1772 appointment of a guardian advocate based upon the opinion of a
1773 psychiatrist that the patient is incompetent to consent to
1774 treatment. If the court finds that a patient is incompetent to
1775 consent to treatment and has not been adjudicated incapacitated
1776 and a guardian with the authority to consent to mental health
1777 treatment appointed, it shall appoint a guardian advocate. The
1778 patient has the right to have an attorney represent him or her
1779 at the hearing. If the person is indigent, the court shall
1780 appoint the office of the public defender to represent him or
1781 her at the hearing. The patient has the right to testify, cross-
1782 examine witnesses, and present witnesses. The proceeding shall
1783 be recorded either electronically or stenographically, and
1784 testimony shall be provided under oath. One of the professionals
1785 authorized to give an opinion in support of a petition for
1786 involuntary placement, as described in ~~s. 394.4655~~ or s.
1787 394.467, must testify. A guardian advocate must meet the
1788 qualifications of a guardian contained in part IV of chapter
1789 744, except that a professional referred to in this part, an
1790 employee of the facility providing direct services to the
1791 patient under this part, a departmental employee, a facility
1792 administrator, or member of the Florida local advocacy council
1793 may shall not be appointed. A person who is appointed as a
1794 guardian advocate must agree to the appointment.

1795 Section 39. Section 394.462, Florida Statutes, is amended
1796 to read:

1797 394.462 Transportation.—A transportation plan shall be
1798 developed and implemented by each county in collaboration with

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1799 the managing entity in accordance with this section. A county
1800 may enter into a memorandum of understanding with the governing
1801 boards of nearby counties to establish a shared transportation
1802 plan. When multiple counties enter into a memorandum of
1803 understanding for this purpose, the counties shall notify the
1804 managing entity and provide it with a copy of the agreement. The
1805 transportation plan shall describe methods of transport to a
1806 facility within the designated receiving system for individuals
1807 subject to involuntary examination under s. 394.463 or
1808 involuntary admission under s. 397.6772, s. 397.679, or s.
1809 397.6798, ~~or s. 397.6811,~~ and may identify responsibility for
1810 other transportation to a participating facility when necessary
1811 and agreed to by the facility. The plan may rely on emergency
1812 medical transport services or private transport companies, as
1813 appropriate. The plan shall comply with the transportation
1814 provisions of this section and ss. 397.6772, 397.6795, ~~397.6822,~~
1815 and 397.697.

1816 (1) TRANSPORTATION TO A RECEIVING FACILITY.—

1817 (a) Each county shall designate a single law enforcement
1818 agency within the county, or portions thereof, to take a person
1819 into custody upon the entry of an ex parte order or the
1820 execution of a certificate for involuntary examination by an
1821 authorized professional and to transport that person to the
1822 appropriate facility within the designated receiving system
1823 pursuant to a transportation plan.

1824 (b)1. The designated law enforcement agency may decline to
1825 transport the person to a receiving facility only if:

1826 a. The jurisdiction designated by the county has contracted
1827 on an annual basis with an emergency medical transport service

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1828 or private transport company for transportation of persons to
1829 receiving facilities pursuant to this section at the sole cost
1830 of the county; and

1831 b. The law enforcement agency and the emergency medical
1832 transport service or private transport company agree that the
1833 continued presence of law enforcement personnel is not necessary
1834 for the safety of the person or others.

1835 2. The entity providing transportation may seek
1836 reimbursement for transportation expenses. The party responsible
1837 for payment for such transportation is the person receiving the
1838 transportation. The county shall seek reimbursement from the
1839 following sources in the following order:

1840 a. From a private or public third-party payor, if the
1841 person receiving the transportation has applicable coverage.

1842 b. From the person receiving the transportation.

1843 c. From a financial settlement for medical care, treatment,
1844 hospitalization, or transportation payable or accruing to the
1845 injured party.

1846 (c) A company that transports a patient pursuant to this
1847 subsection is considered an independent contractor and is solely
1848 liable for the safe and dignified transport of the patient. Such
1849 company must be insured and provide no less than \$100,000 in
1850 liability insurance with respect to the transport of patients.

1851 (d) Any company that contracts with a governing board of a
1852 county to transport patients shall comply with the applicable
1853 rules of the department to ensure the safety and dignity of
1854 patients.

1855 (e) When a law enforcement officer takes custody of a
1856 person pursuant to this part, the officer may request assistance

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1857 from emergency medical personnel if such assistance is needed
1858 for the safety of the officer or the person in custody.

1859 (f) When a member of a mental health overlay program or a
1860 mobile crisis response service is a professional authorized to
1861 initiate an involuntary examination pursuant to s. 394.463 or s.
1862 397.675 and that professional evaluates a person and determines
1863 that transportation to a receiving facility is needed, the
1864 service, at its discretion, may transport the person to the
1865 facility or may call on the law enforcement agency or other
1866 transportation arrangement best suited to the needs of the
1867 patient.

1868 (g) When any law enforcement officer has custody of a
1869 person based on either noncriminal or minor criminal behavior
1870 that meets the statutory guidelines for involuntary examination
1871 pursuant to s. 394.463, the law enforcement officer shall
1872 transport the person to the appropriate facility within the
1873 designated receiving system pursuant to a transportation plan.
1874 Persons who meet the statutory guidelines for involuntary
1875 admission pursuant to s. 397.675 may also be transported by law
1876 enforcement officers to the extent resources are available and
1877 as otherwise provided by law. Such persons shall be transported
1878 to an appropriate facility within the designated receiving
1879 system pursuant to a transportation plan.

1880 (h) When any law enforcement officer has arrested a person
1881 for a felony and it appears that the person meets the statutory
1882 guidelines for involuntary examination or placement under this
1883 part, such person must first be processed in the same manner as
1884 any other criminal suspect. The law enforcement agency shall
1885 thereafter immediately notify the appropriate facility within

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1886 the designated receiving system pursuant to a transportation
1887 plan. The receiving facility shall be responsible for promptly
1888 arranging for the examination and treatment of the person. A
1889 receiving facility is not required to admit a person charged
1890 with a crime for whom the facility determines and documents that
1891 it is unable to provide adequate security, but shall provide
1892 examination and treatment to the person where he or she is held.

1893 (i) If the appropriate law enforcement officer believes
1894 that a person has an emergency medical condition as defined in
1895 s. 395.002, the person may be first transported to a hospital
1896 for emergency medical treatment, regardless of whether the
1897 hospital is a designated receiving facility.

1898 (j) The costs of transportation, evaluation,
1899 hospitalization, and treatment incurred under this subsection by
1900 persons who have been arrested for violations of any state law
1901 or county or municipal ordinance may be recovered as provided in
1902 s. 901.35.

1903 (k) The appropriate facility within the designated
1904 receiving system pursuant to a transportation plan must accept
1905 persons brought by law enforcement officers, or an emergency
1906 medical transport service or a private transport company
1907 authorized by the county, for involuntary examination pursuant
1908 to s. 394.463.

1909 (l) The appropriate facility within the designated
1910 receiving system pursuant to a transportation plan must provide
1911 persons brought by law enforcement officers, or an emergency
1912 medical transport service or a private transport company
1913 authorized by the county, pursuant to s. 397.675, a basic
1914 screening or triage sufficient to refer the person to the

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1915 appropriate services.

1916 (m) Each law enforcement agency designated pursuant to
1917 paragraph (a) shall establish a policy that reflects a single
1918 set of protocols for the safe and secure transportation and
1919 transfer of custody of the person. Each law enforcement agency
1920 shall provide a copy of the protocols to the managing entity.

1921 (n) When a jurisdiction has entered into a contract with an
1922 emergency medical transport service or a private transport
1923 company for transportation of persons to facilities within the
1924 designated receiving system, such service or company shall be
1925 given preference for transportation of persons from nursing
1926 homes, assisted living facilities, adult day care centers, or
1927 adult family-care homes, unless the behavior of the person being
1928 transported is such that transportation by a law enforcement
1929 officer is necessary.

1930 (o) This section may not be construed to limit emergency
1931 examination and treatment of incapacitated persons provided in
1932 accordance with s. 401.445.

1933 (2) TRANSPORTATION TO A TREATMENT FACILITY.—

1934 (a) If neither the patient nor any person legally obligated
1935 or responsible for the patient is able to pay for the expense of
1936 transporting a voluntary or involuntary patient to a treatment
1937 facility, the transportation plan established by the governing
1938 board of the county or counties must specify how the
1939 hospitalized patient will be transported to, from, and between
1940 facilities in a safe and dignified manner.

1941 (b) A company that transports a patient pursuant to this
1942 subsection is considered an independent contractor and is solely
1943 liable for the safe and dignified transportation of the patient.

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1944 Such company must be insured and provide no less than \$100,000
 1945 in liability insurance with respect to the transport of
 1946 patients.

1947 (c) A company that contracts with one or more counties to
 1948 transport patients in accordance with this section shall comply
 1949 with the applicable rules of the department to ensure the safety
 1950 and dignity of patients.

1951 (d) County or municipal law enforcement and correctional
 1952 personnel and equipment may not be used to transport patients
 1953 adjudicated incapacitated or found by the court to meet the
 1954 criteria for involuntary placement pursuant to s. 394.467,
 1955 except in small rural counties where there are no cost-efficient
 1956 alternatives.

1957 (3) TRANSFER OF CUSTODY.—Custody of a person who is
 1958 transported pursuant to this part, along with related
 1959 documentation, shall be relinquished to a responsible individual
 1960 at the appropriate receiving or treatment facility.

1961 Section 40. Subsection (3) of section 394.495, Florida
 1962 Statutes, is amended to read:

1963 394.495 Child and adolescent mental health system of care;
 1964 programs and services.—

1965 (3) Assessments must be performed by:

1966 (a) A clinical psychologist, clinical social worker,
 1967 physician, psychiatric nurse, or psychiatrist as those terms are
 1968 defined in s. 394.455 ~~professional as defined in s. 394.455(5),~~
 1969 ~~(7), (32), (35), or (36);~~

1970 (b) A professional licensed under chapter 491; or

1971 (c) A person who is under the direct supervision of a
 1972 clinical psychologist, clinical social worker, physician,

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1973 psychiatric nurse, or psychiatrist as those terms are defined in
 1974 s. 394.455 ~~qualified professional as defined in s. 394.455(5),~~
 1975 ~~(7), (32), (35), or (36)~~ or a professional licensed under
 1976 chapter 491.

1977 Section 41. Subsection (5) of section 394.496, Florida
 1978 Statutes, is amended to read:

1979 394.496 Service planning.—

1980 (5) A clinical psychologist, clinical social worker,
 1981 physician, psychiatric nurse, or psychiatrist as those terms are
 1982 defined in s. 394.455 ~~professional as defined in s. 394.455(5),~~
 1983 ~~(7), (32), (35), or (36)~~ or a professional licensed under
 1984 chapter 491 must be included among those persons developing the
 1985 services plan.

1986 Section 42. Subsection (6) of section 394.9085, Florida
 1987 Statutes, is amended to read:

1988 394.9085 Behavioral provider liability.—

1989 (6) For purposes of this section, the terms "detoxification
 1990 services," "addictions receiving facility," and "receiving
 1991 facility" have the same meanings as those provided in ss.
 1992 397.311(26)(a)4., 397.311(26)(a)1., and 394.455(41) ~~394.455(39),~~
 1993 respectively.

1994 Section 43. Section 397.416, Florida Statutes, is amended
 1995 to read:

1996 397.416 Substance abuse treatment services; qualified
 1997 professional.—Notwithstanding any other provision of law, a
 1998 person who was certified through a certification process
 1999 recognized by the former Department of Health and Rehabilitative
 2000 Services before January 1, 1995, may perform the duties of a
 2001 qualified professional with respect to substance abuse treatment

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2002 services as defined in this chapter, and need not meet the
 2003 certification requirements contained in s. 397.311(35) ~~s.~~
 2004 ~~397.311(34)~~.

2005 Section 44. Paragraph (b) of subsection (1) of section
 2006 409.972, Florida Statutes, is amended to read:

2007 409.972 Mandatory and voluntary enrollment.—

2008 (1) The following Medicaid-eligible persons are exempt from
 2009 mandatory managed care enrollment required by s. 409.965, and
 2010 may voluntarily choose to participate in the managed medical
 2011 assistance program:

2012 (b) Medicaid recipients residing in residential commitment
 2013 facilities operated through the Department of Juvenile Justice
 2014 or a treatment facility as defined in s. 394.455 ~~s. 394.455(47)~~.

2015 Section 45. Paragraphs (d) and (g) of subsection (1) of
 2016 section 440.102, Florida Statutes, are amended to read:

2017 440.102 Drug-free workplace program requirements.—The
 2018 following provisions apply to a drug-free workplace program
 2019 implemented pursuant to law or to rules adopted by the Agency
 2020 for Health Care Administration:

2021 (1) DEFINITIONS.—Except where the context otherwise
 2022 requires, as used in this act:

2023 (d) "Drug rehabilitation program" means a service provider,
 2024 as defined in s. 397.311 ~~established pursuant to s. 397.311(43)~~,
 2025 that provides confidential, timely, and expert identification,
 2026 assessment, and resolution of employee drug abuse.

2027 (g) "Employee assistance program" means an established
 2028 program capable of providing expert assessment of employee
 2029 personal concerns; confidential and timely identification
 2030 services with regard to employee drug abuse; referrals of

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2031 employees for appropriate diagnosis, treatment, and assistance;
 2032 and followup services for employees who participate in the
 2033 program or require monitoring after returning to work. If, in
 2034 addition to the above activities, an employee assistance program
 2035 provides diagnostic and treatment services, these services shall
 2036 in all cases be provided by service providers, as defined in s.
 2037 397.311 ~~pursuant to s. 397.311(43)~~.

2038 Section 46. Paragraph (e) of subsection (4) of section
 2039 464.012, Florida Statutes, is amended to read:

2040 464.012 Licensure of advanced practice registered nurses;
 2041 fees; controlled substance prescribing.-

2042 (4) In addition to the general functions specified in
 2043 subsection (3), an advanced practice registered nurse may
 2044 perform the following acts within his or her specialty:

2045 (e) A psychiatric nurse, who meets the requirements in s.
 2046 394.455(36) ~~s. 394.455(35)~~, within the framework of an
 2047 established protocol with a psychiatrist, may prescribe
 2048 psychotropic controlled substances for the treatment of mental
 2049 disorders.

2050 Section 47. Subsection (7) of section 744.2007, Florida
 2051 Statutes, is amended to read:

2052 744.2007 Powers and duties.-

2053 (7) A public guardian may not commit a ward to a treatment
 2054 facility, as defined in s. 394.455 ~~s. 394.455(47)~~, without an
 2055 involuntary placement proceeding as provided by law.

2056 Section 48. Paragraph (a) of subsection (2) of section
 2057 790.065, Florida Statutes, is amended to read:

2058 790.065 Sale and delivery of firearms.-

2059 (2) Upon receipt of a request for a criminal history record

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2060 check, the Department of Law Enforcement shall, during the
2061 licensee's call or by return call, forthwith:

2062 (a) Review any records available to determine if the
2063 potential buyer or transferee:

2064 1. Has been convicted of a felony and is prohibited from
2065 receipt or possession of a firearm pursuant to s. 790.23;

2066 2. Has been convicted of a misdemeanor crime of domestic
2067 violence, and therefore is prohibited from purchasing a firearm;

2068 3. Has had adjudication of guilt withheld or imposition of
2069 sentence suspended on any felony or misdemeanor crime of
2070 domestic violence unless 3 years have elapsed since probation or
2071 any other conditions set by the court have been fulfilled or
2072 expunction has occurred; or

2073 4. Has been adjudicated mentally defective or has been
2074 committed to a mental institution by a court or as provided in
2075 sub-sub-subparagraph b.(II), and as a result is prohibited by
2076 state or federal law from purchasing a firearm.

2077 a. As used in this subparagraph, "adjudicated mentally
2078 defective" means a determination by a court that a person, as a
2079 result of marked subnormal intelligence, or mental illness,
2080 incompetency, condition, or disease, is a danger to himself or
2081 herself or to others or lacks the mental capacity to contract or
2082 manage his or her own affairs. The phrase includes a judicial
2083 finding of incapacity under s. 744.331(6)(a), an acquittal by
2084 reason of insanity of a person charged with a criminal offense,
2085 and a judicial finding that a criminal defendant is not
2086 competent to stand trial.

2087 b. As used in this subparagraph, "committed to a mental
2088 institution" means:

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2089 (I) Involuntary commitment, commitment for mental
2090 defectiveness or mental illness, and commitment for substance
2091 abuse. The phrase includes involuntary inpatient placement under
2092 s. 394.467 ~~as defined in s. 394.467, involuntary outpatient~~
2093 ~~placement as defined in s. 394.4655, involuntary assessment and~~
2094 ~~stabilization under s. 397.6818,~~ and involuntary substance abuse
2095 treatment under s. 397.6957, but does not include a person in a
2096 mental institution for observation or discharged from a mental
2097 institution based upon the initial review by the physician or a
2098 voluntary admission to a mental institution; or

2099 (II) Notwithstanding sub-sub-subparagraph (I), voluntary
2100 admission to a mental institution for outpatient or inpatient
2101 treatment of a person who had an involuntary examination under
2102 s. 394.463, where each of the following conditions have been
2103 met:

2104 (A) An examining physician found that the person is an
2105 imminent danger to himself or herself or others.

2106 (B) The examining physician certified that if the person
2107 did not agree to voluntary treatment, a petition for involuntary
2108 outpatient or inpatient treatment would have been filed under s.
2109 394.463(2)(g)4., or the examining physician certified that a
2110 petition was filed and the person subsequently agreed to
2111 voluntary treatment prior to a court hearing on the petition.

2112 (C) Before agreeing to voluntary treatment, the person
2113 received written notice of that finding and certification, and
2114 written notice that as a result of such finding, he or she may
2115 be prohibited from purchasing a firearm, and may not be eligible
2116 to apply for or retain a concealed weapon or firearms license
2117 under s. 790.06 and the person acknowledged such notice in

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2118 writing, in substantially the following form:

2119

2120 "I understand that the doctor who examined me believes I am a
2121 danger to myself or to others. I understand that if I do not
2122 agree to voluntary treatment, a petition will be filed in court
2123 to require me to receive involuntary treatment. I understand
2124 that if that petition is filed, I have the right to contest it.
2125 In the event a petition has been filed, I understand that I can
2126 subsequently agree to voluntary treatment prior to a court
2127 hearing. I understand that by agreeing to voluntary treatment in
2128 either of these situations, I may be prohibited from buying
2129 firearms and from applying for or retaining a concealed weapons
2130 or firearms license until I apply for and receive relief from
2131 that restriction under Florida law."

2132

2133 (D) A judge or a magistrate has, pursuant to sub-sub-
2134 subparagraph c.(II), reviewed the record of the finding,
2135 certification, notice, and written acknowledgment classifying
2136 the person as an imminent danger to himself or herself or
2137 others, and ordered that such record be submitted to the
2138 department.

2139 c. In order to check for these conditions, the department
2140 shall compile and maintain an automated database of persons who
2141 are prohibited from purchasing a firearm based on court records
2142 of adjudications of mental defectiveness or commitments to
2143 mental institutions.

2144 (I) Except as provided in sub-sub-subparagraph (II), clerks
2145 of court shall submit these records to the department within 1
2146 month after the rendition of the adjudication or commitment.

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2147 Reports shall be submitted in an automated format. The reports
2148 must, at a minimum, include the name, along with any known alias
2149 or former name, the sex, and the date of birth of the subject.

2150 (II) For persons committed to a mental institution pursuant
2151 to sub-sub-subparagraph b.(II), within 24 hours after the
2152 person's agreement to voluntary admission, a record of the
2153 finding, certification, notice, and written acknowledgment must
2154 be filed by the administrator of the receiving or treatment
2155 facility, as defined in s. 394.455, with the clerk of the court
2156 for the county in which the involuntary examination under s.
2157 394.463 occurred. No fee shall be charged for the filing under
2158 this sub-sub-subparagraph. The clerk must present the records to
2159 a judge or magistrate within 24 hours after receipt of the
2160 records. A judge or magistrate is required and has the lawful
2161 authority to review the records ex parte and, if the judge or
2162 magistrate determines that the record supports the classifying
2163 of the person as an imminent danger to himself or herself or
2164 others, to order that the record be submitted to the department.
2165 If a judge or magistrate orders the submittal of the record to
2166 the department, the record must be submitted to the department
2167 within 24 hours.

2168 d. A person who has been adjudicated mentally defective or
2169 committed to a mental institution, as those terms are defined in
2170 this paragraph, may petition the court that made the
2171 adjudication or commitment, or the court that ordered that the
2172 record be submitted to the department pursuant to sub-sub-
2173 subparagraph c.(II), for relief from the firearm disabilities
2174 imposed by such adjudication or commitment. A copy of the
2175 petition shall be served on the state attorney for the county in

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2176 which the person was adjudicated or committed. The state
2177 attorney may object to and present evidence relevant to the
2178 relief sought by the petition. The hearing on the petition may
2179 be open or closed as the petitioner may choose. The petitioner
2180 may present evidence and subpoena witnesses to appear at the
2181 hearing on the petition. The petitioner may confront and cross-
2182 examine witnesses called by the state attorney. A record of the
2183 hearing shall be made by a certified court reporter or by court-
2184 approved electronic means. The court shall make written findings
2185 of fact and conclusions of law on the issues before it and issue
2186 a final order. The court shall grant the relief requested in the
2187 petition if the court finds, based on the evidence presented
2188 with respect to the petitioner's reputation, the petitioner's
2189 mental health record and, if applicable, criminal history
2190 record, the circumstances surrounding the firearm disability,
2191 and any other evidence in the record, that the petitioner will
2192 not be likely to act in a manner that is dangerous to public
2193 safety and that granting the relief would not be contrary to the
2194 public interest. If the final order denies relief, the
2195 petitioner may not petition again for relief from firearm
2196 disabilities until 1 year after the date of the final order. The
2197 petitioner may seek judicial review of a final order denying
2198 relief in the district court of appeal having jurisdiction over
2199 the court that issued the order. The review shall be conducted
2200 de novo. Relief from a firearm disability granted under this
2201 sub-subparagraph has no effect on the loss of civil rights,
2202 including firearm rights, for any reason other than the
2203 particular adjudication of mental defectiveness or commitment to
2204 a mental institution from which relief is granted.

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2205 e. Upon receipt of proper notice of relief from firearm
2206 disabilities granted under sub-subparagraph d., the department
2207 shall delete any mental health record of the person granted
2208 relief from the automated database of persons who are prohibited
2209 from purchasing a firearm based on court records of
2210 adjudications of mental defectiveness or commitments to mental
2211 institutions.

2212 f. The department is authorized to disclose data collected
2213 pursuant to this subparagraph to agencies of the Federal
2214 Government and other states for use exclusively in determining
2215 the lawfulness of a firearm sale or transfer. The department is
2216 also authorized to disclose this data to the Department of
2217 Agriculture and Consumer Services for purposes of determining
2218 eligibility for issuance of a concealed weapons or concealed
2219 firearms license and for determining whether a basis exists for
2220 revoking or suspending a previously issued license pursuant to
2221 s. 790.06(10). When a potential buyer or transferee appeals a
2222 nonapproval based on these records, the clerks of court and
2223 mental institutions shall, upon request by the department,
2224 provide information to help determine whether the potential
2225 buyer or transferee is the same person as the subject of the
2226 record. Photographs and any other data that could confirm or
2227 negate identity must be made available to the department for
2228 such purposes, notwithstanding any other provision of state law
2229 to the contrary. Any such information that is made confidential
2230 or exempt from disclosure by law shall retain such confidential
2231 or exempt status when transferred to the department.

2232 Section 49. This act shall take effect July 1, 2019.